

**Cognitive dissonance in trauma: The conflict between belief,
autobiographical memory and overt behaviour**

by

GERHARDINA CORNELIA ENGELBRECHT

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SUPERVISOR: PROF MARIA PAPAICONOMOU

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ATTESTATION

I declare that “Cognitive dissonance in trauma: The conflict between belief, autobiographical memory and overt behaviour” 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: *G.C. Engelbrecht*

-

Date: *30 September 2015*

Abstract

This research was aimed at giving a voice to three women, who are constructed as having had a traumatic event recalled from their autobiographical memory.

To achieve this objective an epistemological framework of social constructionism was used to investigate autobiographical memory recall of trauma. Three in-depth interviews were conducted with participants who constructed themselves as having had a traumatic event. A case study approach was used to gain access to the information and to compare themes. The research explored the way in which dissociation, voluntary thought suppression, minimisation and outright denial enabled the three participants to alter unbearable memories through the use of recurring themes. To interpret these stories the content of the themes was analysed using thematic content analysis.

The participants represented different cultures, languages and religions. In sharing their symptoms this did not necessarily mean they attached the same meaning to a specific theme, as individual meaning-making corresponded to the individual's background and history and their perception of the trauma. The stories related by the three participants revealed a shattered worldview that brought them into opposition with community norms and standards, which the narrators experienced as silencing and judgemental. In this regard the researcher's aim was to generate information from the participants themselves. This inquiry into the personal trauma stories and meanings suited a qualitative research approach, a form of methodology that allowed personal insight into the meanings the three participants attributed to their trauma and the autobiographical recall of trauma. At the same time it allowed a co-constructed reality to take shape between the researcher's reality and the participant's reality, always acknowledging the importance of their being the expert of their own individual trauma memory. This is in contrast to a quantitative approach which focuses on numbers to quantify the results; a qualitative approach on the other hand is a personal, rich information-gathering tool that takes into account the emotions and meaning-making of each individual story without any intention to generalise the information gathered to a larger population

It is hoped that through this research there is a realisation that although trauma victims share symptoms, the meaning-making of the individual attached to this trauma is influenced by their society and history within their respective environments.

Keywords

Anger, autobiographical memory, behaviour, belief, belonging to a group or culture, cognition, constructivism, denial, destructiveness, dissonance, guilt, hopelessness, innateness of reaction to trauma, memory, powerlessness, self-blame, trauma, trust

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Ps 115:1

Glory to Him alone

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CHAPTER 1

Introduction

Audrey's eyes widened. This never happened before. Moving through the tunnel was bad enough. Stopped in it was inconceivable. Her brain froze. "It'll be all right." But she couldn't hear her voice, so thin was her breath and so great the howl in her head. She locked the door with her elbow. Not to keep anyone out, but to keep herself in. A feeble attempt to stop herself from flinging open the door and running, running, screaming out of the tunnel. She gripped the wheel. Tight. Tight. Tighter. Her eyes darted to the slush-spattered wall, the ceiling, the far wall. The cracks. Dear God, cracks. And the half-hearted attempts to plaster over them. Not to repair them, but hide them. That doesn't mean the tunnel will collapse, she assured herself. But the cracks widened and consumed her reason. All the monsters of her imagination became real and were squeezing out, reaching out, from between those faults. She turned the music off so she could concentrate, hyper-vigilant. The car ahead inched forward. Then stopped. "Go, go, go", she pleaded. But Audrey Villeneuve was trapped and terrified. With nowhere to go. The tunnel was bad, but what waited for her in the grey December sunlight was worse. For days, weeks, months – even years, if she was being honest – she'd known. Monsters existed. They lived in cracks in tunnels, and in dark alleys, and in neat row houses. They had names like Frankenstein and Dracula, and Martha and David and Pierre. And you almost always found them where you least expected. She glanced into the rear-view mirror and met two frightened brown eyes. But in the reflection she also saw her salvation. Her silver bullet. Her wooden stake (Penny, 2013)

A Personal Statement

With the above quotation in mind, the researcher acknowledges that this research study was conducted as part of a growth process and the curiosity aroused in her during a time in which she overcame her personal trauma and observed that people react in different ways to a traumatic event during debriefing sessions. The question remained after each session – “Why do people differ in regard to the way in which they deal with a traumatic event?”. We learn from the literature that, if events are to be diagnosed as traumatic, certain criteria need to be met. However, while the majority of people meet some of the criteria they may also differ in terms of their reactions towards such events. Their narrations of how they perceive events, although these events may be related in kind, such as hijacking, rape, and murder, reveal that the victims' reactions often differ markedly (Herman, 1992).

This anomaly sparked an interest in cognitive dissonance and in the overt behaviour displayed in reactions to traumatic events. It is clear that during debriefing sessions, culture, religion and, sometimes, gender have an influence on the narrations of trauma experienced. Such narrations often indicate the victim's perception of

him or herself and the event, and his or her perceived contribution to the event.

This study represents an attempt to assist “victims” to become “survivors” who tell their stories with dignity and pride, not as a coffee table conversation but rather as a narration of strength in order to relate to and inspire others whose voices have been silenced or who fear to be heard and to understand their pain in relation to others in their world, themselves and the future they once envisioned.

By giving a voice to the silenced and the voiceless, the researcher hoped to help them if not to talk about the event to sing about it, if not to sing about it to write about it and, if prevented from writing about it to draw it, but to allow the victims to narrate their pain and their history, while taking into account their perceptions, beliefs and cultures. Thus, the researcher hoped to encourage them to allow themselves a voice and a memory and not to be silenced by the current social dominant belief, but to explore the power within, without shame, and to carry the burden of a traumatic event as a crown rather than a cross (Stanton, 2005; Leydesdorff, Rogers, & Dawson, 1999).

Introduction

Traumatic events often constitute the core of the stories told by those who have survived a natural disaster, a war, or interpersonal violence. Such an event may take many forms – a single incident, such as an accident or a natural disaster, or a complex or repetitive trauma such as ongoing abuse or domestic violence (Courtois & Ford, 2009). It is clear from the literature that most writers agree with Reber and Reber (2001) that the term “trauma” derives from the Greek word meaning “wound”. Courtois and Ford (2009) include injury in the meaning of the word. They maintain that trauma originally implied a physical injury and paralleled the psychic wounding that potentially follows a traumatic event. The word is often used interchangeably as both a physical or psychological wound and may sometimes refer to a traumatic stressor event, including the individual’s experience during exposure to the stressor and including the individual’s response during, directly after or a considerable time after the event (Courtois & Ford, 2009). Although the direct translation of trauma means wound, the term is freely used to indicate either a physical injury caused by some direct external force or, as in the context of this study, a psychological injury caused by some external emotional assault (Reber & Reber, 2001; Courtois & Ford, 2009).

Thus, the difficulties often experienced with the word “trauma” arise from the fact that, in the literature, it has multiple meanings. As indicated above it may refer to a physical injury and a psychological injury while it may also refer to the events that cause this wound or injury (Courtois & Ford, 2009).

According to Keane and Weathers (2007):

Achieving a consensus definition of trauma is essential for progress in the field of traumatic stress. However, creating an all-purpose, general definition has proven remarkably difficult. Stressors vary

along a number of dimensions, including magnitude (which itself varies on a number of dimensions e.g., life threat, threat or harm, interpersonal loss), complexity, frequency, duration, predictability, and controllability. At the extremes, that is, catastrophes versus minor hassles, different stressors may seem discrete and qualitatively distinct, but there is a continuum of stressor severity and there are no crisp boundaries demarcating ordinary stressors from traumatic stressors. Further, perception of an event as stressful depends on subjective appraisal, making it difficult to define stressors objectively, and independent of personal meaning-making (p. 108).

While taking the above quotation into account, the researcher hoped to examine the relationship between the experience of terror and helplessness that constitutes trauma and the trauma stories related by the participants and the ways in which they remembered the event. Thus, it also sought to examine the role played by the representation of these autobiographical memories in dealing with trauma (Leydesdorff et al., 1999). In other words, the focus of the study was on the question of why a traumatic event affected some people more than others and why their reactions appeared to be more out of control compared to the reactions of other survivors in the same or similar situations.

With regard to autobiographical memory the study explored what such memory is made up of. In investigating this personal, unique, autobiographical memory, the researcher explored the role played by culture, belief, attitude and previous experience in the way in which people react to a traumatic event. In other words, the study examined what happens to autobiographical memory both during and after a traumatic event and the reason they are distorted. Thus, the study explored these memories, as well as the accuracy of such memories and the reasons why the recall of such memories was sometimes faulty. In addition, the study investigated cognitive dissonance and the errors in traumatic memories. In order to do this the study explored the perspectives of various writers in which they suggest that it may be that those recounting their recollections of traumatic memories are not lying but that they firmly believe that all their memories of the traumatic event in question are accurate (Schacter, 2001). Exploring why, after a traumatic event, the victim's memory of the event may be faulty, and asking why this often adjusted autobiographical trauma memory was remembered with more accuracy or more vividly than any other autobiographical memory.

In order to conduct the investigation, the researcher considered the term "autobiographical memory" in psychological terms. Colman (2006) and Reber and Reber (2001) define autobiographical memory as referring to the mental function of holding information about stimuli, events, images and concepts long after the original stimuli are no longer present. This process or function preserves information and this, in turn, involves the processes of encoding, storage and retrieval. The term "autobiographical memory" may also refer to the information that is retained as a long-term memory of personal experiences and events. This information is specific to the individual's experience and to events that occurred at a particular time and place (Colman, 2006; (Beike, Lampinen, & Behrend, 2004). In this study, the researcher explored what constitutes a psychological traumatic event. Based on the stories told by three individuals, the researcher used the narrative,

autobiographical memory recall of these individuals in conjunction with the literature review to seek answers to the question as to the way in which the participants' autobiographical memory recall influenced their dissociation with the trauma they had experienced. The researcher also investigated whether this influence created a conflict between overt behaviour and the memory recall of a traumatic event (Babbie, 2005; Terre Blanche, Durrheim, & Painter, 2006).

Explaining the Title of the Dissertation

This section briefly explains the title of the study, namely, "Cognitive dissonance in trauma: The conflict between belief, autobiographical memory and overt behaviour". This title highlights the focus of the study.

In short, the study aimed to hear the narrations of the participants selected of their autobiographical memory recall of the traumatic events they had experienced. These participants viewed themselves as trauma victims and/or others such as mental health or medical professionals had labelled them as individuals who had experienced a traumatic event. The study aimed to explore the way in which the errors in the autobiographical trauma memory of the participants had changed their perceptions of themselves and their world. In addition, the study aimed both to discover why the thoughts of certain individuals indicated low self-esteem and to investigate the factors that play a role in traumatic autobiographical memory and create disorder as regards the perception and recall of the traumatic event.

Thus, this study aimed to give the participants an opportunity, through narration, to share their traumatic experiences, their autobiographical memory recall of the trauma, the meaning they attached to the traumatic events in question and their memory, from the time of the event to the time of the interview.

Aim of the Study

The study aimed to work within a qualitative framework in terms of which generalised findings would be of less concern than the focus on the detailed and in-depth analysis of cases and the individuals' recall of traumatic events (Terre Blanche et al., 2006; Stanton, 2005).

Although the aim of the study was to give voice to the participants in a way that was free of judgement and prejudice, the study did recognise that participation in the conversations, together with the analysis from the researcher's perspective, may have influenced the outcome of the research study. It was thus accepted that the final product would be a co-construction of the researcher's reality into which the narrations of the participants and the theoretical voices were incorporated (Stanton, 2005; Babbie, 2005; Terre Blanche et al., 2006). The study focused on what may be considered or justified as autobiographical memory errors in narration after a traumatic event. The study also explored the reasons why certain painful experiences are sometimes remembered despite the fact that the participants would have preferred to forget what had happened. The study

explored the way in which these autobiographical memory errors changed an individual's belief about the way in which they perceived themselves and their world. It also asked why some participants created thoughts of low self-esteem. In addition, the study aimed to discover why the thoughts of certain individuals indicated low self-esteem and to investigate the factors that play a role in traumatic autobiographical memory and create disorder in the perception and recall of the traumatic event (Schacter, 2001).

The aim of the study was also to create a safe place in which the participants who had experienced a traumatic event recalled their memories through autobiographical narration recall. The researcher also explored the relationships between cultures, beliefs, and autobiographical memory and the formation of memories of traumatic events. The aim, through exploration, was to understand the way in which such autobiographical recall influenced the perception of a traumatic event (Stanton, 2005) and to probe how the participants experienced their world after such an event.

By using in-depth exploration and sensitive inquiry, the researcher anticipated that new information as well as an understanding of the trauma recall might emerge for those who had experienced the traumatic event. Narration provided the participants with the opportunity to voice their pain in which dominant beliefs about "anxiety" and trauma reaction tended to dictate or pathologise those who did not fit into the ascribed or expected norms (Stanton, 2005).

Design of the Study

In view of the fact that research questions in science are dedicated to "finding out", it does not matter how the researcher goes about trying to answer these questions because there are so many ways available in which to go about obtaining the requisite information. In scientific inquiries, the researcher makes observations and then interprets these observations (Babbie, 2005). Other methods that may be used to gather information include browsing the internet and reading research papers, magazines, newspapers, books and other academic information that is readily available.

In the design of this study, the researcher decided to use a qualitative research approach and data analysis, as the researcher deemed this the most appropriate method for the study. The researcher also paid attention to the theoretical and/or paradigmatic stance adopted, the focus of the inquiry, the inquiry conducted, as well as the research methods used for collecting the information and analysing the information obtained from the inquiry (Stanton, 2005).

The use of qualitative research methods enabled the researcher to embark on the study without the need to test a precisely developed hypothesis. Thus, the researcher attempted to make sense out of an ongoing process. However, this process also led to the challenge that it was not possible to predict the process in advance by using initial observations. This led to the development of tentative general conclusions that suggested further

observations or in-depth conversations, observing constantly and revising the conclusions that had been drawn. The information obtained was understood through the narrative of the participants within their own context. The purpose of the study was to discover the underlying meanings of the variables and themes that emerged, as well as the pattern of the relationships between them. Thus, the researcher attempted to discover possible plausible relationships in order to find explanatory patterns and, thus, to understand the link between trauma, autobiographical memory and the role played by culture in the recall and narration of a traumatic event (Babbie, 2005).

Sampling

The researcher made use of purposeful sampling in order to select three information-rich cases for the purposes of the study. The participants were all individuals who perceived themselves as the survivors of a traumatic event and who were willing to share their stories and memories with the researcher. The participants were selected using interpretive ontology in order to identify individuals who displayed symptoms of trauma or who had indicated that they had experienced a traumatic event. The use of methods such as interviews, autobiographical stories and narration enabled the researcher to understand the participants' experiences through narratives and shared interactions (Terre Blanche et al., 2006). In other words, the three participants were invited to take part in an interview, which took the form of a conversation. Each of the participants completed a consent form. The participants remained anonymous and were identified by a number for the purposes of themes and data analysis. This information was collated and analysed manually.

Selection of the Participants

A research paradigmatic standpoint determined the approach drawn from the methodical solutions (Terre Blanche et al., 2006). The participants – who were the focus of the inquiry – comprised three individuals who had indicated that they had experienced a traumatic event. The use of a collective case or a collective approach meant that the focus was on three individual cases investigated and interpreted collectively. Each case was analysed using the information obtained, information that was obtained through various means of inquiry and interviews with the three individuals. The interviews took the form of a conversation between the researcher and the participants about the trauma they had experienced in their lives and how autobiographical memory, culture and beliefs influenced their recall of the events and their experience of the trauma (Stanton, 2005).

The selection of the sample involved the following criteria:

1. Individuals who had been diagnosed as manifesting symptoms of trauma or who had experienced a traumatic event or incident
2. Individuals who had given their consent both verbally and in writing to sharing their story of the traumatic event or incident

The use of purposeful sampling, as suggested Terre Blanche et al. (2006), enabled the researcher to select three information-rich stories for the purposes of the research. The research involved an intensive study of specific individuals' reactions to a traumatic event (Terre Blanche et al., 2006) and was both a process of inquiry and the product of the inquiry. The systematic gathering of sufficient information about three individuals, their social setting, their culture and their beliefs about their world enabled the researcher to understand the way in which they functioned and to become intimate with the participants' lives, social setting and culture.

Collection of Information

In view of the fact that the study involved the participants' internal reality of their subjective experiences, the researcher adopted an inter-subjective or interactional epistemological stance toward the participants' reality. This was the result of the importance of the researcher understanding the way in which the participants perceived and understood trauma, and how they understood the effect the traumatic event had had on their minds, feelings, behaviour, autobiographical memory, attitude and thoughts.

The methodology used took the form of interviews and conversations that relied on a subjective relationship between the researcher and the interviewee. The researcher used a qualitative research design in order to understand how autobiographical memory affects post-trauma behaviour and memory recall.

The use of in-depth interview conversations as a method of communication provided the participations with the opportunity either to take part in the conversation or to withdraw from it without feeling they had let the researcher down. The participants felt more at ease and free to tell their stories because they had established the level and tone of the interview.

The interviews started with the participants being asked to give their personal details, for example age, profession, culture and gender. They were then given the researcher's credentials. Before the interview commenced a written consent form was completed and discussed, thus allowing the participants either to continue with or withdraw from the in-depth interview conversation. The researcher then conducted an individual in-depth interview with each participant about their stories and their recall of the traumatic event. The interview took the form of a conversation. This conversation was unstructured to allow for spontaneous interaction, although at times the researcher guided the questions in such a manner as to ensure that the requisite information was obtained. The purpose of these questions was to clarify the themes that emerged in the conversation, and to ensure an in-depth inquiry and further exploration of topics with each participant (Stanton, 2005).

Data Analysis

In past years, social research and science tended to use quantitative data analysis techniques in order to analyse the data that had been collected. This data was then converted into a numeric format and subjected to statistical

tests. However, it is not possible to analyse certain information such as feelings, emotions, perceptions and attitudes statistically and this information must rather be observed. Fortunately for those researchers who prefer observation as a way of gathering data, qualitative data analysis is enjoying a resurgence in both the social sciences and in observation (Babbie, 2005). This permitted the researcher to use qualitative data analysis for the purposes of this study. Terre Blanche et al. (2006) describe qualitative data analysis as a method that may be used for examining social research information without converting such information into a numerical format. This method enables the researcher to watch and observe, hence promoting the understanding of social events. The information obtained from the interviews, conversations and observations in this study was used to report the attitudes, beliefs and experiences of the participants (Babbie, 2005; Terre Blanche et al., 2006), with narration and conversation providing the researcher with the opportunity to understand the participants' social life in the context of the relevant theory and using established analytical techniques.

The use of qualitative data analysis enabled the researcher to focus on the non-numerical assessment of the observations made through participant observation, content analysis, in-depth interviews and conversations (Babbie, 2005). The purpose of the study was to discover the underlying meanings of the variables and themes that emerged and the patterns of the relationships between them. The researcher sought plausible relationships in an attempt to find explanatory patterns in order to understand the link between trauma and autobiographical memory and the role of culture in the recall and narration of a traumatic event (Babbie, 2005).

The researcher used a cross-case analysis strategy to examine the information collected. This type of analysis involves the examination of more than one case (in this study three were used). An idiographic explanation is used in which the researcher seeks to ascertain the idiosyncratic causes of a particular condition or event. *Idio* in this context means unique, separate, peculiar, or distinct – as in the word “idiosyncrasy”. By using this type of explanation, the researcher felt that she would be able to understand the themes of what had emerged in this particular research study. However, at the same time, the scope of explanation was limited to the cases in question and the intention was to explain these specific cases in detail (Babbie, 2005; Stanton, 2005). In order to supplement this lack of explanation, Huberman and Miles (1994) suggest cross-case analysis in terms of which the researcher also uses other subjects and investigates the details of their trauma stories, while focusing on the variables that appeared to be of importance in the first case. Some information closely paralleled the first case in terms of the impact of variables, while others showed no resemblance to the first. It may be that these latter cases require the researcher to explore the reasons why certain cases appear to reflect one specific pattern while others reflect another pattern (Babbie, 2005; Huberman & Miles, 1994).

Ethics

Ethical Considerations

According to Allan (2008), ethics is the branch of philosophy that has to do with the study of morality and,

thus, about the way in which people make decisions about what is either wrong or right as regards behaviour that may influence the welfare of human beings (Allan, 2008). Ethical considerations are at the core of any research that uses living creatures. A researcher is constantly having to make decisions that have the potential to influence people's welfare and which may either have an uncertain outcome or may influence the perceptions of the client and the public about a particular research study or the profession in general. Thus, in view of such decisions and the influence they might have on an individual's perceptions and actions, it is incumbent on a researcher to uphold ethical standards during research (Allan, 2008). In order to act appropriately and to do the right thing, researchers must therefore behave in accordance with the norms that govern their professional behaviour (Babbie, 2005).

In most of the definitions of the word 'ethics' that are in common usage, ethics is typically associated with what is wrong and what is right (Babbie, 2005).

Consent Information

Consent is the most common grounds for justification in psychology, as much of what a researcher or therapist does could be construed as wrong if it were not justified by consent. Consent is the process whereby individuals give researchers the permission to do something that may otherwise be wrong and, therefore, may constitute a civil wrong. In other words, by giving consent an individual waives his or her rights (Allan, 2008). Consent may be given either by implication or verbally, although it should be recorded in writing for evidentiary purposes. The mere signing of a pro forma document does not constitute consent. True consent requires an interactive process during which the researcher provides competent clients with information that will allow them to make informed decisions. Consent is valid if clients (Allan, 2008; Babbie, 2005; Terre Blanche et al., 2006):

- possess the adequate and correct information that is required to make an informed decision
- understand the information at a cognitive level
- appreciate the situation and the consequences of the decision at an emotional level and are not forced to participate in a study
- possess the ability to make a rational decision
- make the decision freely and voluntarily and without coercion being used
- are capable of communicating their decision to participate in a study both verbally and in writing.

In addition, clients have the right to terminate their participation at any stage of the research and misrepresentation or deception may be used only when describing an embarrassing or personal topic of study because the researcher may fear high rates of refusal or false data. Studies using children are either limited or not allowed as a result of children's emotional and cognitive vulnerability.

Accordingly, the researcher informed each participant about the purpose of the research being that of a master's

dissertation. She also informed the participants that although they may gain personal insights which may lead to a degree of personal growth or even change, that the conversation interview would not be defined as therapy but as research. Each participant were informed about the nature and consequences of the research. They were given the opportunity to agree voluntarily to participate without physical or psychological coercion and that this agreement and consent would be in writing based on full and open information.

Philosophical Principles Guiding Ethical Research

With regard to this research, the researcher attempted to remain sensitive to the emotions of the participants as they shared personal and sensitive information. This required her throughout the conversation interviews to remain sensitive and ensure that the participants were at ease with the degree of intensity and exploration of the interviews. They were assured that they could indicate to the researcher if a theme or topic was too emotional. In addition to respect, the privacy and confidentiality of the participants' written information, pseudonyms and name and/or places were changed as suggested by Terre Blanche et al. (2006) and Babbie (2005). Important here is that the information that is reflected and printed in the dissertation about the participants will be done so in an ethically responsible and anonymous manner. To ensure anonymity the researcher at the commencement of the conversation asked the participants to sign a consent form in which anonymity and confidentiality were assured. In addition, taking the nature of the research and the emotional and personal experiences into account, the researcher at all times made sure that the respondents were at ease, as some questions or narrations might have led to the participants feeling exposed or vulnerable. She also attempted to prepare the participants beforehand for the nature of the interview.

After every interview, the researcher spent some time with each participant reflecting on the conversation and the interview process. The participant was encouraged to voice any personal difficulties both during and at the conclusion of the research.

Although ethics may involve several approaches, there are four widely accepted philosophical principles that may be applied in order to determine whether a research project is ethical. Terre Blanche et al. (2006) refer to such an approach as principlism. Although there are several variations of these principles as well as varying emphases, a researcher should make use of them and apply them thoughtfully to specific situations (Terre Blanche et al., 2006; Allan, 2008; Babbie, 2005).

According to Terre Blanche et al. (2006), the following four ethical principles are important in research:

1. **Autonomy and respect for the dignity of persons:** This principle is most commonly linked with the Nuremberg Code. Its requirements include the fact that that participants must give voluntary informed consent to participate in a research study. The protection of both individual and organisational confidentiality is an important expression of this principle. In addition, the identities of communities must be protected during a research project (Terre Blanche et al., 2006; Babbie, 2005; Allan, 2008).

2. **Nonmaleficence (no harm to participants):** This principle supplements the autonomy principle and requires that no harm be inflicted on participants. In other words, it is incumbent on the researcher to ensure that no harm befalls the participant as either a direct or indirect consequence of the research. Thus, research should minimise and, in fact, avoid harm and wrongs (Terre Blanche et al., 2006) and guard against injuring or harming individuals, regardless of whether they volunteered to participate in the study.
3. **Beneficence:** This principle obliges the researcher to attempt to maximise the benefits that the research will afford to the participants in the study. In conjunction with the principle of nonmaleficence, beneficence finds expression in research ethics in terms of which researchers and ethics committees have to weigh up the relative risks of a proposed study against any benefits that the study might bring directly to the participants or to society because of the knowledge arising from the study. Financial gain is not regarded as a benefit and the possible benefits must, thus, be more direct, for example improved access to health facilities, skills improvement and increased knowledge about the topic in question (Babbie, 2005).
4. **Justice** requires that participants receive what is due to them. The issue of justice in research is extremely complex and requires that a researcher treat participants with fairness and equity during all stages of the research study. This principle also applies to the fair selection of participants. This means that such selection must not be based on convenience. The research should also benefit the participants and not merely the researcher who may benefit by obtaining a degree or being published. In other words, the research participants should gain by the study, and not be excluded from the benefits of the research. Justice also requires that the researcher is responsible for providing care and support to those participants who may become distressed or perceive that they are being harmed by the study (Terre Blanche et al., 2006).

In addition to the principles discussed above the following principles should also be taken into account in order to protect the participants:

1. **Right to privacy** (Babbie, 2005): The right to privacy is particularly important in studies of a sensitive nature. The personal nature of a study may result in people losing their jobs or families having relationship problems or even being ostracised if certain information comes to light.
2. **Protection from harm** (Babbie, 2005): Emotional harm or distress may result from the nature of the research being conducted and is, in fact, a possibility in all research studies. Emotional harm is possible when respondents become distressed when they are asked a question that causes anxiety, dredges up unpleasant memories or causes them to evaluate themselves critically. Harm may include emotional or psychological distress or physical harm.
3. **Debriefing** Although not an ethical principle, debriefing should be part of any research whether the research involves sensitive issues or is merely random research. It is recommended that participants be

debriefed after the interviews in order to ascertain whether any problems may have arisen as a result of the research experience. Such problems may then be addressed. In research in which the subject was not told about the true purpose of the study prior to the interview, if the researcher is both honest and forthcoming after the interview this may make up for the deception. It is essential that the researcher is always careful and acts with sensitivity. The researcher must make sure that participants are not left with any feelings of betrayal or any self-doubt about their performance during the experiment (Babbie, 2005).

With regard to the research, the researcher remains aware that the conversation with each participant is personal and in itself is an ethical issue. She will take into account that the questions, conversation and manner in which she interacts with them will influence their meaning-making and perception of trauma. Linking this awareness to ethics, the researcher will treat each participant with respect, dignity and acceptance, taking care not to include or exclude information on the basis of her own bias, taking that each conversation in itself will be an ethical issue.

Presentation of the Study

The study comprised the following chapters.

Chapter 1

Introduction

The introduction contextualises the research and gives the reader an idea of what he or she may expect and what is being researched. Thus, the introductory chapter introduces the research project while the following chapters elaborate on specific issues involved in the research. The chapter explains how the requisite information was gathered, what data collection methods were used and how the information was analysed and reported (Babbie, 2005; Terre Blanche et al., 2006).

Chapter 2

Literature Review

Chapter 2 provides background information on the social and educational context of the study. Thus, it includes historical, cultural and social information and may be regarded as the theoretical starting point as regards the content of the research study. Personal reasoning or motivation may also be included in such a chapter. The need for the study and the possible benefit of the study to the psychological community is a focal point of Chapter 2 in this study (Stanton, 2005). The chapter also contains a review of previous literature on the research problem and, thus, it contains a review of psychological literature on trauma, cognition and autobiographical memory. The chapter provides definitions of the concepts used in the study and explores issues related to the assessment of trauma and the various factors that influence such assessment. The literature review includes a review of empirical literature on the impact of traumatic events on the world's assumptions

and the beliefs of cultures (Babbie, 2005; Terre Blanche et al., 2006; Desmond, 2012).

Chapter 3

Theoretical Framework

This chapter of the dissertation explains the approach that was used to gather and analyse the requisite data. The chapter states in broad terms the approach used and the reasons for the choice of approach and then provides a detailed description of the procedures followed. It is hoped that this will mean that sufficient information is provided to enable another researcher to replicate the study (Terre Blanche et al., 2006). The chapter also contains a brief discussion of the epistemological stance of this study in order to map out the anticipated research (Stanton, 2005).

Chapter 4

Research Methodology

This chapter describes the research method used to complete the study. The research design is a framework for the description of the methods used during the research process. The qualitative approach was deemed to be the approach most suited to the purposes of the study and for obtaining and analysing the requisite data. The data were analysed using the thematic content analysis method while the qualitative conversation interview was used as the main data collection method (Stanton, 2005).

Chapters 5, 6 and 7

These chapters contain the trauma stories of the three participants and a discussion of the themes that emerged.

Chapter 8

Comparative Thematic Analysis

This chapter presents the main findings of the study. The chapter attempts to structure the results in such a way that they provide direct answers to the central research question and then to the supplementary questions arising or flowing from it (Terre Blanche et al., 2006). The chapter also contains the reconstruction of the narrations in terms of conversation analysis and the themes identified (Stanton, 2005).

Chapter 9

Discussion and Conclusion

The final chapter provides insights into the research study and indicates the extent to which the study either succeeded in answering the research questions or failed to do so. The chapter concludes by citing the implications of the study in terms of the new findings and different perspectives that have emerged and offering brief suggestions for further research in the field in question (Babbie, 2005; Terre Blanche et al., 2006). This then concludes the study. The chapter also contains a brief overview of the study as well as an evaluation,

together with recommendations both for practice and for future research (Stanton, 2005).

References

The research dissertation concludes with a list of the references consulted and cited in the text.

Summary

It is hoped that the study may prove valuable in assisting to find patterns in the lives, actions and words of individuals in the context of trauma events as a whole (Stanton, 2005; Babbie, 2005). The aim of the study was to discover common or similar elements in the cases studied but, at the same time, to ascertain what was unique as regards the culture and belief of each of the participants and, perhaps, to narrow this focus on the trauma perceptions of individual. In addition, the study aimed to examine trauma and the extent to which culture and society silence a victim's voice and to experience the traumatic event by means of the participants' own words as grounded in their culture (Stanton, 2005; Wassenaar, 2006; Westen, 1996). This required the researcher to stay close to the data and to evaluate and interpret the data from a position of empathic understanding (Terre Blanche et al., 2006; Stanton, 2005). The result was constructed by the meaning the researcher and the individuals perceive as a product of social influence and language. This study of the participants' social life focused on the discovery of implicit, usually unspoken, assumptions and agreements, with the researcher immersing herself in the individual lives and culture of the participants and reporting on their lives as if they represented reality. This assisted in making sense out of the individual's perceptions of the traumatic event (Babbie, 2005; Terre Blanche et al., 2006; Stanton, 2005).

Research has shown that individuals who have experienced a traumatic event react in a similar fashion. However, the main focus of this study was the reasons why some people manifest an intense reaction to a traumatic event while others do not display the same reaction. Research contains countless explanations for individual reactions to trauma. Some academics suggest that individuals with a predisposed personality disorder are more likely to react negatively to a traumatic event; others state that people who suffer from a traumatic episode are influenced by politics; still others maintain that culture plays a role in the individual's reactions (Berk, 2009; Mannin & Cullum-Swan, 1994; Westen, 1996). This research study will explore whether culture and beliefs alter autobiographical memory and whether such distortions have an effect on the way in which individuals deal with a traumatic event.

CHAPTER 2

Literature Review

In four paragraphs a persuasive hypothesis of the way people present themselves to the world and the inner narratives they live by to give consistency and form to their lives. We all identify with themes, stories we tell ourselves, and our conduct reflect our personal myth. The tale they tell is inadequate, confused; it fails to account for things as they are. Villains can be victims in their own eyes; tragic heroes; misunderstood crusaders (Flynn, 1997).

The principle underlying this thesis and research study is not new but belongs to ancient philosophy and archaic wisdom in religion. It is reflected in, among other things, the wisdom of W. F. Evans in his book, *The primitive mind-cure: The nature and power of faith* (1885). Evans discussed the effect of an individual's thoughts on his or her body and mind (Evans, 1885). He used the following quotation: "In the Dhammapada, one of the books of the Sacred Canon of Buddhism, among the brief religious sentences of which it is made up we find these golden words: All that we are is the result of what we have thought; it is founded on our thoughts, it is made up of our thoughts" Evans (1885, p.70). We tend to think of ourselves as modern thinkers and thus it is amazing to realise that, more than a hundred years ago, Evans suggested that an individual's cognition about him or herself and his or her perception would have an effect on both the body and the psyche. It is in light of this that the researcher undertook this study to explore the effect of a traumatic event on three individuals, in particular the effect of the trauma on their autobiographical memory, and to investigate how they related their perceptions in a narrative form. In short, this study explores how the mind processes memories and the effect of traumatic memories on consciousness. The main aim of this chapter is to highlight the factors that may reshape the past in a variety of ways for individuals who have experienced a traumatic event. Thus, the study investigates the schemas individuals use to create and recreate their past through a combination of factors such as meaning-making, expectation and belonging to a group. In addition, the study examines how the change has an effect on their narrations through their autobiographical memory. The study also looks at the factors that, according to popular literature, may have contributed to errors in such memory recall narrations.

In this chapter, the researcher traces the roots of trauma as they are depicted in relevant literature. Thereafter the chapter highlights the meaning-making, expectations, the therapist's history and belief in the innateness of trauma and the social, as well as belonging to a group.

The Role of Memory and Definition of Trauma

Traumatic events are experienced on a daily basis. Whether the traumatic event is in the form of a car accident, sexual assault, violence, or the murder or death of a loved one, everyone experiences trauma at some time in their lives. How individuals prefer to remember these events depends on how they perceived the event and how

emotionally arousing their experience and memory of it was (Dekel, 2009). The literature reveals that memory reconstructs the past through narrative memory. In his term paper, Michel Schmid (2004, p.1) cites Martin Charcot and Pierre Janet's reflection of memory as follows: "The memory system is the central organizing apparatus of the mind, which categorizes and integrates all aspects of experience and automatically integrates the info into ever-enlarging and flexible meaning schemes" (Schmid, 2004).

During normal events, we integrate memories subconsciously and automatically into the familiar and expectable in terms of existing schemes (Schmid, 2004). However, with difficult and frightening novel experiences, the trauma victim may either completely resist the integration of this memory with previous experiences or else they may remember flashes of the experiences vividly because it is not possible for this memory to integrate with older schemas. Normal memories integrate easily because they fit into a meaning schema that does not pose a threat or contradict the already existing beliefs, values and meanings of the individual's world (Schmid, 2004). Thus, the integration of new information happens without conscious thought, while the narrative memory is deliberate and conscious (Schmid, 2004). This memory is not the act of remembering the past but rather acts as a recreator from the past that changes the memory to make sense out of the experience. This, in turn, suggests that the individual's existing meaning schemes may be unable to integrate a traumatic event and this, then, causes the memory to be stored differently while it is not available as a normal memory (Schmid, 2004). The traumatic memory may be remembered in an extremely regular and intense way or through sporadic fragments of the event or not even remembered at all, depending on the character and/or temperament of the individual (Schmid, 2004).

Through talking and narration, the individual may try to make sense of the experience and the new memory that came about as result of the traumatic event (Schmid, 2004). The individual substitutes created images and constructions for the real memories in an effort to alleviate the real, painful memories. By remembering and repeating these new memories repeatedly, the individual starts to believe the new memories and integrates them into his or her meaning scheme as legitimate past (Schmid, 2004). The individual suppresses the real fragments of the traumatic memory to the bottom of the memory system where they are remembered only through either the stimulation of a question or a certain event that reminds the individual of this previous trauma (Schmid, 2004). We often find this phenomenon in trauma narrations where an individual is either unable to remember the traumatic event or memory recall of the event is fragmented. Memory failure in everyday life, for example forgetting someone's name or losing house keys, is normal. However, research shows that the autobiographical memory that is created during a stressful and traumatic event and then recalled is often emotionally charged, extremely vivid and may include distortion and errors (Goldstein, 2005). Researchers suggest cognitive dissonance as one of the reasons for such errors in autobiographical memory and judgement. According to the *Penguin dictionary of psychology* (Reber & Reber, 2001), the term "cognitive dissonance" is used to refer to "the emotional state set up when two simultaneously held attitudes of cognition are inconsistent or when there is a conflict between belief and overt behaviour" (Reber & Reber, 2001). According to Schmid (2004), Pierre

Janet explains cognitive dissonance as a horizontal layered model of the mind. When a subject does not remember a trauma, the memory of the trauma is contained in an alternate system of consciousness, which may be either the subconscious or it may dominate consciousness (Schmid, 2004).

Leydesdorff et al. (1999) expands on this by stating that the effects of a traumatic event usually manifest unconsciously in a range of bodily disturbances, neurotic behaviours, nightmares and even hallucinations and amnesia. In addition, the symptoms may manifest as a symbolic gesture or expression, an inability or difficulty in making sense, assimilating or integrating with the norm that the individual remembers (Leydesdorff et al., 1999). Research into this phenomenon suggests that, in order to resolve conflict, the belief patterns of individuals are modified in an attempt to resolve such conflict and effect consistency in behaviour. This modification is assumed to serve as a basis for attitude change (Reber & Reber, 2001). Thus, more than one separate psychological process may be related to trauma behaviour. These processes may have their antecedents in both life events and inherited biological processes, while their impact on trauma behaviour may be mediated by the manner in which the individual processes social information in response to a threat (Schmid, 2004).

Schacter (2001) concurs with this viewpoint, describing it as the emotional discomfort that results from conflicting thoughts and feelings. He states that people will then resort to extremes in order to diminish, reduce or ease this discomfort. For example, he explains that people tend to convince themselves that the harm that smoking or drinking inflicts is not as serious as believed because they are moderate social users of nicotine or alcohol (Schacter, 2001). When dealing with traumatised individuals it is possible to see Schacter's illustration reflected in their actions and behaviour. Individuals who have experienced a traumatic event may convince themselves that what they experienced and perceived is not that serious or was just a bad dream or even that it never happened or is unreal. When the individual is unable to ease the discomfort arising from the conflicting reality of his or her perception of the event this creates a dissonance. A traumatic event creates conflicting realities and the belief in a just world becomes invalid while the illusions of control and safety are shattered.

As suggested by Schacter (2001), people who have been traumatised make use of a variety of dissonance operations, even when they have limited awareness of the cause of the discomfort or conflicts they are trying to manage. They create assumptions about what happened and why it happened, and they try to predict the outcome of the event thus creating new shuttered assumptions. Shuttered assumptions are built and formed on the previous normal experiences in the individual's world, their experiences with others and how or where they belong or fit in these beliefs. Consequently, these previous assumptions are shuttered and prove to be either wrong or flawed. The individual recognises that the traumatic event changed this belief in a just and fair world and is left feeling disconsolate and with a perceived feeling of powerless and, sometimes, hopelessness in reacting to or addressing this feeling over which they believe they have no control.

These shuttered assumptions do not fit the picture or the beliefs the individual held previously, while the new

reality being experienced leaves the individual with a feeling of confusion and bewilderment. When a person's core beliefs collapse, he or she creates new beliefs to accommodate both the new and the old experiences. However, this creates interpersonal challenges, which the individual is unable to understand or to explain to others. In addition, the traumatic autobiographical memory the individual would prefer to forget persists; in cases such as depression the persistence of this memory may even be life threatening. Based on the above, it is possible to envisage that an individual who has experienced trauma will use the same methods of creating new beliefs to accommodate both the new and old experiences to distort the autobiographical memory of the traumatic event or past with consistency of change biases (Schacter, 2001). Change biases help the individual to depict the self in an overly favourable light to justify their involvement in a traumatic event. The question arises as to whether these change biases help the individual to overcome the trauma or to make the present more bearable so that it fits in with the current beliefs about the world, the event and its effects (Schacter, 2001).

Before continuing with the discussion on memory, it is important to define the term "trauma". The *Oxford dictionary of psychology* describes trauma as follows: "A physical injury or wound, or a powerful psychological shock that has damaging effects" Colman (2006, p3 776). Reber and Reber (2001) contribute to this definition by stating that the term "trauma" is derived from the Greek word "wound" and that it is a term which is used freely to refer either to physical injury caused by some direct external force or psychological injury caused by some extreme emotional assault (Reber & Reber, 2001). Judith Herman (1992) maintains that trauma is the normal reaction or response to a life threat, bodily harm, or danger. Trauma is a complex, integrated system of reactions, behaviours and actions, which involve body and mind (Herman, 1992). As a result of trauma, an individual's reality becomes distorted, inaccurate and filled with perceived terror, while his or her customary coordinative functions, or judgement and discrimination, fail. It may even seem that the individual's sensory organs have ceased to function. The individual's impulse and aggression are often out of control and disorganised in relation to events which are not even closely related to the traumatic event (Herman, 1992). In addition, individuals may react to an autobiographical recall of a memory because an event or stressor unconsciously reminds them of the traumatic event or memory.

A recall of autobiographical trauma memory may create trauma-related symptoms that may occur at any age. It is not, as previously thought, age related. As opposed to today's beliefs, earlier theories held that adults only, and not children, could be diagnosed with symptoms of trauma (American Psychiatric Association, 2000). However, new research shows that the symptoms may manifest at any age. Symptoms of trauma usually begin within three months after the trauma, although in some individuals a delayed reaction may occur months or even years after the traumatic event. The symptoms of re-experiencing, avoidance and hyperarousal may also vary over time. The duration of the symptoms varies and, while 50% of individuals appear to experience full recovery, many others manifest all, or some, of the symptoms for long periods (American Psychiatric Association, 2000). In some cases the symptoms may even exceed twelve months. The course of the trauma may be characterised by the symptoms either becoming more intense or waning, while they may even be

reactivated if reminders of the event or life stressors unconsciously remind the individual of the previous trauma. Thus, symptom reactivation may occur in response to reminders of the original trauma, life stressors, or new traumatic events (American Psychiatric Association, 2000).

Normal memory, unlike a traumatic memory, does not fade and the perception is that it becomes increasingly vivid and emotionally charged. Unlike normal memory which integrates and fades with time, the autobiographical memory of the trauma is not integrated and accepted as part of the individual's personal past (Van der Kolk, McFarlane, & Weisaeth, 1996; Goldstein, 2005). A traumatic recall develops a life of its own, and exists independently of previous life experiences. The main factor that makes an event traumatic is the assessment the victim makes on how threatened and helpless he or she felt, with the meaning that the person attaches to the event being as important as the traumatic event itself (Van der Kolk et al., 1996). An individual's reaction is influenced by the individual's developmental stage, age, past experiences, previous beliefs about the world, culture, attitude, recalls aroused from the autobiographical memory of a similar event (Van der Kolk et al., 1996; Schacter, 2001) and what the individual perceives as reality (Leydesdorff et al., 1999).

Schacter (2001) suggests that we believe the recall of autobiographical memory is like a snapshot, although research has shown that this is not true as individuals extract important and key elements of the event and store these elements. They then recreate experiences of this event and not the true autobiographical recall of the event. In this reconstruction, the individual adds feelings, beliefs, previous and current knowledge, as well as newly obtained knowledge subsequent to the experience or event. This recall is distorted by the fact that, in most cases, autobiographical memory is based on knowledge of the event, causing it at times to be biased (Schacter, 2001; Goldstein, 2005). Individuals rewrite scripts of the event by attributing emotions and knowledge to it that have been acquired as a result of it (Schacter, 2001). Schacter (2001) and others proclaim that, to understand individual trauma, we need to understand the individual's past, beliefs, attitudes, culture and religion and examine at which point the individual concerned has become stuck, and also around which specific event the individual has built his or her cognitive explanations of the event (Van der Kolk et al., 1996). It is essential that researchers listen to the individual's narrative of the autobiographical memory, as the individual must be heard (Rosenberg, 1965). Not looking at the event and the individual holistically may result in a biased or preconceived assessment one that does not take individuality into account. In addition, in dealing with trauma, it is also vital that we take into account the fact that culture forms mental frameworks or schemas. Cultural survival depends on the transmitting of knowledge, beliefs and customs from one family to the next. Without the autobiographical memory to recall events, culture, beliefs, and attitudes cannot exist. These memories and cultural influences shape both an individual's world and the way the individual perceives him or herself in that world (Passer & Smith, 2004). It is understandable that, as a result of the influence of culture, attitude and belief, some individuals may perceive a traumatic event as more threatening than others and, in consequence, their psychological reactions to a traumatic event are more extreme. A "one-shoe fits all"

approach may not be consistent with the individual's experience of life and events or even the individual's culture. It is in light of this that one of the questions asked in this research study pertained to the way in which individuals narrated a traumatic event and the changes they made to alter their autobiographical recall of this event in order to give it meaning and to render it non-threatening. In other words, the study inquired into the factors that made the event unique to and for them.

Meaning-making

There are people who claim that animals and human beings are the same, while some even suggest that they see no difference between animal and human behaviour. They argue that animals also show emotions such as joy, anger, and self-pity if they feel wronged. Certain researchers, such as Laura Brown (2008), postulate that the only difference between humans and animals is that human beings try to make meaning of life. Humans make meaning from their memories, their culture, their environment and their social interactions. In essence, these issues are core to the existential component of the human experience of trauma. A traumatic event constitutes the ultimate challenge to meaning-making.

Laura Brown (2008) suggests that people's identities and social locations are central to and powerful in their response to trauma and the most affected by it. This may be illustrated by the example of a religious culture in which people are respected and treated as sacred and where a woman/man is raped or even sexually assaulted. The event is in contradiction to what the individual has been taught since childhood. The action of the perpetrator and the reaction of the victim are not what they should be and they contradict the norm they believe to be true in a just world. Their belief that rape and sexual assault happens only to others is threatened, while their new realities are in conflict with their historical reality (Brown, 2008). From early childhood or while growing up we may hear "[i]n our religious group no one beats his wife". Thus, when she is beaten or raped, this means that she is not only a woman who has been beaten but also that she is a failed member of her faith and community. She may even be barred from seeking comfort because she will be defined as "not existing" because domestic violence does not "exist" in the community in question (Brown, 2008). If one believes that one is safe in a community, then encountering trauma in that community destroys that belief. This belief may be attributed to the ways in which individuals experience trauma, their reaction to trauma and what they perceive or experience as traumatic because the meaning of the event is placed within the context of relationships, social standing, context and feeling either empowered or disempowered (Brown, 2008).

In view of the fact that trauma deals a blow to individuals' meaning-making, it plunges them into chaos and unpredictable behaviour that they neither deny nor ignore. Trauma interferes with their systems of belief while, in some cases, it may demonstrate the perceived ineffectiveness of prayers, charms or spells. The work of their hands turns to dust, leaving the individuals concerned with a feeling of helplessness, alienation and abandonment (Brown, 2008; Bringle, Phillips, & Hudson, 2004). Laura Brown (2008) further elucidates that trauma is an equaliser, destroying an individual's dreams and beliefs and leaving the individual numb.

In line with the above, Arvay (2001, p. 213) describes trauma as a “struggle” which individuals experience when core assumptions about the self and the world in which they live have been shattered through a traumatic loss or event (Arvay, 2001). Arvay (2001, p. 215) asks that research should broaden or “reframe theories that contend that psychopathology resides within the individual by broadening its perspective to include cultural and political explanations of human suffering” (Arvay, 2001). In addition, she explains that the constructivist “maintains that knowledge and truth are not discovered but are created or invented” Arvay (2001, pp. 215-216). According to her this construction is the nature of the memory that forms in individuals. Each individual’s construction is local and specific and emerges from their own personal experiences, with individuals continually revising the story as new events create new memories. A story that configures an individual’s history not only includes who the individual was before the event but is also one of anticipation of what the individual hopes he or she will be in the future (Arvay, 2001). Arvay (2001), Beike et al. (2004) and Leydesdorff et al. (1999) all suggest that research into trauma must take into account trauma history, social context, relationships and beliefs before, during, and after the event. Thus, research should focus on these factors and not exclusively on the trauma as an incident or event that alters or changes lives. This event or incident is often the reason why individuals subsequently behave differently, changing or altering their behaviour (Beike et al., 2004; Leydesdorff et al., 1999; Arvay, 2001).

The notion of autobiographical memory as formed by both the individual’s own history and the individual’s shattered life experience, and perceived as a puzzle which was once thought of as a whole, is now no longer considered to be valid. Trauma survivors realise that the picture once held in their autobiographical memory does not reflect what they saw or experienced and that the pieces that previously fitted into the familiar shape are now unclear, while their autobiographical puzzle appears to be distorted (Beike et al., 2004). In order to make sense of this distortion of that which was once believed to be true and correct, the trauma survivors alter or adapt the situation to fit their autobiographical memory so as to make sense of the confusion and to dispel the feeling of not being in control. History and research have shown that trauma affects both the process of memory and the neurological functions, changing a survivor’s way of thinking. The change in the thinking processes tends to produce memories of trauma that are, at the same time vivid, detailed and fragmented (Leydesdorff et al., 1999; Goldstein, 2005). Various types of dissociation are characteristic of the remembering and forgetting of trauma and involve the distinctive neurological processes involved in the storage and retrieval of these memories (Leydesdorff et al., 1999) that assist the individual to incorporate old coping skills, create new skills, and integrate both the old and the new skills. Individuals amend or adjust their new coping strategies to contain the effects of the symptoms, which may be reactivated by stressors or when an incident or event triggers a recall. The individual may sometimes experience this reactivation as overwhelming.

Memory Recall Errors

Despite the fact that much of the literature refers to trauma and the problem of correct memory recall, a number

of writers insist that trauma affects the psyche of an individual. In respect of the effect on the psyche, one problem area is the memory recall of the traumatic event. Research shows that two people who witness the same incident will often differ in relation to how they describe the event (Goldstein, 2005). Thus, memory recall sometime indicates the recall of information or the narrative of a memory which was inaccurate or which did not happen as related. Schacter (2001) explains this problem of memory recall and attributes it to misattributions and problems of memory. The sin of misattribution involves assigning a memory to the wrong source – mistaking fantasy for reality– or incorrectly remembering that somebody told you something that you actually read about in a newspaper (Schacter, 2001). He attributes the misattribution of memory either to a failure of memory binding or to source attribution (Leydesdorff et al., 1999). As an example, he refers to a study conducted by Bryce Whittlesea (1993) in which participants studied a list of common words. The participants responded to new words as old words and claimed that they had seen the less predictable words previously. Whittlesea (1993) suggested that the participants' misattribution responses were due to earlier encounters that had never occurred and which were misinterpreted as familiarity (Schacter, 2001). Schacter (2001) suggests that in this experiment people claimed they had a prior experience of seeing a word for reasons that had nothing to do with memory, but rather that it occurred because some of the features of the present situation either triggered a response or reminded the participants of an event that they erroneously attributed to a past event (Schacter, 2001). People tend to remember events that never happened or, if recalled correctly, they remember a wrong time or place. This happens because features of the present situation trigger autobiographical memories, which are mistakenly attributed to a previous experience, thus creating a new memory. Individuals may even spontaneously credit a memory to an image of their own imagination that they either read about or heard about from another source (Schacter, 2001).

Other studies based specifically on eyewitness mistakes also indicate that memory is not as accurate as it is believed it to be. In a study conducted by Frederick Bartlett (1932), in which he asked residents of Cambridge to read stories and then retell the stories days or months later, he found that the participants tended to reconstruct the story in a way that made sense for them. His research showed that, as more time passed between the reading and the retelling of the story, a number of the participants changed the story to fit their lives and culture. He suggested that individuals use schemas about the way in which events happened and that they use the altered schemas to organise and construct their memory (Bartlett, 1932). These schemas enhance memory in order to help individuals to recall and understand how to function in their world, but they may also distort memories in such a way that information that fits in and makes sense of pre-existing assumptions about the individual's world is retrieved (Goldstein, 2005).

In her studies on alien abductees, Susan Clancy (cited in Clancy, McNally, Schacter, Lenzenweger, & Pitman, 2002) showed that the source of memory played a role in these false memories. The participants may have watched a programme in which a person was abducted by aliens and then, years later, believe that the event actually happened to them because they had forgotten the source of the memory. Another example of mistaken

memory may be seen in a case in which seven witnesses mistakenly misidentified a priest (Ronald Clouser) because the police had speculated that the culprit might have been a priest (Goldstein, 2005). Thus, as demonstrated in the Clouser case, post event information has the potential to alter original memory. In their study Ira Hyman and co-workers (Hyman, Husband, & Billings, 1995) created false memories for past events in an experiment in which they contacted the parents of their participants and asked them to provide descriptions of actual events that had occurred when the participants were children. The researchers then created false memories that had never happened, such as a birthday party that had included a clown and a pizza, or the spilling of a bowl of punch at a wedding reception (Goldstein, 2005). The participants in the study were given some of the information from the parents' descriptions and asked to elaborate on the events. They also received some false information. The study results indicated that 20% of the events that were described and recalled in detail were false and had never happened. One participant did not remember a wedding but, after being told about it, he later remembered it. The study concluded that hearing about an event after time has elapsed may create a false memory. The study attributed this to familiarity with an event or a memory. Another possible explanation was that suggestion may also create beliefs about an event that either happened differently or never happened (Goldstein, 2005).

After trauma, an individual's memory recall sometimes reforms after the event. Research ascribes this to hearing how other people describe the event, how and what they think happened, and what they perceive as socially acceptable. Studies such as Bartlett's "War of the Ghost" experiment that were similar to the repeated remembering technique used in the flashbulb memory experiments, and Loftus's (cited in Loftus & Palmer, 1974) pioneering experiments that established the misinformation effect, have shown that when people describe an event they have witnessed, they may alter their description of the event after hearing information provided by another person (Loftus & Palmer, 1974; Goldstein, 2005). Loftus (cited in Loftus & Palmer, 1974) illustrated this in an experiment involving the descriptions of a traffic accident. In the introduction scene some information was changed and presented to two groups of participants. The study showed that the participants not only altered their perceptions of what happened but also their conclusions and the characteristics of the situation. She concluded that not only are false memories created by suggestion but also that a researcher's interpretation of the event or trauma may change the research depending on how the researcher interprets or seeks to research the problem in question (Goldstein, 2005; Loftus & Palmer, 1974).

Further studies have shown that people may unconsciously transfer memory from one person to another or from one event to another. In a study in which the participants watched a film of a robbery, they mistakenly and unconsciously identified a bystander as the burglar (Goldstein, 2005; Schacter, 2001). This is in line with previous research that has shown that the recollection of previous events is sometimes misattributed by what we hear or read or what fits in with our culture and beliefs about the world (Goldstein, 2005).

Despite the fact that a number of studies that have been conducted indicate memory recall as problematic, Bessel A. van der Kolk and colleagues (1996) questioned the nature and reliability of these studies. They

suggested that the study of memories is controversial and questioned the methods used in these studies, as well as the reliability of these studies in a controlled environment (Van der Kolk et al., 1996). Trauma memories are exceptionally harrowing and emotional and may give rise to PTSD (Van der Kolk et al., 1996). Van der Kolk et al. (1996) questioned the viability and extent of the memories understood and explored in a safe environment, and speculated whether the full extent of traumatic memories and emotional upset in a safe clinical setting constitutes truly traumatic emotions, questioning the possibility of fully investigating or experiencing such events. They suggested that showing pictures or viewing a video of a car crash or an actual execution failed to demonstrate the true extent of the emotions and memories that precipitate real trauma symptoms (Van der Kolk et al., 1996). In addition, they questioned whether it is possible to experience the real extent of these memories in a safe, controlled setting. They proposed that there are few, if any, similarities between watching a car crash in a safe and controlled environment and an actual personal event. The feelings of the person in the crash and those of the person viewing the video do not lead to the distortions of memory that we usually see in victims who were actually involved in a car accident and lost loved ones (Van der Kolk et al., 1996; Aronson, Wilson, & Akert, 2005). Van der Kolk et al. (1996) suggested that in a secure setting, we may experience grief and shock and some individuals may even shed tears if it serves as a reminder or triggers an autobiographical memory of unresolved trauma. However, do these emotions and feelings arise from an autobiographical memory as intense and disturbing as those experienced by a victim of real trauma? The real interpretation of autobiographical memory and interpretations and perceptions is not available during a real event. In a test situation, people react differently from the way in which they may react during a traumatic event. Subconsciously they perceive that they are safe and that the experiments are controlled and, thus, that little or no harm will come to them. However, in a real traumatic event there are no such guarantees. Reactions and emotions differ in a real learning experience (Van der Kolk et al., 1996).

Individuals in a real situation do not have time in which to react to or think about a situation. In some traumatic events such as a motor vehicle accident, the event is over within a few seconds while the aftermath of the accident's memory, the loss of life or possessions are recalled in retrospect after the incident. The actual incident that is described by most survivors is usually over before the survivors have even had time to register that something has happened. They often remember the events that took place before or after the accident, but seldom those that occurred during the event, including the assistance they received and the names, faces or even gender of the people who helped them. Survivors usually talk about the person who helped them in an uncertain tone, stating that somebody helped them and that the somebody may have been a police officer, a metro police officer, or perhaps the occupant(s) of a car which stopped to help. Even if they were given the names of those who had helped them, unless those names were written down in a report, they are seldom able to recall the name(s) or occupation(s) of the person(s) who assisted them. Despite the fact that survivors believe that they have a clear recall of what happened, the autobiographical memory recall of two or more individuals seldom correspond even if both were involved in the same event or incident (Van der Kolk et al., 1996).

Factors that Influence Autobiographical Memory

Expectation of TV Time

Dinner came to an end. Forty-five minutes later in real time, in movie time three days after the dinner (Straub, *The Throat*, 1993)

The modern generation lives in a time of disposal and replacement. If something breaks, rather than fix it, we will replace it with a newer model. Gone are the days when a television set would last for years and years. If the set broke, it was sent to the local repair shop, which would either replace or repair the problem part and the old set would be returned as good as new. In therapy, the same is happening. The statistics indicate that the divorce rate is extremely high. Nowadays people are quick to commit and as quick to divorce as they are not prepared to work at solving problems in relationships. This is also often reflected in trauma debriefing with individuals expecting a quick fix. The researcher has noticed through personal experience that modern society tends to live in "TV time". Researchers define TV time as the time expectation of a client who has a psychological problem and expects the problem or problematic behaviour to be resolved within an hour or the required time to air a popular programme on television. When we read a book or watch a programme, we become familiar with the story line and the characters' life history within a few hours. In other words, what would have taken time to evolve we are able to access within hours. Television programmes and the written word relate stories of both trauma and happy events within the span of either a few pages or one or more programmes and, in this brief space, we live and experience the birth, love, pain, happiness and sorrow of the characters.

It is clear that some trauma survivors expect the same TV time line in therapy. Their expectation is that the therapist will see them for an hour and, in that time, they will work according to a script, relate the pain, cry, experience release, and have life restored to normal at the end of the hour. However, it is not possible to fit the full extent of the trauma, the distraction of the trauma, the memories and the coping into the individual's expectation of TV time. Individuals build up their hopes and they believe that if they go for therapy their problems will disappear and their trauma will be resolved by the end of the session. Thus, their expectation is healing or resolution in TV time. When reality steps in and the individual realises that the trauma, memories and pain are still present after an hour-long session and that he or she is still in the same situation as before, a feeling of hopelessness arises and the individual starts to doubt the therapeutic process or the therapist or both. The expectation of being healed within a short space of time and the reality of the matter are in contrast to the recovery expectation.

It is not only the clients who suffer from TV time expectancy; it is also a trap into which therapists may fall with the therapists starting to doubt their own ability and questioning their skill to assist the individual. It is essential that the researcher remains aware that certain processes take time and that the length of the time

required differs for each individual. The researcher must also convey to the client that there is no quick and easy solution to their problem and that TV time expectation is a misguided perception and totally unrealistic. While the research is a conversation and talking about the trauma may relieve some of the symptoms, it is not a therapy session, and that the trauma symptoms will remain. In addition, removing this expectation of a TV time quick-fix solution gives both parties the freedom to allow time and the research to help the client either to heal or to adapt to the changes that have occurred.

Researcher's History and the Formation of Own Beliefs

Another factor to consider in trauma research is the researcher's own history and the formation of the researcher's own beliefs (Arvay, 2001). A researcher's history and perception of the problem also have an effect on the autobiographical memory of the client and a suggestion or narrative may alter the client's expectation, perception or belief. Working with numerous trauma individuals and sharing their experiences second hand often renders researchers and therapists insensitive to real pain. Some may unconsciously weigh up the trauma and use their own judgement and history to decide how to react to the answer. Although they realise that each participant is a clean slate, they may unconsciously weigh up and compare clients and their problems. In addition, the researcher's own history of trauma may also affect their perception of the problem. If it triggers an autobiographical memory or a reminder of the researcher's own history or trauma, they may unconsciously respond to or transfer their emotions to the client (Arvay, 2001).

Despite the fact that researchers always have the best interests of their participants at heart this free-floating process may occur at the lower levels of general clarity and explicitness. Although this process is not clearly visible and attached to patterns or motives, it is not always easy for either the individual or the researcher to perceive and understand it (Arvay, 2001). A researcher's schemas are shaped by the systems to which the researcher belongs, for example, the organisation of employment or even the dominant cultural groups (Allan, 2008). Contact with a marginalised individual or group or an individual or group from a different culture may restrain the research process as a result of unwillingness on the part of both the participant and the researcher to compromise or the subconscious schema they follow. Decisions are made in a social context and are influenced by the expectations of others and the systems to which they belong, for example families, work relations, political views and culture, and it is, thus, understandable that a research setting of Western culture may not be successful or even welcome in a African setting (Allan, 2008; Arvay, 2001).

Belonging to a group and culture

Walking around some kind of lonely clown, nothing is really wrong, feeling like I don't belong, Rainy days and Mondays always gets me down (Nichols & Williams, 1998).

The words of this song often bring about a feeling of déjà vu with which trauma victims identify. Trauma victims often relate feeling that something is wrong and that they do not belong but they do not understand

where these memories and emotions are coming from. In addition, they expect that, as soon as the Monday or the rainy day passes, the unsettled, lost, being out of control feeling will also disappear.

It is essential that debates on understanding trauma are understood within a wider framework in which politics, culture, and socialisation have implications for the understanding of individual trauma. The formation and maintenance of relationships with other people fulfil basic human needs and the need to belong to a group or society is an innate need in most people. Researchers believe that this innate need stems from our evolutionary past when survival depended on bonds with other human beings (Aronson et al., 2005). Forming groups with individuals or societies with similar survival needs assisted in survival and ensured access to safety and food. Although the groups varied in size they were usually consistent in what they believed and they recruited people with similar or the same beliefs (Aronson et al., 2005). In illustrating this point, Robin Briggs suggests that the victims of persecution in certain areas and societies were outcasts, as they were perceived as being unable to fit into the social setting. Such people included widows, the unmarried, the old and the disabled and one of the reasons for their persecution may have been that they were perceived as not contributing to the economy (Briggs, 2002).

Bednar and Peterson (1995) expand on this theory by stating that the field of psychology acknowledges that individual differences have been recorded for more than fifty years. People differ in terms of aptitude, image, temperament and tolerance (Bednar & Peterson, 1995). It is, thus, not surprising that people's reactions to trauma also differ. The history and memories of individuals are formed by past learnt experiences within a social setting with social interactions and social activities taking place in a social context (Bednar & Peterson, 1995). When associating with other people, individuals share common goals and extend affection to others within these social groups (Bloom, 2012). People tend to associate with others who share their beliefs and foster their achievements and accomplishments (Bednar & Peterson, 1995). If an individual is encountered that does not fit in with the group's requirements or goals or if the person disrupts these goals, the group will either try to force the person to conform to the group norms or ostracise the individual.

In an environment perceived as secure and safe, an individual who has experienced a traumatic event often feels that his or her world has crumbled and previously accepted assumptions about a safe and secure world are questioned. The individual may question previous internal self-regulation or the self-talk that was regulated by membership of groups or societies. If the victim's behaviour becomes unacceptable or if the victim is no longer able to contribute to the group goals and values as the norm the victim may become a pariah and be forced to either conform to the old, trusted norms or to remain on the outside. Group acceptance is not reliant on higher standards or values but is dependent on compliance with the group's norms and values and anything that changes or alters the status quo is not acceptable (Bednar & Peterson, 1995). Such punishment of perceived unacceptable behaviour is evident in Jenna M Hill's book entitled *Beyond belief: My secret life inside Scientology and my harrowing escape* (Hill & Pulitzer, 2013) in which she relates becoming an outcast because she questioned the church dogma. Her deviance from the church policies brought her into conflict with the

church members. Thus, by not obeying the unwritten and socially accepted norms of the church she and her family became outcasts because she no longer shared the common goals or beliefs of the church community (Hill & Pulitzer, 2013). If one initially has the belief that one is safe within a community and then one encounters trauma within the community, that belief may be threatened. This may be attributed to the ways in which individuals experience trauma, their reactions and what they perceive or experience as traumatic because the meaning ascribed to the event is placed in the context of relationships, social standing, context and the feeling of being either empowered or disempowered (Brown., 2008).

The effect of trauma on behaviour and actions often changes perceptions, self-worth and values in such a way as to create conflict within groups. Not only does the individual have to deal with the trauma, but also with what he or she may perceive as rejection, not belonging to the group and not conforming to the norms, goals and values of the group. Thus, the individual is outside of the once familiar accepting group. After a traumatic event the individual may question previous beliefs that were held to be true and self-talk becomes negative. Because their present perceptions contrasts with those previously coincided norms and values of the group, the feeling of not being part of or belonging to a group or social environment also contributes to the feeling of being out of control (Bringle et al., 2004).

In view of the fact that cultures vary, we find that that the way of dealing with discomfort or socially unacceptable behaviour differs from one culture to another. This is clearly evident in the Japanese culture which values interpersonal sensitivity to cultural prohibitions against expressing negative emotions or causing discomfort in others (Passer & Smith, 2004), or in the collectivist cultures in China in terms of which people attribute failure to internal and not external causes and bringing disgrace on the group means exclusion (Aronson et al., 2005; Beike et al., 2004). It is understandable that, in order to keep the peace, a trauma victim may remain quiet about the event rather than risk disgracing the group and being excluded. This behaviour reflects the social pressures to be one of the group and to foster harmonious relationships. Most cultures and groups teach children to communicate in a positive way and to show positive feelings, thus inhibiting unpleasant emotional displays. Collectivist groups and cultures place particular emphasis on emotional display rules although they vary in the way in which they teach the inhibition of negative displays of emotion.

On the other hand, non-Asian and Western individualistic groups place high emphasis on personal rights and self-expression and prefer anger to be conveyed verbally (Berk, 2009). In a collectivist culture, group or social environment, in which the focus is on the group and on communal sentiments and not the individual (Westen, 1996; Beike et al., 2004), a rape victim's behaviour and emotions will probably arouse discomfort in the social environment. Thus, in order to maintain the existing equilibrium such cultures, groups or social environments often react against the victim who is required to "keep it a secret" or risk rejection. Group formation and homeostasis, which are often underestimated in trauma intervention, often triumph over reaction to trauma and the avoidance of confrontation within the group. The way in which victims perceive themselves in their social environment undoubtedly has an effect on their perception of the trauma they have experienced. The way in

which the group responds to the trauma and the accompanying suggestive talk may influence the individual's autobiographical memory, reaction to trauma and behaviour subsequent to trauma (Bringle et al., 2004). An example of group exclusion may be seen in depression sufferers. Depression is usually comorbid to trauma. Peter Lewinsohn and his colleagues speculated that depression is triggered by either a loss or by some incident which is perceived as punishing (Hantzinger, Hoberman, Lewinsohn, & Teri, 1985). Depressed individuals stop taking part in previous behaviours that received positive reinforcement, such as hobbies or socialising. They tend to make other people feel anxious, depressed and hostile, while the people who previously supported them start to lose patience, failing to understand why the individual "doesn't snap out of it" (Hantzinger et al., 1985). However, because they do not snap out of it, the social support they received diminishes and may eventually cause the individual to be abandoned by those who are important to them (Passer & Smith, 2004).

All groups and societies have norms of acceptable behaviour – unwritten rules that members are expected to follow or obey. These rules often vary from group to group. If the group feels that a member is endangering the homeostasis in the group, or that an individual's behaviour violates the group's values and norms, the individual runs the risk of being spurned by group members and, in extreme cases, being pressured by the group either to leave or to conform to the unwritten, unspoken rules and values (Aronson et al., 2005). If the individual does not want to conform, or a trauma reaction prevents the individual from conforming, the individual is often banished. It is not always possible to find a new group that shares all the same norms and values as the previous group. On the other hand, it is understandable that, if individuals have a supportive social environment, their responding to trauma interventions would be more positive than they may otherwise have been. In a negatively perceived social environment, their responses often become dissociative and the effect of trauma lingers.

The role which society plays in the acceptance or rejection of "victims" is clearly illustrated in the reception accorded to the Malvinas after the Malvinas War of 1982 in which more than 600 Argentineans lost their lives. Returning veterans expected a hero's welcome but, as reported by Federico Lorenz (1999), in some cases they received a rebuff (Lorenz, 1999; Leydesdorff et al., 1999).

Trauma is not usually the norm in a social environment and few, if any, prescriptions exist to guide behaviour in response to trauma. The individual who has experienced a traumatic event and who is in a state of trauma does not always conform to the group's usual norms and values. The feelings of being out of control, not belonging and seeming not to fit anywhere often exacerbates their feeling of anxiety. As in the case of the Malvinas, this exile from their pre-war society with whom they shared previous norms and political aspirations before the war, is also reflected in the history of the Vietnam and Gulf War veterans. Humans are social animals and they need the support, care and love of their social environment. Studies have shown that, in a loving, caring and supportive social group, the effect of trauma on the social, psychological and biological responses to such trauma is often reduced. This lack of support for the Vietnam and Gulf War veterans is often cited as one of the reasons for the high prevalence of post-traumatic stress disorder (PTSD) upon their return

from war (Barlow & Durand, 2005; Lorenz, 1999).

Roelf Schoeman also reflects this lack of support and the prevalence of PTSD in the narratives of South African soldiers as related in his book *Weermag-stories*. Roelf Schoeman, who was a soldier in the South African Defence Force, did his masters on PTSD in addition to writing this book. He talks about PTSD and used the soldiers' narratives as a method for exploring PTSD in addition to narrative therapy in order to assist soldiers to come to terms with the devastation of the war (Schoeman, 2014). As seen with the veterans of the Vietnam War and the Gulf War and the Malvinas in the late 1980s and early 1990s, the South African soldiers also did not receive social support in their country when they returned. On their return from a war which they had believed was justified they were subjected to criticism and often publicly dehumanised and proclaimed as monsters who had killed innocent victims without cause. This, in turn, led to their experiencing stress, while their trauma symptoms became even more pronounced (Barlow & Durand, 2005). Veterans from the South African Bush War and from the Vietnam, Gulf and Malvinas wars related that on returning home they felt ostracised and excluded from social acceptance and assistance. They had all fought in wars that they had not asked to be part of or in which they believed and which they had felt would benefit their countries and their families (Lorenz, 1999). However, instead of being accepted back into their groups or communities, they had felt excluded and judged for doing their duty.

As with all forms of trauma, we find that victims relate that they feel that their emotions are all over the place. Reactions govern emotions and, thus, it is understandable that emotions change behaviour and may create a strong and intense reaction. Emotions may change the thoughts about the traumatic event and how the event is perceived, thus causing the individual concerned to avoid certain situations or events that serve as reminders of the trauma, even if it is socially important not to avoid such situation or event (Barlow & Durand, 2005). This, in turn, may cause the group to dismiss the individual, thus making the perception of the trauma symptoms appear worse than they might otherwise have been (Barlow & Durand, 2005). Within a social or group setting, as in the case of the Vietnam veterans whose behaviour or avoidance of certain situations may have conflicted with the values and norms of the group, the individual may experience rejection or dismissal. Numerous stories, films and plays reflect this perception of exclusion as seen in the narrations of the Vietnam and Gulf War veterans. On returning to their communities after completing their military service the majority of these war veterans felt excluded by the reluctance to accept them on the part of the societies to which they returned. This reluctance to accept them manifested in society's refusal to listen to the narrations of the soldiers and its unwillingness to believe the narrations of the veterans who had returned from the wars (Leydesdorff et al., 1999).

If the veterans spoke about their trauma they would have been "breaking through the silence" that surrounded their trauma. This silence is sometimes socially and psychologically determined and is adapted by certain individuals as a survival strategy to protect themselves by minimising or denying the pain, rejection and sometimes violence associated with the traumatic event (Leydesdorff et al., 1999; Herman, 1992). However,

breaking this silence would require the listener to listen to and hear the victim, with the victim speaking and being heard and thereby naming and claiming the experience and empowering the victim to share the burden of pain (Rose, 1999; Herman, 1992; Leydesdorff et al., 1999). After the wars, few of the veterans experienced a willingness on the part of others to listen to their narration of the war stories and they were denied the forging of unity and support in face of the horror revealed by the autobiographical memory and the self-hatred and blame that needed to be cleansed. Society refused to listen to and hear the stories about the victims' personal histories. Thus, this history was denied and was never to be voiced in society. The majority of the veterans were never accepted or forgiven and were judged for their actions. (Lorenz, 1999; Rose, 1999).

According to Bednar and Peterson (1995), the self is made up of factors of experience that we build up from the responses of the significant others in our lives. Thus, this self that is made up of the reflections of personality that we have seen mirrored in those with whom we deal or whom we deem to be of importance in social contexts (Bednar & Peterson, 1995). Clearly, information from others plays an important role in personality development with the feedback received from others shaping the formation of the self-concept. Negative feedback is often incorporated into the self-image while the interpretation and perception of future events are determined by this self-image (Bednar & Peterson, 1995).

In respect of the formation of personality, we see that people differ from each other in terms of temperament, frustration levels and neural capacity (Bednar & Peterson, 1995). If we consider this in terms of personal and interpersonal acceptability, we have to consider it in conjunction with the social nature of humans. The majority of activities take place in social contexts with individuals associating with neighbours, church groups, families, professional associates, political parties and employment organisations (Bednar & Peterson, 1995). People choose to belong to groups either to satisfy their need for interpersonal relationships and togetherness or to foster their achievements and accomplishments. Each group has its own norms and membership requirements. These may include level of education, talents and special interests (Bednar & Peterson, 1995). Each group has its own norms and either approves or disapproves of its members according to how they comply with the group's requirements and expectations; this enhances the goals of the group. Meeting the group's expectations and conforming to the group's norms mean that individuals are recognised and rewarded for their allegiance and contribution to the collective group goals and values. However, individuality and differences in personality mean that it is not possible for individuals always to be adept at satisfying the varied demands of the group (Bednar & Peterson, 1995).

It is understandable that, if the values change or individuals do not contribute to the desired goals of the group as expected, they face rejection. The group seldom considers whether these values are restrictive and unfair within the broader context of social values and expectations. For example, in the art world a creative person's free-thinking ideas are welcomed but, in a conservative social setting such as organised religion, such free thinking would probably be frowned on (Bednar & Peterson, 1995). The same may apply to trauma victims who, because of the trauma they have experienced and their perception of a shattered world, do not comply

with or contribute to a group's desired goals and expectations. Such individuals will often be rejected merely because they do not comply with the group's norms and they question the group's values.

This study postulates that, when an individual whose membership of a group is threatened and the individual's skills in belonging to the group are either questioned or rejected the individual becomes anxious. If a person is to feel secure in a group and also secure within, it is vital that that the individual feels competent, good and worthy and has a sense of the world as a benevolent place. One of the oft-cited symptoms of trauma is a sense of powerlessness that may influence the manner in which individuals evaluate themselves and are evaluated by the group (Stanton, 2005). When they are judged and found lacking their sense of control over their world is threatened and this has an impact on their perception of the world as a benevolent place (Stanton, 2005). A sense of relatedness or belonging to a group has been found to be linked with anxiety and trauma. Individuals need to maintain relatedness to others within a social group. This membership of a group is essential to human survival from birth to death. In this research study, the researcher will explore whether, as many psychologists and sociologists argue, there is a correlation between an individual's subjective experience of belonging to a group and the individual's survival and well-being (Stanton, 2005).

Innateness of Reaction to Trauma

Then your grandmother and grandfather ... my God, Natasha's wonderful parents ... you are too young to remember – "I remember", I said. Do you? I wondered if I really did. I have that image of my grandfather, my Popi, and the shock of white hair and maybe his boisterous laugh, and my grandmother, my Noni, gentle scolding him. But I was three when they were taken away. Did I really remember them, or has that old photo I still keep out come to life? Was it a real memory or something I'd created from my mother's stories? (Coben, 2008).

How much of the reaction to trauma is innate and which reactions are learnt? Innate may be said to mean "present at birth" and not learnt. Paul Bloom (2012) suggests that this is not an indisputable definition, rather that the term "innate" should be used as an intuitive contrast or used roughly as "gotten into the head by means of the extraction of information from the environment" (Bloom, 2012). He deliberates that some rules such as baseball rules are learnt in American societies because of the exposure to such rules. He suggests that, in countries in which baseball is not part of the culture of the country, children would not know the rules of baseball as they have no exposure to the rules (Bloom, Hamlin, & Wynn, 2007). Some information that is not extracted from the environment, such as a fundamental knowledge of objects and numbers, is universal, while other information is learnt in society as part of being exposed to the right setting and social environment (Bloom, 2012).

Various studies have been conducted over the years to investigate learnt as opposed to innate responses. Bloom et al. (2007) conducted a study in which they explored babies' intuitions about scenes involving helping and scenes involving hindering. They found that babies preferred friendly, helpful individuals to hindering

individuals and that the infants were drawn to the “nice guy” and repelled by the “mean guy” (Bloom, 2012). Bloom proposed that this suggests that a baby is able to work out bad and good. According to Bloom, “the only difference is that babies” intuitions are the product of evolution and personal experience, while adults have the additional influence of culture (Bloom, 2012; Rosenberg, 1965). Several researchers have conducted these types of experiments and studies. Studies on emotions and social behaviour have revealed that the emotional reactions of others regulate children’s social behaviour. With age, children are able to monitor emotional expressions and behaviour in others in order to access their intentions and perspectives, with children picking up verbal and emotional information in such exchanges. In order to affirm their reactions they check the emotions and behaviour of significant others and, in this way, they learn how to behave in many everyday situations (Berk, 2009).

Studies on environmental factors may also help to explain why certain disorders such as depression tend to run in families (Passer & Smith, 2004). Studies conducted by Constance Hammen (1991) revealed that the family histories of depressed people often provide evidence of a family history of neglect, poor parenting and stressful events while the children were growing up (Rosenberg, 1965). Such children fail to develop good coping skills, and a healthy self-concept and this, in turn, renders them vulnerable to triggers that may cause stress or depression (Passer & Smith, 2004). The example of depression as a learnt response suggests that learnt responses in relation to stressful events and trauma may explain why certain reactions are culture or family bound (Passer & Smith, 2004). With reference to trauma and recall, the information learnt from peers, groups and family may influence both the reaction to the autobiographical memory of trauma and responsive or overt behaviour. Literature reviews indicate that certain information is learnt from parents, such as how to react to strangers, with children taking their cues from their caregivers (Berk, 2009). Another example of learnt behaviour emerges from families in which incest is repeated through generations, with the message that individuals are victims often being reaffirmed by mothers who tell their children that incest is the cross they have to bear. Thus, the message is that to survive you must play the victim and be the victim. Other studies have shown that in societies which are characterised by a high prevalence of violence, toddlers will be apprehensive about going to a stranger, but in non-violent societies toddlers tend to tentatively ascertain the caregiver’s reaction and then advance toward a stranger if they perceive the stranger to be safe (Berk, 2009; Passer & Smith, 2004).

In an anxious community or environment, individuals learn to react with anxiety and fear to strange and stressful situations. Such individuals may often perceive a trauma event as a negative experience and their autobiographical memory, reaction and behaviour will be negative. In some cultures certain trauma symptoms, such as the fear of snakes, is a learnt response and in others an innate reaction (Passer & Smith, 2004). The perceptions of a friendly face and a frowning face are an integral component of nature’s evolutions and adaptations and, as such, are innate and used by infants to ensure that they survive. Positive responses to caregivers ensure that infants are fed and cleaned – in other words they are taken care of (Berk, 2009; Passer &

Smith, 2004). However, other responses, such as the depression resulting from trauma in some cases, may be seen as a learnt childhood environmental response in terms of which the children of depressed parents do not acquire the coping skills or learnt techniques required to cope with the depression which is usually comorbid with trauma (Passer & Smith, 2004). Thus, in view of the fact that certain responses are innate while others are learnt through the social environment, it is understandable that the recall and memories derived from a traumatic event may influence autobiographical memory.

This autobiographical knowledge and memories shape learnt norms and socialisation, how to develop and use skills, social behaviour preferences, sense of identity and how to organise perceptions (Passer & Smith, 2004; Rosenberg, 1965). Individuals are forever transforming their environments by taking action and this action, in turn, changes them. In other words, individuals develop and learn through their own toil, behaviour and actions, the resistance they meet and the conflicts they encounter Reber & Reber (2001, p. 199). In accordance with this dialectic reasoning, Piaget strongly believed that children are active learners whose minds consist of structures of knowledge. His theory includes the biological concept of adaptation in terms of which we learn and adapt to environment. In line with Darwin's suggestion that the body adapted to changes to fit the environment, so Piaget believed that the structures of the mind develop to better fit with or represent the external world (Berk, 2009). This means that conflict and change are basic principles of life. This learning theory argues that an individual's development constitutes a series of transformations that is impelled by essential conflicts between the cognitive system and reality. Thus, a traumatic event that leaves an individual feeling out of control is also part of the learning process. As Piaget suggested that learning develops through toil and adaption to the event and adapts to the meaning the individual gives it through autographical memory recall. The perception of the situation will determine reactions and actions. If an individual, whether in childhood or in adulthood, experiences an incident that the individual perceives as traumatic, he or she often forms a cognitive misconception that "a bad thing happened to me, therefore I must be evil and I deserve to be treated poorly" (Opperman & Roets, 2012).

If the perception exists that only immoral people suffer traumatic events, when an individual is confronted with a traumatic event such as sexual violence, the individual's perception of the world and reality collides. Thus, a victim's perception of what happened collides with his or her preconceived notions of the people to whom such an event usually happens. Some victims struggle to make sense of this confusion and the clash with their reality creates a distorted image of the world they once perceived as the norm (Opperman & Roets, 2012). Schacter (2001) agrees that this distortion is an emotional discomfort that results from conflicting thoughts and feelings, while Reber and Reber (2001) describe it as "the emotional state set up when two simultaneous held attitudes of cognition are inconsistent or when there is a conflict between belief and overt behaviour. The resolution of the conflict is assumed to serve as a basis for attitude change, in that belief patterns are generally modified so as to be consistent with behaviour" (Reber & Reber, 2001). After a traumatic event, an individual will often modify his or her beliefs to be consistent with the new learnt response.

The following incident provides an example of such a misattributed belief. An individual believes that driving at night is safe and nothing will happen. This individual is then involved in a car accident at night. In such a situation the reality of the accident is in conflict with the individual's normal beliefs. Thus, the individual concerned will need to adapt and change his or her belief to fit the new reality and this new reality will change the individual's belief that it was safe to drive at night. The individual will probably try to avoid driving at night in future, thus changing his or her behaviour and trauma stories so that they are consistent with his or her beliefs (Schacter, 2001). Opperman and Roets (2012) suggest that events that are similar to the traumatic event and which are stored in the subconscious as a negative perception will expand and strengthen the original dissonance. Individuals create their own experiences, making choices regarding how to experience events and adapt to these events.

The perception of an experience leads to the perception of reality (Opperman & Roets, 2012). When an individual's perception is that he or she must have been bad and that he or she deserves bad things to happen, thoughts of guilt and self-blame may be experienced. An individual may also generalise why it happened, thus becoming biased about life and events and forming conclusions based on the traumatic event and his or her interactions with their social world, constructing his or her feelings, emotions, behaviour and cognition accordingly (Opperman & Roets, 2012). Victims tend to recall traumatic memories and information about the trauma event that coincide with the demands of their environment and beliefs of their culture (Westen, 1996; Beike et al., 2004; Leydesdorff et al., 1999). If these beliefs are negative, the response to a traumatic event is likely to become problematic and a conflict between belief and behaviour arises. This conflict between belief and behaviour is evident in Jenna Miscavige Hill's book entitled *Beyond belief: My secret life inside Scientology and my harrowing escape* (written with Liza Pulitzer). After breaking away from Scientology Jenna was ostracised by the Scientologist church members and she relates a story of oppression and alienation. This is a story of a girl who was born into the church and raised to obey Scientology; it tells of the conflict she experienced after her escape from a world she had once believed was true but which she came to fear (Hill & Pulitzer, 2013).

This conflict arose from the collision between the beliefs and values of the church and the community that she had learnt as a child and what she learnt after her escape from the church. She shares how, after their escape, her family became outcasts and were forbidden to have any contact with family members and friends who still believed in the Scientology church doctrine. The effect of being an outcast, the victimisation and the abuse meted out to friends who were still members of the church and who were given the opportunity to sever all contact with her or they would no longer be able to speak to their families (Hill & Pulitzer, 2013) had a distressing effect on her mentally. She recounts the conflict she experienced between belief and social behaviour as she started to question everything she had previously held to be true about the church. These questions forced her to examine her thoughts and feelings about Scientology and to ask herself whether she really agreed with Scientologist policies and teaching. She related that, only after her family was almost

destroyed was she finally able to see the psychological control that was ruling her life. She was forced to make a heart-breaking choice between friends, family, love and religion and escape, thus becoming a pariah among those with whom she had once belonged (Hill & Pulitzer, 2013).

Conclusion

In the main this literature review reflected the researcher's examination of popular literature on trauma and the way in which trauma may be looked at from a modernistic point of view. The literature reveals that a biopsychosocial approach has been taken to the search for the source or roots of trauma and, thus, the belief in the role of a hereditary predisposition in trauma symptoms. Biochemical imbalances are seen as a contributing factor to the development of trauma. However, in view of the uncertainties surrounding the outcomes of many of the findings produced by brain imaging studies, it would appear that the research is neither conclusive or exhaustive. The literature review revealed that the majority of the studies on trauma appeared to seek specific reasons for the experience of trauma symptoms and then to generalise the findings to a larger population. Personal and autobiographical narrations are missing from this literature. Through this study the researcher aimed to give a voice to three people who had either experienced a traumatic event or had indicated that they had experienced a traumatic event. This was done from a social constructionist theoretical perspective using qualitative research methods. Although this research study was not intended to be generalised to a wider population, it is hoped that new understandings may emerge from the co-constructed outcome of the study on the autobiographical narration memory of those who had experienced a traumatic event and had perceived the event as such.

It is possible certain antecedent factors apply generally to a traumatic event, while others apply to specific domains, situations or relationships relating to trauma perceptions and reactions to trauma. Is it possible to attribute an individual's reactions to and cognitive perception of a traumatic event solely to the traumatic event? Is it possible that the challenge to making meaning out of a traumatic event may distort the individual's reality, identity and social locations in response to the trauma. In an attempt to find answers to these questions, the researcher endeavoured to understand the effect of trauma by listening to the narrations of individuals who had experienced a traumatic event. In so doing she attempted to understand the culture, beliefs and previous experiences of the victims and to link the symptoms and reactions of the trauma victims to their narrations of the event. The research also focused on the role of culture, beliefs and experiences in the narratives of the event in the formation of autobiographical memories. Is it possible that other factors, such as innate and learnt responses, alter the way in which the individual responds to trauma.

The literature review discussed humans making meaning from memories, their culture, their environment and their social interactions. These factors are core to the existential component of the experience of trauma. Accordingly, the researcher will attempt to investigate what makes an event traumatic for an individual. Is it the assessment the victim makes of how threatened and helpless he or she felt, is it the meaning attached to this

event or is the narrative of the traumatic event on its own the only point of importance? The researcher will explore factors such as the expectation of TV time, the researcher's history and formation of own beliefs, and how belonging to a group and culture influence the reaction of individuals to traumatic events. There are indications that investigating a traumatic event on its own impedes the researcher's understanding and explanation of trauma and, therefore, it is reasonable to think of trauma research as encompassing more than a single traumatic event. Accordingly, the study will examine the influence of culture, beliefs, belonging to a group and meaning-making on the formation of autobiographical memory. In addition, the study will explore the way the formation of autobiographical memory through the individual's personal history creates perceptions based on what the individual has learnt from his or her environment, and what he or she believes to be socially acceptable and how this, in turn, influences the perception of a traumatic event.

In conclusion, although there is evidence for the role that biological, psychological, and sociological factors play in the experience and symptoms of trauma, it would appear that these factors influence each other in a somewhat complex manner.

CHAPTER 3

Theoretical Framework

Some psychologist will tell you that the most important word a patient speaks is the first one. Once events are related, everything that follows becomes a version of the same theme or an attempt to redress a mistake. I do not agree. I expect people to lie. I expect them to hide things. The truth is a movable feast. It comes out over time or emerges from the static or the facts that people can live with (Robotham, 2012).

“Curiosity killed the cat, but satisfaction brought it back” is an idiom that may refer to the human search for the source of knowledge. It may be that this search for knowledge started in the Garden of Eden when Eve ate the forbidden fruit of knowledge and, as a result, she and Adam were banished from the Garden. We could ponder whether this brief taste of the fruit of knowledge initiated the human quest for more knowledge. Did she tell her story about the forbidden fruit to eager children and grandchildren as a captive audience? On cold, lonely nights did she long for more fruit of this tree of knowledge in order to escape from the toil on earth? Did she wistfully dream about just one more bite, one more taste, and one seed of the forbidden fruit? Did reminiscing about the sweet taste of the fruit, the acquisition of knowledge – both good and bad– and the power and satisfaction she derived from tasting the fruit haunt her dreams? Did her narration inspire her children and grandchildren to want to know more about obtaining this source or fruit of knowledge? On the other hand, did her warnings about the fruit make her children and grandchildren hunger for its taste and sweet, imagined possibilities? Could it be that this knowledge of the fruit of the tree of knowledge and which is out of our reach left us wanting more? Did a story going back years and told beside the fire as a bedtime story shared from one generation to another instil the yearning for more knowledge? Is this where our search for the source of knowledge started as we desired to know what may be known and to grasp or, better yet, taste the forbidden fruit?

The search for knowledge has always been at the core of human existence. Early philosophers looked to religion, magic and evil to find the source of human existence, truth and reality. In the premodern, era God was deemed to be the source of knowledge because God exists and knows everything. Thus, if you hold knowledge, you must know something of what God knows and knowledge may be obtained through divine revelation (Carson, 2003). Since the beginning of the modern age the search for the source of knowledge has moved away from God to the autonomous individual. The modern age emphasises the autonomous “I” as is illustrated by the “I” in Descartes’ famous axiom, “I think, therefore I am”. This provides a clear indication of the now autonomous individual and his or her own quest for knowledge (Carson, 2003).

The approach of the philosophy of the modern age focused on the individual and his or her search for knowledge. The interests of the community or religious sovereignty were not issues of great concern and what

mattered the most were the autonomous individual and his or her quest. Although this does not apply to the search for knowledge in the modern age or in the time of Descartes, popular literature reveals that this modern epistemological approach may be linked to the current Western worldview and naturalistic assumptions that claim that nothing exists other than matter, energy, space and time (Carson, 2003). Despite the fact that some still relate to the use of the modern approach in psychology and philosophy, objections are increasingly being raised about what some term the selfish “I” period. These objections and the questioning of the modern age approach signalled the start of the slow transition to postmodernism. This transition came to prominence in the 1970s. The postmodern epistemology fastened on the finite “I” or, more corporately, on the finite group “we”, but derived a different inference from this axiom compared to modern epistemology. Postmodernism believes that all human knowers are finite and that they think and reason on the basis of a limited cultural framework or interpretive community. Truth needs to be discovered within your own culture only and truth is, thus, culturally specific and not an ahistorical universality.

In view of the fact that they believe in the infinite “we”, postmodernists reject pure science and accept both astrology and religious claims because they regard them as similar in kind. This rejection of pure science is in contrast to the modern age when science was deemed to represent the only way in which to test, discover and capture information or knowledge. In the postmodernist world, anecdotal evidence is regarded as persuasive or as controlled double-blind scientific experiments. Postmodernists often refer to themselves as spiritual or less naturalistic (Carson, 2003). It is within the ambit of this postmodern approach that this research study will attempt to explore how the innate learning and cultural influence on autobiographical memory is changed to fit the individual’s world or the individual’s perception of the world as seen through his or her mind’s eye.

The chapter opens with a brief discussion on the methods of acquiring knowledge that are used by individuals in order to find answers to questions. The term “epistemology” is then defined. This is followed by a discussion on the premodern and postmodern approaches to knowledge or epistemology. The chapter concludes with an outline of constructivism and social constructionism and explains how social constructionism was applied to this study.

Defining Epistemology

Epistemology is the study of how people know things or how they think they know them. According to Terre Blanche et al. (2006), epistemology specifies the nature of the relationship between the researcher and what may be known. On the other hand, Babbie (2005) explains epistemology as being the core of the science of knowing. He states that, in order to test reality, certain criteria must be met including the assertion that the reality to be tested is both logical and empirical. It is essential that reality must make sense and not contradict the actual observation (Babbie, 2005). Reber and Reber (2001) define epistemology as a branch of philosophy that is concerned with the origins, nature, methods and limits of human knowledge (Reber & Reber, 2001). Colman expands further by claiming that epistemology is the theory of knowledge, especially the inquiry into

what is regarded as knowledge, the validity of knowledge, what distinguishes mere belief from knowledge, what type of things are knowable, and whether anything may be known for certain. According to Reber and Reber (2001) and Colman (2006), the term originates from the Greek words *episteme*, which denotes knowledge, and *logos*, which means discourse or reason (Reber & Reber, 2001; Colman, 2006).

Babbie (2005) makes a further contribution by stating that epistemology differs from the usual human knowledge inquiries. He explains that, in normal enquiry, individuals must guard against common human errors. He maintains that individuals gather their information through cause or conditioning and they undertake this task using casual and probabilistic reasoning. In order to illustrate conditioning he uses the example that we learn that education means that we earn a better salary and that studying results in better grades. In cause and effect, we know that if an individual indulges in risky behaviour such as drinking and driving there is a greater probability of that individual coming to harm compared to an individual who does not indulge in such behaviour. Another example of conditioning is that reheating and eating cold chicken or fish may cause food poisoning once or more in an individual's life, but not always. We can see such cause-and-effect behaviour in sex workers who, although they are knowledgeable about HIV and sexually transmitted diseases, continue to practise unsafe sex in order to earn a living. However, Babbie (2005) cautions that these patterns of cause and effect are probabilistic in nature with the effects occurring more often when the causes occur than when the causes are absent (Babbie, 2005). Another example is the fact that, through cause and effect, individuals learn that driving fast may kill them, but not always. They recognise the danger involved in driving fast, but do not believe that every such drive will be deadly (Babbie, 2005).

In scientific research, these concepts of causality and probability are more explicit and provide techniques for dealing more rigorously with the concepts of causality and probability than a casual human enquiry into knowledge. Babbie clarifies this by stating that researchers sharpen their skills by being more conscious, rigorous and explicit in their research (Babbie, 2005). If researchers understand why things are related to one another and why certain patterns occur regularly, this will enable them to predict certain outcomes if they observe and remember these patterns. Thus, research aims at answering both the what and the why questions by observing and ascertaining what is to be known (Babbie, 2005).

In order to answer the research aims, the postmodernism and social construction approaches are incorporated and explored as the more popular and current sources of knowledge. In this study, postmodernism reflects the epistemological stance adopted for the investigation into how the participants searched for truth and reality and how this was reflected in their narrations of a traumatic event. The aim of the study was to answer the question regarding what in their narrative of themselves and the people in their environment contributed to an autobiographical error of memory recall. Using a postmodern approach, the study also aimed to investigate the knowledge that may be uncovered by becoming part of the socially constructed world from the participants' point of view. In addition, the study aimed to explore the influence of their environment, culture and social standing on their narration of that autobiographical trauma memory, as seen in the influence of the social

construct on their lives. In other words, the study aimed to explore the source of the knowledge that contributed to their autobiographical narration and memory.

Methods of Acquiring Knowledge used by Individuals

Throughout the ages humans beings have used different methods to acquire knowledge. Methods of acquiring knowledge refer to the ways in which a person may come to know things or discover answers to questions (Gravetter & Forzano, 2006). Traditionally, individuals gather knowledge and information from personal inquiry and direct experiences. For example, an individual learns that fire may burn and hurt him or her and that hot coffee should cool down so that you do not scald you tongue. This example refers to learning through experience. Knowledge may also be gained through direct enquiry with questions such as the following being asked: “What is that?”, “Who is that?” and “Where does milk come from?” The major part of human knowledge is assembled from the “agreed upon knowledge” that is given to an individual by that individual’s culture and by others (Babbie, 2005; Sue, Sue, & Sue, 2006), for example, standing up when a stranger or elderly person enters the room.

Babbie (2005) expands on this concept of “agreed on knowledge” by stating that the knowledge acquired by individuals comes from two main sources. He explains that individuals acquire knowledge using either traditional or authority methods (Babbie, 2005). The knowledge gained by the traditional method comprises knowledge which is inherited from a culture and refers to the workings of the individual’s world. Individuals inherit a culture or grow up in an environment that is made up in part of generally accepted knowledge about the workings of their world. They learn from others in their group what constitutes acceptable and unacceptable behaviour. They also learn common knowledge such as the length of a day, a week and a year, what may be eaten and what food sources are deemed to be unsuitable. This knowledge is accepted as the things that everybody knows. The advantage of accepting what everybody knows is that individuals do not have to start from the beginning in their search for regularities and understanding. In cultures and in groups, knowledge is cumulative and an inherited body of information and understanding constitute the starting point for the development of more knowledge (Babbie, 2005). However, the disadvantage of traditional knowledge is that individuals seldom seek a different understanding of anything that everybody in that culture believes, knows to be true and accepts as correct (Babbie, 2005). This is often demonstrated in the reactions of victims of violence when society turns a blind eye so as not to accept responsibility for the traumatic event.

The majority of cultures and traditions preach respect towards woman and yet the high levels of violence towards women that are prevalent in the world contradict this assertion. Victims of sexual violence or an abusive marriage in such cultures find it difficult to comprehend what they knew and believed to be true was correct if they are placed in a situation that contradicts such beliefs and knowledge. Their world and their beliefs are often shattered by such a contradiction and they are unable to deal with the loss of truth and trust in that which they once trusted to be true. This feeling may result in a sense of losing control and an inability to

deal with such as contradiction, thus resulting in trauma symptoms. These contradictions may thus create more trauma than the actual event.

Another method of gaining accepted knowledge is acquiring knowledge from authority. We acquire new knowledge every day from sources other than traditional knowledge. Throughout their lives individuals benefit from the information, discoveries and understandings produced by others. The acceptance of such information depends on the status of the discoverer. Individuals tend to trust the judgement of a person who has training, expertise and credentials in a given matter, even in the face of controversy (Babbie, 2005). The knowledge gained and used in this way is based on what individuals understand and perceive as authoritative knowledge. An individual believes that because this knowledge come from authority it must be correct.

The consequences of these authoritative beliefs were seen the middle ages when abnormal behaviour was regarded as punishment for the individual's unfaithfulness or sins against the deities or as the work of evil spirits, witches or wizards in paying for a perceived wrongdoing. Religion was regarded as authoritative knowledge and any behaviour that went against such knowledge was seen as punishable. As the true and only authoritative source of knowledge, no other explanation for abnormal behaviour was either sought or contemplated. The disadvantage of the knowledge derived from an authoritative source is that this knowledge may be proven to be erroneous, as was evident in the number of people who died during the Crusades or in religious wars but believed that they were justified in doing what they did (Babbie, 2005; Barlow & Durand, 2005).

Another example of such knowledge being false was the belief that the world was flat. If, just a few hundred years ago, anybody had stated that the world was in fact round that person would have been regarded as a lunatic. Today, the concept of a flat world is nonsensical, and scientists have convinced us that the world is round. We accept this as a fact because a person or persons of authority have given us that knowledge. Even in everyday life, we encounter differences of opinion. Popular magazines proclaim that research has shown that red wine is good for you and, a month later, another expert or researcher indicates that red wine is dangerous and may even result in death. These examples show that not all information and knowledge gained by authority will necessarily withstand the test of time. In addition, the disadvantage of this knowledge source is that most of such knowledge is firmly rooted in the systems and beliefs that operate in a given society at a particular time. People who dare to voice ideas that may differ from the prevailing beliefs of their time have often been regarded as outcasts or even put to death (Sue et al., 2006) as happened in the witch trials (Briggs, 2002). It is essential that debates on understanding trauma are understood within a wider framework in which politics, culture, and socialisation have implications for the understanding of individual trauma. The formation and maintenance of relationships with other people fulfil basic human needs and the need to belong to a group or society is an innate need in most people. Researchers believe that this innate need stems from our evolutionary past when survival depended on bonds with other human beings (Aronson et al., 2005). Forming groups with individuals or societies with similar survival needs assisted in survival and ensured access to safety and food.

Although the groups varied in size they were usually consistent in what they believed and they recruited people with similar or the same beliefs (Aronson et al., 2005). In illustrating this point, Robin Briggs suggests that the victims of persecution of witchcraft in certain areas and societies were outcasts, as they were perceived as being unable to fit into the social setting. Such people included widows, the unmarried, the old and the disabled and one of the reasons for their persecution may have been that they were perceived as not contributing to the economy (Briggs, 2002).

This study aimed to understand how traditional and authoritative knowledge may interfere in the perception of a traumatic event. In addition, the study aimed to understand the role of tradition, politics, religion and culture in forming such a perception and how this, in turn, affects the narration of the autobiographical memory of a traumatic event. In other words, the study aimed to explore the gathering of the knowledge used by an individual and the role such knowledge plays in the perception of a traumatic event.

Modernistic Epistemology

According to Gergen (as cited in Becvar & Becvar, 2006), the late eighteenth and early nineteenth centuries saw a flowering of romanticism – a perspective that “lays central stress on unseen, even sacred forces that dwell deep within the person, forces that give life and relationships their significance” (Becvar & Becvar, 2006). Toward the end of the nineteenth century and the beginning of the twentieth century, this romanticist perspective was superseded by that of modernism (Hergenhahn, 2005). Individuals such as Newton, Bacon and Descartes demonstrated the explanatory power of reason that was unencumbered by authority and bias. Enlightenment ensued with experience and reason being emphasised in the quest for knowledge (Hergenhahn, 2005). This was regarded as a more practical view in terms of which truth was sought through systematic observation and rigorous reason (Becvar & Becvar, 2006). It was also during this period that machine metaphors were used and human behaviour was understood as being determined by environmental conditions. The independent, autonomous individual was valued as the ideal of maturity (Becvar & Becvar, 2006).

The terms “modernism” and “enlightenment” are often used synonymously (Hergenhahn, 2005). It is generally believed that this period started with a shift away from a focus on religion to focus on the autonomous individual. In fact, it may even be said it started with “I” or “Me”. There was increased reliance on science and the knowledge of objective experts, which was regarded as more knowable, reliable and trustworthy and as having a clear and honest voice compared to the previous romantic notion that had trusted the somewhat mysterious and quixotic (Becvar & Becvar, 2006). According to D. A. Carson (2003), most historians refer to Rene Descartes (1596–1650) as the transitional figure between premodernism and modernism (Carson, 2003; Jary & Jary, 2000) He explains that, when Descartes realised that the intellectual world had rejected premodernist epistemology and religion, he sought a common intellectual base and foundation on which beliefs could be built (Carson, 2003). Descartes believed that, “as long as I am a thinking being, I cannot doubt my own existence, for there must be an I who is doing the thinking”, thus his famous “I think, therefore I am” as a

foundation on which to base the argument in the non-religious and the intellectual world (Carson, 2003). Through his work, the following elements came to be considered important in a modernist approach.

1. The foundation of knowledge is no longer in religion and its knowledge. Human knowledge is borne out of our existence as individual thinkers. (Carson, 2003)
2. Absolute certainty is borne of true knowledge, which is both desirable and attainable (Carson, 2003).
3. The structure of human knowledge is a foundation on which we, as individuals, may build all the rest of the human knowledge that could be termed the “superstructure” of human knowledge, and which includes religion and the existence of that which exists independently of the consciousness. This foundationalism is seen today in most modern disciplines, including history, biology and physics. We see in each discipline axioms, fundamental assumptions and conclusions that are, in turn, built on these axioms and assumptions. The autonomy of human knowledge is found in its independence from religious knowledge, which is either explicit or implicit to these disciplines (Carson, 2003).
4. In establishing discipline and control in the various disciplines, there is a strong emphasis on method.
5. Truth is understood to enjoy “a historical universality”. In other words, if something is true, it is true everywhere and at all times for all people, cultures and languages (Carson, 2003).
6. Modernist epistemology is linked to the Western world’s naturalistic assumptions that claim that nothing exists other than matter, energy, space and time (Carson, 2003).

In terms of a modernist view, the belief is in an objective reality that may be observed and systematically known, with reality existing independent of any attempt to observe it (Corey, 2005). Individuals seek assistance for a problem when they deviate too far from some objective norm. These individuals label their symptoms as abnormal and seek help to enable them to return to normality (Corey, 2005). These assumptions may also be seen in the Western or Lockean tradition. For the majority of psychology students, the worldview propagated in their studies is that of the philosophical assumptions which are rooted in the Western or Lockean scientific tradition (Becvar & Becvar, 2006).

John Locke (1632–1704) was an English philosopher and political theorist. Although he is better known for his theories and writings on politics, the social contract and limited constitutional government, his epistemological stance influenced modern epistemology (Jary & Jary, 2000). Jary and Jary (2000) maintain that, in terms of epistemology, Locke laid the foundation of modern empiricism. He rejected the notion that men possessed innate knowledge and he opposed the rationalism of Descartes. In 1690, Locke, in his “Essay on human understanding” argued that all knowledge is derived from experience, either directly through the senses or through reflection. He further advocated that although it was possible for man to possess intuitive knowledge of his own existence and of mathematical truths, his knowledge of the external world was conjectural and probabilistic (Jary & Jary, 2000). Locke’s doctrine of the mind as a blank slate or “tabula rasa” indicates the extent of his empiricism (Jary & Jary, 2000). His interest in children’s learning and their acquisition of ideas meant that aspects of his thinking also contributed to philosophical psychology. According to him, the self

arises as a set of ideas and action for which the individual takes responsibility. He advocated the individualistic and proposed that civil society should include intellectual freedom accompanied by checks and balances (Jary & Jary, 2000).

Human beings are influenced by socialisation, which involves the processes, both implicit and explicit, through which appropriate behaviour and the knowledge, reasoning or thinking which are consistent with a particular social group are learnt. For most individuals this socialisation occurs in the context of the family, while formal socialisation takes place in school (Becvar & Becvar, 2006). In both the family and the school environment, we are taught the rules that are accepted and which help us become productive members of society. If an individual and his or her parents are educated in a Western style schooling system, the probability is that the individual will be exposed to the perspective derived from the doctrine of John Locke as regards the appropriate rules for theory construction and methodology in the physical sciences (Becvar & Becvar, 2006). This is what is currently referred to as modernism (Becvar & Becvar, 2006).

Despite the fact that late modernism emerged early in the twentieth century it continues to pervade much of the thinking today. Structuralism is one of the defining characteristics of modernist thinking. It came about as a late modernist attempt to identify the universal codes and structures that underlie and govern human language, customs and behaviours, no matter the specific cultural context (Becvar & Becvar, 2006). Structuralism is derived in part from the work of the French anthropologist, Claude Lévi-Strauss and, in the 70s, it strongly influenced American literary criticism as well as linguistics and psychology. The structuralist quest was the high watermark of twentieth-century modernism (Becvar & Becvar, 2006). The goal of modernism and, in particular, structuralism is to discover, map and know the objective truth about the world of human behaviour but in line with traditional empirical science.

According to the modernist perspective, individuals are defined by the type of individuals, marriages and families that are needed and/or valued by society, with mental health researchers, among others, becoming social engineers who possess the knowledge and technology required to produce such needed and valued individuals or families (Becvar & Becvar, 2006). In addition, there is the “myth of naturalism” which suggests that child rearing must not left to the untrained (Becvar & Becvar, 2006). In the modernist/structural tradition, language represents reality or what Gergen (1994) terms “representationalism, the assumption that there is (or can be) a determinant (fixed or intrinsic) relationship between words and world” (Gergen, 1994).

The modern worldview is that of normative social science, and mental health is practised in a sequence of observations from a position outside of the person or system (Becvar & Becvar, 2006). The researcher is the expert because the researcher bases his or her work on the knowledge derived from science. This, in turn, gives the researcher privileged access to what is really happening below or beyond the individual’s articulation of his or her predicament, with the latter being consigned to the status of symptoms or raw material to be diagnosed or transformed by the agent of change (Becvar & Becvar, 2006). This view is consistent with the tradition of

logical positivism and empiricism, in terms of which the researcher carries out unprejudiced observations, discovers facts, forms a theory or hypothesis to explain the facts, makes a prediction based on this theory and tests the prediction by making another unprejudiced observation (Becvar & Becvar, 2006).

Another requirement in the modernist tradition is the teaching of linear cause-and-effect thinking. In terms of the modernist view, this is appropriate and it is believed that any problem may be solved if the question “Why” is asked and the question answered. From this perspective, event A causes event B ($A \rightarrow B$) in a linear (unidirectional) fashion. We therefore either hold A responsible for B or blame A for causing B. The following question is then asked, namely, “Why” B happened? The answer to this question is “Because A did it”. We can explain this as A bumping into B with C as the result ($A \rightarrow B \rightarrow C$) (Becvar & Becvar, 2006).

In line with the Lockean tradition, modernists understand the world as consisting of subjects and objects – in other words, as Xs operating on Ys. From this point of view, reality is considered to be separate from the individual (Becvar & Becvar, 2006) and exists outside the minds of the individuals. Meaning is derived from external experience and individuals are recipients of meaning who recognise order rather than create it. If we reduce the sequences of reality that are out there into their smallest possible components (reductionism), the individual is able to uncover the laws according to which the world operates (Becvar & Becvar, 2006). In terms of this view, it is understood that the world is deterministic and operates according to principles. The discovery of these principles will in turn reveal certain absolute truths about reality. Thus, individuals react to, or are determined by, their reality rather than their creating it (Becvar & Becvar, 2006). According to the modern or Lockean view, the appropriate scientific methodology is both empirical and quantitative, knowledge must be pursued by means of observation and experimentation, and the result of this experimentation must be measurable and objective (Becvar & Becvar, 2006). Thus, the subject is separate from the object of observation, although reality and theories about reality are seen as either black or white, right or wrong explanations (Becvar & Becvar, 2006).

When these beliefs were translated from the psychological sciences to the behavioural sciences, they were interpreted as theories that described human behaviour as being determined either by internal events or by external environmental sequences to which individuals may react (Becvar & Becvar, 2006). Scientists who supported the behavioural theories embraced the notion of the mind/body dualism that is inherent in the belief that mind and reality exist independently of one another (Becvar & Becvar, 2006). In other words, the individual, as subject/ mind, is able to view an object or reality from a distance without imposing his or her values or beliefs on the object or reality (Becvar & Becvar, 2006). This notion, in turn, contributed to the belief that both objective measurements and a value-free science are possible, but it led, unfortunately, to the distrust of the subjective dimension as being non-scientific (Becvar & Becvar, 2006).

Psychology wholeheartedly adopted the tradition that both objective measurements and a value-free science are possible in order to gain credibility within the scientific community. Accordingly, we are taught to direct and

focus our attention toward history or to previous events that have led to current problems in order to understand individual behaviour and to find solutions for a specific problem (Becvar & Becvar, 2006). If the goal is to reduce a certain or specific behaviour to the lowest common denominator, then we focus either on the individual and the individual's specific behaviour or on the internal events of the human mind (Becvar & Becvar, 2006). These ideals of the Enlightenment then began to be challenged by philosophers such as Hume and Kant who demonstrated the limitations of human rationality. Romanticism and existentialism may also be viewed as reactions against the Enlightenment belief that human behaviour may be explained in terms of abstract universal laws or principles (Hergenhahn, 2005). Kierkegaard's claim that "truth is subjectivity" and Nietzsche's "perspectivism" are examples of this reaction (Hergenhahn, 2005). In later years, William James's concepts of radical empiricism and pragmatism showed a similar disdain for the universalist view. James referred to absolutism as the "great disease of philosophical thought" (Hergenhahn, 2005). However, these challenges paved the way for a new approach, namely, postmodernism.

Postmodernist Epistemology

Postmodernism, which is also known as social construction or deconstruction, started the mid-1960s and represented a renewed attack on the ideals of the Enlightenment. The postmodernists' belief that "reality" is created by individuals and groups within various personal, historical or cultural contexts was in contrast to that of modernism or Enlightenment, which viewed reality as an immutable Truth that could be discovered by experience, unbiased reason or scientific methods (Hergenhahn, 2005).

Each model of counselling and psychotherapy is characterised by its own perception of reality. Multiple and conflicting truths led to scepticism about the belief in a singular, universal truth. In a postmodern world, truth and reality are often understood as points of view that are formed by history and context rather than by objective, immutable facts (Corey, 2005). Postmodernists share common views with romanticism, existentialism and aspects of James's psychology, as well as with the ancient philosophies of the Sophists and Sceptics (Hergenhahn, 2005). They reflect the Sophists' belief that there is not one Truth but many truths, and that these truths vary with individual experience. Protagoras' famous axiom that "Man is the measure of all things" anticipates much of the postmodern view (Hergenhahn, 2005). In addition, postmodernism also shares the Sceptics' questioning of dogmatism, or the claim of indisputable truth. This questioning of the existence of universal truth, which was seen in ancient philosophy, was reborn in romantic and existential philosophy and perpetuated in contemporary psychology by "third-force" or humanistic psychology. These beliefs are in line with the postmodern view that "truth" is always relative to cultural, group or personal perspectives (Hergenhahn, 2005). In contrast to the modernist, the postmodernists are suspicious of the search for truth and the concomitant delineation of universal theories. They focus on the historical value of the context within which theories evolve and claim that outside of this no valid knowledge claims may be made (Becvar & Becvar, 2006).

Although historians differ, the common assessment is that postmodern epistemology came to prominence in much of the Western world in approximately 1970 (Carson, 2003). The growth of postmodernism came about as a result of the rejection or modification of six of the elements of modern epistemology, namely:

1. Modern epistemology continues to focus on the finite “I” or the finite group “We”. In contrast to modernism, it draws various inferences from this axiom. In terms of this view all human knowers or group knowers are finite and they think and reason on the basis of a specific and limited cultural framework (Carson, 2003). The characteristics of the self are regarded by postmodernists as both “impossible” and “irrelevant”. The self is the medium for the postmodernists’ social world and they prefer to say “We communicate, therefore I am” as opposed to the modernist or Cartesian notion that “I think, therefore I am”. Thus, the self is regarded as an ongoing process and is continually constructed and reconstructed in particular relationships over time (Stanton, 2005).
2. Postmodernists insist that reflecting too deeply on the first point impedes absolute certainty. Absolute certainty is not desirable as it engenders both a narrow outlook and cascading self-righteousness. It is better to encourage insights from several different perspectives, including various religions and diverse moral codes (Carson, 2003). The postmodernist reality is socially constituted and varies across cultures, nations, subcultures, time and content; thus, for the postmodernist, no one true reality consists (Stanton, 2005).
3. Postmodernism is anti-foundationalist. Postmodernists argue that our foundations are produced by finite human thought and therefore we should abandon the comfortable illusion that they are secure (Carson, 2003).
4. As finite human beings, we invent our methods, which are in turn shaped by language, culture and social groups. Accordingly, no method has any significance other than the preference or convenience of the group. Postmodernists argue that building on the modernist’s firm foundations and rigorous methods of uncovering truth was delusional for neither the foundations nor the methods transcend our limitations (Carson, 2003).
5. Truth cannot be an ahistorical universality. In other words, what is truth for one culture is not necessarily true for another culture, nor is truth true in all languages, social groups and cultures (Carson, 2003). All realities are not equally valid (Becvar & Becvar, 2006), while some accounts of reality are not respectful of difference, gender, culture or religion (Stanton, 2005).
6. Postmodernists argue against the assumptions of philosophical naturalism that are common in modernist thinkers. Postmodernists believe that there are many ways to “knowledge” and “truth” and that these ways are all helpful to the individual and his or her “interpretive community”. They applaud traditional science, anticipating the breakthroughs that may come with “feeling” rather than thinking. They accept both astrology and religious claims as they regard them as the same and as anecdotal evidence that is as persuasive to them as controlled, double-blind, scientific experiments. Many postmodernists see themselves as more “spiritual” and less “naturalistic” compared to the modernists (Carson, 2003). From

the postmodernist view, the modernist notion of “seeing is believing” should be changed to “believing is seeing”, as this implies that reality is created rather than discovered, while this reality holds our language and meanings at its core (Stanton, 2005).

Becvar and Becvar (2006) refer to the explanation of postmodernism proposed by the cultural historian Michel Foucault. They claim that he “even proposed that explanatory theories about the world and humankind, far from representing objective truths, are essentially instruments of social power and are inherently imperialistic” (Becvar & Becvar, 2006). According to Becvar and Becvar (2006), postmodernism encompasses the following perspectives:

- Language is seen as mediating or even constituting reality rather than reflecting or representing reality (Becvar & Becvar, 2006).
- The possibility of direct access to experience or the direct expression of experience is questioned.
- Totalising discourses are critiqued with an eye to what they omit, obscure and express relative to power relations (Becvar & Becvar, 2006).
- Therapy as science is replaced by the notion of therapy as conversation and a collaborative process.
- It is incumbent on therapists to be aware that they must include themselves in their theorising (Becvar & Becvar, 2006).
- The content of the family’s predicament, as related or narrated by the family, provides the focus of the therapeutic conversation (Becvar & Becvar, 2006).

The most recent perspective, postmodernism, undermines the modernist view of the possibility of objective knowledge and absolute truth (Becvar & Becvar, 2006). Postmodernists believe that our reality is inevitably subjective and that we dwell in a multiverse that is constructed through the act of observation (Becvar & Becvar, 2006). Facts are replaced with perspectives and, with this, comes the shift to challenging the possessors of knowledge and the authority that characterises much of the debate on ethical behaviour (Becvar & Becvar, 2006).

In conclusion, the tension between modernism and postmodernism continues in contemporary psychology. When psychology became a science in the late nineteenth century, it sought the laws that govern the human mind. The goal of psychology was to understand the human mind in general, not in particular (Hergenhahn, 2005). Over the years, although techniques and theories have changed, the quest for the laws that govern the mind has never abated. Psychology subsequently turned to science in the belief that science is capable of unveiling the truth about human nature and this, in turn, became the major theme in the history of psychology (Hergenhahn, 2005). For those scientifically inclined psychologists, the scientific method, which was used to explain and understand human behaviour, correlated with the scientific methods used by the natural scientists to understand the physical world. However, in contrast to this view, postmodernists rejected this natural science model (Hergenhahn, 2005).

Psychologists who embrace the modernist view have done so because they value the methods of natural science in their search for the general laws governing human behaviour. On the other hand, psychologists who embrace postmodernism see science as one approach among many that can be used to understand human beings (Hergenhahn, 2005). It is important to see postmodernism as a philosophical tree with branches of multiple realities. In order to distinguish the processes through which reality in the postmodern sense is constructed, we will explore constructivism and social constructivism. Constructivism will be discussed briefly and, thereafter, social constructionism, as the epistemological stance adopted for the purposes of this study will be explored.

Constructivism

According to the theory or doctrine of constructivism, perception, memories and other complex mental structures are actively assembled or built in the mind rather than passively acquired (Colman, 2006). The underlying assumption is that, in the process of perceiving and describing an experience to ourselves or to others, the narrator constructs not only his or her own personal knowledge base about reality, but also about his or her reality itself (Becvar & Becvar, 2006). Thus, the narrator's understanding of the way things are is a function of the narrator's beliefs (Becvar & Becvar, 2006). According to this theory, it is therefore not possible for the researcher or scientist to observe or to know the truth in any objective way and all the researcher or scientist knows is his or her construction of people and other world phenomena (Becvar & Becvar, 2006). This notion was first introduced by Frederic Charles Bartlett to explain observation in his study on memory (Colman, 2006).

Radical constructivism is based on Jean Piaget's assumption that children construct mental structures by observing the effects of their own actions on the environment (Colman, 2006). In other words, knowledge is actively constructed by the individuals who are doing the knowing. Although the actual reality is somewhere out there, the true representation of that reality is denied (Becvar & Becvar 2006). Thus, the individual may only know his or her own constructions of others and the world in terms of his or her own subjective, experiential construction of reality. According to this perspective the constructions of the researcher and the individual are expressed through the system of language, which is understood as having a separate existence (Becvar & Becvar, 2006).

According to Reber and Reber (2001), constructivism in terms of perception is a general theoretical position that characterises both perception and perceptual experience as being constructed from "fleeting fragmentary scraps of data signalled by the senses and drawn from the brain's memory bank – themselves constructions from snippets of the past" (Reber & Reber, 2001). A theoretical or heuristic sociological concept makes use of the term "constructivism" to make apparent the invented, mentally constructed, heuristic or explanatory purpose of many concepts in sociology (Jary & Jary, 2000). The essence of all constructivist theories is that they view perceptual experience as more than a direct response to stimulation and, instead, view it as an elaboration or construction based on hypothesised cognitive and affective operations (Reber & Reber, 2001).

Constructivism is in contrast to the theory of direct perception, which was proposed by J. J. Gibson (as cited by Reber & Reber, 2001). Gibson proposes a system of direct perception because the ecologically important aspects of the environment are directly represented by that which is perceived (Reber & Reber, 2001). The argument is that perception consists of a cognitively unmediated, inferentially unenriched, process in terms of which the properties of the distal stimulus are directly apprehended (Reber & Reber, 2001). This is in contrast with the majority of the other theories of perception, which argue that other processes operate to organise, enrich and interpret perceptions (Reber & Reber, 2001).

Social Constructionism

There are a number of key figures associated with the development of the theory of social constructionism. Gerald Corey (2005) attributes Kenneth Gergen's emphasis on the ways in which people make meaning in social relationships to the birth of social constructionism (Corey, 2005). Corey (2005) states further that it is believed that P. L. Berger and T. Luckmann were the first to use the term "social constructionism" and that it signalled a shift in the emphasis in individual and family systems psychotherapy (Corey, 2005). Social constructionism is based on various approaches with the therapist refusing to take on the role of expert, instead preferring a more collaborative or consultative stance. Individuals are believed to be the masters of their own lives (Corey, 2005). Thus, empathy and collaborative partnership in the therapeutic process are regarded as more important than techniques and assessment.

According to Terre Blanche et al. (2006), the origins of social constructionism may be traced back to, among others, Ferdinand de Saussure, a key figure in modern linguistics. Saussure introduced a fundamental distinction between language (the system of language) and parole (the use of language in actual situations). Harland states that "[i]n Saussure's theory, language is constantly and secretly slipping into our minds a whole universe of assumptions that will never come to judgement" (Harland, 1987, cited in Terre Blanche et al., 2006). Social constructionism may thus be regarded as an attempt to introduce an explicitly critical element into social science research, with constructionist researchers sometimes presenting positivist or interpretative research as playing into the hands of the political status quo.

The use of language and the narration processes are the focus for understanding and helping individuals to construct a desired change (Corey, 2005). In social constructionism, solution focused and narrative viewpoints all assume that there is no single truth but rather that reality is socially constructed through human interaction (Corey, 2005). These approaches maintain that the client is an expert in his or her own life and they ground theory on four key assumptions (Corey, 2005). Firstly, they invite a critical stance toward knowledge that is taken for granted, thus challenging conventional historical knowledge that guides individuals in the understanding of their world, cautioning the individual to be vigilant and suspicious of any assumptions of how the world appears to be (Corey, 2005). Both language and the concepts used to understand an individual's world are generally historically and culturally specific. Knowledge is bound to culture and time, while the

individual's way of understanding is equal to that others and socially constructed through social processes (Corey, 2005). Truth is a product of the daily interactions between people in daily life. Thus, there is no one single right or wrong way to live your life because negotiated understandings or social constructions may take on a wide variety of different forms. In terms of this view, social action and knowledge go together (Corey, 2005).

According to social constructionism, reality is based on the use of language and is largely a function of situations in which individuals live their lives. Thus, realities are socially constructed (Corey, 2005). For the social constructionist, language is not a reporting device for the individual's experience or representationalism; rather, it is the defining framework (Becvar & Becvar, 2006). Problems exist only when individuals agree that there is a problem that needs to be addressed. In terms of the postmodern view and postmodern thinking, language and the use of language in stories create meaning (Corey, 2005). Thus, there are as many stories as there are people who tell the stories, while each story is true and real in terms of the narrator's perceptive of reality. The emphasis shifts from a focus on the mind and the constructions of individuals and problems to the creation of narratives. The understanding is that, to the individuals concerned, their stories are reality (Becvar & Becvar, 2006).

It is therefore clear that, in social construction, language plays an important role, with the social constructionists believing that the human world is constructed in language and that language itself should be the object of study. Thus, it is not possible to treat language as neutral or transparent, or as a route to underlying realities but, rather, language helps to construct reality (Terre Blanche et al., 2006). A constructionist researcher focuses on language, for example the language used by two different cultures and in terms of which the same words used may have different interpretations or meanings. However, constructionist research is not about language on its own but about interpreting the social worlds as a kind of language and as a system of meanings and practices that construct reality. Just as our everyday talk helps to create and maintain the world in which we live, so, too, do everyday actions or images. The social constructionists wish to flag the notion that representations of reality are structured like a language or a system of signs. They construct a particular version of the world by providing a framework of systems through which they are able to understand objects and practices, as well as who they are and what they should do in relation to these systems. The manner in which people engage with their world is thus structured by the way in which their world is constructed; their reactions and what they achieve is the reproduction of the ruling discourse of their time, while they re-enact established, relational patterns (Stanton, 2005; Terre Blanche et al., 2006).

Social constructionism is congruent with the philosophy of multiculturalism. Multicultural clients often complain that they are required to align their lives and norms to the truths and reality of the dominant society of which they are a part (Corey, 2005). In terms of the social constructionist approach, clients are provided with a framework in terms of which to reflect on their thinking and to determine the impact that their stories have on what they do (Corey, 2005). Individuals are encouraged to explore the way their realities are being constructed

and the consequences that flow from such constructions (Corey, 2005). The framework for this approach comprises the individuals' own cultural values and worldviews in terms of which they may explore their own beliefs and provide their own reinterpretations of significant life events (Corey, 2005). Social constructionists believe it is important to view the communities and context in which people live as an indicator of their attitudes and the meanings they attribute to trauma (Stanton, 2005). If a number of observers agree with one another about their observation then they have come to a co-construction of reality. In other words, when a group of people agree on a set of rules or norms for their society, this may be termed a socially constructed reality (Stanton, 2005).

A group's decision-making and reasoning are influenced by the group's history and community beliefs (Stanton, 2005). This socially constructed norm protects the reality of the group or society as a whole or that of the majority of the group. This has different levels and shapes (Stanton, 2005). These shapes or levels may be a family norm or a religious or culturally structured norm. They mutually influence each other within a larger societal context (Stanton, 2005).

Based on the social constructionist point of view of socially shared constructions and that these meanings need to be taken into account in psychology, it was the aim of this research study to locate the meaning in an understanding of how the narrations, ideas and attitudes of the participants had developed over time within their community and their social context (Stanton, 2005). In order to understand or gain knowledge of this, the researcher explored what trauma meant for each of the participants and how it had influenced their life context (Stanton, 2005). In line with this view that the mind in social constructionism is seen as a social construct, a person's beliefs, memories and thoughts are understood as socially constituted phenomena which are driven not by nature but are rather a result of the active, cooperation of people in relationships with their communities, societies and groups (Stanton, 2005). It may then be understood that a person's verbal account is not viewed as the external expression of his or her internal cognitive processes, but rather as an expression of his or her relationships in a social, professional or religious context (Stanton, 2005).

Perspective knowledge is a process of symbolic interaction and exchange within the social group rather than in the minds of individuals. This means that the modernist and traditional views that tended to focus on the mind or individual have been replaced by the social constructionist world of intersubjectivity and shared meaning-making (Becvar & Becvar, 2006).

How Social Constructionism was Applied to this Study

Postmodernists believe in subjective realities that do not exist independent of observational processes (Corey, 2005). Social constructionism is a perspective within the ambit of this postmodern worldview. In terms of this view, understanding, significance and meaning are not developed within an individual but in coordination with the individual's social world. The essence of this theory is the assumption that human beings rationalise their

experience by creating a model of their social world and how that social world functions, and that language is essential to the construct of reality. This theory is positioned in opposition to essentialism, which sees phenomena in terms of inherent transhistorical essences that are independent of human judgement. According to social constructionism, reality is constructed on an individual's perception of reality and without there being any dispute as to whether this perception is accurate or rational.

By not following a set of rules, as the modernists and scientists require, the study will instead follow the participants' lead in their narrations and taking the clients' narrations as authority and their use of language as the captains that have control over their own ships. Through social constructionism, the researcher seeks to analyse the way in which signs and images have the power to create the particular representation of people and objects that underlie their understanding of events (Terre Blanche et al., 2006). In addition, the researcher seeks to investigate the power or role of culture in the perception of the event. Does such a perception alter the way in which individuals perceive and react to a traumatic event and relate their stories of such an event?

In addition, because language plays a major role in the construction of reality, the study will focus on the narration of the individuals about the traumatic events they have experienced. In this way, the study will try to uncover the ways in which individuals participate in the construction of their perceived social reality. This involves investigating the ways in which the individual creates social interaction, as well as the institutionalised knowledge derived from it and made into the narration of a traumatic event. The study will not focus solely on social construction talk, facts and perceptions, but also on beliefs about the event in question. Of central importance is language, which is a socially constructed system that empowers or oppresses through dominant and privileged discourses (Becvar & Becvar, 2006). As an example, we will examine the mechanism of dominance behaviour. In real life, we observe a male's dominance tendency that is rooted in the physiological differences between the two genders. In view of the fact that values and attitudes are not of primary causal importance here, we develop expectations in line with the gender behavioural differences (Endicott & Welsch, 2003). Most of the research on gender differences tends to focus on the neuro-endocrinological differentiation of the two genders in addition to the cognition and behaviour this differentiation engenders. This can be attributed to the significant amount of research that demonstrates the role of hormones in foetal differences in the male and female central nervous systems (Endicott & Welsch, 2003). Norms and socialisation do not cause these differences but rather reflect it and make concrete a specific society's methods for manifesting a response. In order to illustrate this point, Endicott and Welsch (2003) used the iron and magnet analogy that iron does not have a "drive" or "need" to find a magnet but, when there is a magnet in the area, as a result of the very way in which iron is constructed, it reacts in a certain way (Endicott & Welsch, 2003). This also applies to the physiological natures of the genders, which predispose them to demonstrate different hierarchies of responses to various environmental cues. However, this response is not evident in one gender, but in the differences in the relative strengths of the different responses (Endicott & Welsch, 2003). For example, males respond more to hierarchical competitiveness than females, whereas females react more easily to the needs of an infant in

distress than males (Endicott & Welsch, 2003). The iron-magnet analogy makes clear the role of the social environment. If there existed a society without hierarchy, status, values, or the interdependence of the genders, there would be no environmental cue to elicit the differences, which are deeply rooted in the physiological responses (Endicott & Welsch, 2003)

In contrast to modernism, the use of the postmodern tradition in this study enables the researcher to take on the role of a participant observer in the sense of second-order cybernetics. This means the term “cybernetics” will be concerned with the control mechanism and their associated communications systems, particularly those which involve the feedback of information to the mechanism about its activities (Reber & Reber, 2001).

In research, the researcher becomes a constructionist who views and interacts in a collaborative process between the interviewer and the narrator. By participating with the narrator, the researcher assists in deconstructing the universal trauma truth story that the narrator brings to the study and collaborates with the narrator in constructing a new story that solves the problems the presenting story could not. This is in accordance with the suggestion of Becvar and Becvar (2006) that the postmodernist approach can be seen as person or client centred rather than modernist theory centred. However, in this study, the researcher will participate as an observer only and not as a therapist and, thus, she will not collaborate in constructing a new story for the individuals who relate their trauma events. The focus of the study is therefore on the narrator’s story and the person of the narrator rather than on the perceived notion of what is actually happening between the individual, group and/or family members (Becvar & Becvar, 2006). The use of the postmodernist tradition means that the researcher will not attempt to impose some normative idea about how the narrator should be, while at the same time also not imposing the “real problem” through the dictation of theory. In order to obtain this objective, the research will follow a postmodernist tradition that will take the form of a conversation between the researcher and the narrator (Becvar & Becvar, 2006), thus ensuring that she remains objective, while regarding the narrator as the most authoritative and knowledgeable person of his or her own story and life.

Thus, the study will regard the participants who have indicated that they have trauma stories to relate as possessing equally valid perspectives on the understanding that there is no transcendent criterion in respect of the correct response. The most significant aspect of the narration will be the truth or reality of the narrator, while the focus will be on the role of language and the discourse of the narrator. Thus, the researcher will remain objective with the narrator’s reality being constructed through the act of observation. By using the social construction approach, the researcher will, through language, use interview and other kinds of text to trace the ways in which trauma discourse functions to construct a world in which failure to “cope” with trauma events and a lack of social support may lead to physical or mental breakdown (Terre Blanche et al., 2006).

The study will examine the way in which a traumatic event may result in the construction of a particular version of the narrator’s world. In addition, the study will explore the way language provides a framework of systems

through which people can understand objects and practices, as well as who they are within these systems and what they do in relation to these systems. The manner in which people engage with their world is structured by the way in which their world is constructed. Their reaction, what they achieve, is to reproduce the ruling discourse of their time and re-enact established, relational patterns (Stanton, 2005; Terre Blanche et al., 2006). The study will also attempt to understand trauma within this system.

Conclusion

Postmodern epistemology is the framework used for the purposes of this study. In particular, social construction informs the researcher's knowing, reality and decisions. It emerged from the literature review that humans' search for knowledge dates back a long time. It may even have started with Eve and the forbidden fruit that gave us a thirst for more knowledge. However, this thirst for knowledge and the quest to find the source of knowledge is never ending. Studies indicate that knowledge may be gained using either authoritative knowledge or traditional methods of acquiring knowledge, and may be learnt from either cause and effect or experience. Through the ages, human beings have used these methods to acquire knowledge. The epistemology or the study to know things, how we think we know them and to know what is to be known is ongoing. Through the years, human beings have continued to look for answers and to find out what may be known. Numerous philosophical ideas, inspirations and approaches have been accepted and then rejected throughout history. Some of these approaches have disappeared while old, forgotten approaches sometimes reappear in one form or other in a new approach. This is obvious in the postmodernist approaches that share certain similarities with romanticism, existentialism and the ancient philosophies of the Sophists and the Sceptics, while Protagoras' famous axiom that "man is the measure of all things" anticipated much of the postmodern view. Thus, the ideas and views of long-dead philosophers are often still reflected in the postmodern approach.

The source of knowledge was considered to be the ultimate quest for truth and reality. At first, in the premodern age, human beings tried to find the source of knowledge in religion and believed that that God was the source of all knowledge. Thus, in order to obtain the knowledge a revelation was needed. However, the modernists rejected this view and looked for knowledge in the infinite "I" and pure science – the irrefutable truth. In their turn, the postmodernists rejected the infinite "I" and turned to the infinite "we" as the source of knowledge. The postmodernists believe that reality and truth are to be found in culture and in the belief that there is not one truth but many truths, and that these truths vary with individual experience. In order to understand the individual, it is essential to understand the individual's language game and the role it plays in the individual's domain, culture and society. This is in contrast with the constructionist view and, in particular, the social constructionist viewpoint, which is the framework within which this study was conducted. This approach complemented the study in its view that reality is based on language and is largely a function of the situations in which individuals live. For the purposes of this study, the researcher used the socially constructed

view in terms of which language is perceived as constructs and as a reporting device for the individual's experience and representation. In order to understand the narrator you have to listen to the narrator's story, understand the narrator's language and observe how this language is applied in the socially constructed world. Thus, the study was able to reflect on the world of words in which the narrators lived by observing language use and language games from a postmodernist point of view and within a social constructionist frame of reference.

CHAPTER 4

Research Methodology

When my childhood began coming back to me, I went off the rails for a bit.

*I became what you could charitably call “colorful”. After a year or so of disgrace, I remembered that I was thirty-odd years old, no longer a child, that I had a calling of a kind, and I began to heal. Either childhood is a lot more painful the second time around, or it’s just less bearable. None of us are as strong or as brave as the children we used to be (Straub, *The Throat*, 1993).*

This chapter discusses the research methodology used in the study. This is followed by a discussion of the research design and the methods used during the course of this research process. A qualitative research approach was deemed to be best suited to the study and the analytic characteristics of this approach. In addition, the chapter explores the theoretical perspective or paradigmatic stance selected, the focus of the inquiry, the way in which the inquiry was conducted, as well as the methods that were used to collect and analyse the information obtained from the inquiry.

Defining Methodology

Strictly speaking, research methodology is not directly concerned with the accumulation of knowledge or the development of understanding but rather with the methods and procedures used for the purposes of obtaining knowledge and understanding (Reber & Reber, 2001). The term “methodology” is often used synonymously with scientific method and this implies that the only acceptable methodology is scientific methodology. More specifically, scientific method refers to the actual procedures that are used in a particular investigation to explain what is to be known about the phenomena in question (Reber & Reber, 2001). According to Terre Blanche et al. (2006), the various forms of background information knowledge are generally referred to as paradigms. A paradigm is a pattern, model or general conceptual framework in terms of which the theories pertaining to a particular area of research are constructed (Colman, 2006). In addition, Reber and Reber (2001) define a paradigm as the formulation of systematic and logically coherent methods for the search for knowledge. This chapter explores research methodology and the way researchers go about practically analysing what they believe can be known (Terre Blanche et al., 2006).

Theoretic or Paradigm Perspectives

Paradigms play a fundamental role both in science and in our daily lives. The major scientific paradigms have included fundamental viewpoints such as Copernicus’ conception of the earth moving around the sun, Darwin’s theory of evolution, Newtonian mechanics and Einstein’s theory of relativity (Babbie, 2005). The specific

paradigm that makes sense or is acceptable depends on the paradigm scientists are supporting at the time (Babbie, 2005). Science is often perceived as developing gradually over time and being marked by important discoveries and inventions. It is typical for one paradigm to dominate and become entrenched with a concomitant resistance to any substantial change (Babbie, 2005). However, eventually shortcomings in the paradigm become obvious and a new or amended paradigm emerges and supplants the previous one (Babbie, 2005). The same may be said about the social sciences and the paradigms used to understand social behaviour, with the difference that, in the natural sciences, the preceding paradigms tend to disappear, whereas in the social sciences, theoretical paradigms may gain or lose popularity but they are seldom disregarded (Babbie, 2005).

Social science paradigms represent a variety of views with each offering an insight not offered by the others but perhaps ignoring aspects of social life that the others expose (Babbie, 2005). There is often more than one way in which to make sense of things. For example, liberals and conservatives will try to explain the same phenomenon although the reasons they give will be different. Paradigms or theories underlie these differences in reasons and explanations and are the fundamental models or frames of reference we use to organise our observations and reasoning (Babbie, 2005). It is often difficult to differentiate between paradigms because they are implicit, assumed and taken for granted, seldom being seen as one possible point of view among many. For example, there are the differences in the Western and Asian viewpoints (Babbie, 2005). In terms of the Western paradigm, commitment to the sanctity of the individual is regarded as important while many Asian countries regard this commitment as bizarre and, although they subscribe to certain rights belonging to individuals, for them these rights must be balanced against the rights of families, organisations and society at large (Babbie, 2005).

What is important for this study is to understand the views and understandings in respect of the effect of trauma on the individual would be the results of the paradigms of both the researcher and the participants. In addition, they would have been socialised within the ambit of these paradigms and their points of view. The sanctity of the individual is not an objective fact of nature, but a point of view and a paradigm in which we all operate (Babbie, 2005). It was felt that the use of an interpretative paradigm would benefit the study, as it would force the researcher to recognise that she was operating within a particular paradigm. It would also allow a better understanding of the views and actions of the participants, who may have been telling their stories from a different paradigm to that of the researcher. In addition, it was felt that the research study would benefit from the researcher stepping outside her own paradigm and that this would facilitate the emergence of a new way of explaining, exploring and hearing the narrations of the participants. This would not have been possible if the researcher had viewed her paradigm as the only truth and the only view of reality (Babbie, 2005).

Research designs are based on the investigative techniques that are employed within a specific academic discipline. In sociology, a wide range of methods is used and they include several research methods which are used in other disciplines (Jary & Jary, 2000). For example, sociologists use the critical technique of the

humanities in order to interrogate texts, paintings, buildings and so forth. Similarly, ethnographics borrows techniques from anthropology and applies them to modern societies (Jary & Jary, 2000). It is common for some of the most powerful techniques to be taken from those disciplines shared with central and local government agencies and social surveys methods based on sampling. Included in the array of quantitative and qualitative research methods used are participant observation and other forms of direct observation, in-depth interviews as well as content and documentary analysis (Jary & Jary, 2000). The methods chosen will depend on a variety of considerations, including the following (Jary & Jary, 2000):

1. the nature of the problem to be addressed
2. the researcher's theoretical stance and preferred methods
3. the time and money available
4. the type of research and the evidence available

There have been fierce debates on the merits of the quantitative and qualitative approaches (Jary & Jary, 2000). Some researchers who prefer quantitative methods refuse to acknowledge the strengths, weaknesses and validity of other methods, while others who prefer qualitative or direct observation refuse to countenance the use of quantitative techniques (Jary & Jary, 2000). This study used the interpretative paradigm in conjunction with social constructionism because it was felt both paradigms meet the criteria for social research. In order to answer some of the research questions the researcher had to make use of the social constructionist paradigm as it relates to the perceptions of individuals about a traumatic event in their social setting. This social constructionist paradigm assisted in understanding the phenomenon of trauma in a social context and the way society may contribute to the perception of trauma. The researcher focused on the participants' own understanding, their beliefs and how social perception constructs memories, as well as on the way individuals construct their own stories and how they apply them to their trauma narration.

Social Constructionism and the Interpretative Approach

In view of the fact that different paradigms exist at the same time, it is possible for the researcher to draw on more than one paradigm. Nevertheless, the majority of researchers conduct their research within a single paradigm (Babbie, 2005; Terre Blanche et al., 2006). For the purposes of this restudy, the researcher used social constructionism in conjunction with interpretative methods. The benefit of this approach was that these methods are qualitative, interpretative and concerned with meaning (Babbie, 2005). As a result, the researcher was able to gather rich information that was not generalised by public opinion, as happens with questionnaires, which do not address the why behind the perception (Terre Blanche et al., 2006). The aim of the study was to investigate and explore the way trauma, autobiographical memories and the understanding of the experiences involved in a traumatic event feed into larger discourses, as well as where they are derived from (Babbie, 2005).

It is in light of this understanding that the two approaches, namely, the interpretative approach and social constructionism, were used in conjunction with each other. If trauma is explored as a social or individual phenomenon alone, this will not explain how an individual attributes autobiographical memories and the recall of trauma. Individuals influence their social environment while their social environment also influences them in return. Social constructionism was deemed to be appropriate for the purposes of this study owing to the approach of methods that treat these events, feelings and interpretations as if feelings and experiences are the products of systems of meaning that exist at a social rather than a purely individual level. The social approach encompasses various assumptions about the nature of the reality, which is understood in ontology as a social construct. This is in opposition to an interpretative approach, which looks at understanding at the individual level (Terre Blanche et al., 2006).

In social psychology, social constructivism approaches the study of social psychological topics from the same philosophical stance. Social constructivists argue for some extreme but interesting positions, including the notion that there is no such thing as a knowable objective reality but that all knowledge is derived from the mental constructions of the members of a social system (Reber & Reber, 2001). In addition, each member construes his or her own truth while knowledge is derived from within his or her social system and the desire to be united. The emphasis here is on the necessity for grasping, understanding or interpreting the individual's narrative meanings in his or her social world, including symbolic interactionism (Jary & Jary, 2000) (Colman, 2006). However, even if our social world plays a part in the way in which we recall and narrate any trauma events we have experienced, Terre Blanche et al.'s (2006) definition of the interpretative paradigm as the act of decoding the latent meaning in a client's speech and actions (Terre Blanche et al., 2006) meets the requirement for analysing personal perception from the viewpoint of the participant. This is because the reality studied consists of individuals' subjective experiences of their external and internal worlds (Babbie, 2005; Terre Blanche et al., 2006).

Despite the fact that the study mainly uses an interpretive paradigm, the study will also focus on the individual's perception of reality within his or her social environment which, in turn, falls within the social constructionist paradigm. The main paradigm will be an interpretative paradigm because the researcher was interested in understanding the event at the individual level. This method falls within the realm of the social constructionist methods, which are interpretative. In this research study, the researcher felt comfortable with the use of social constructionism in conjunction with the interpretive paradigm. Such a preference for a certain style of research may be explained in terms of personal preferences and identification rather than that one style of research is better than the rest (Terre Blanche et al., 2006). The social constructivist approach was selected because of the variety of forms, and the desire to be united, with an emphasis on the necessity of understanding and interpreting the participants' narrative meanings in their social world, which include symbolic interactionism (Jary & Jary, 2000; Colman, 2006).

Terre Blanche et al. (2006) define an interpretative paradigm as the act of decoding the latent meaning in a

client's speech and actions (Terre Blanche et al., 2006). The reality studied in this research consists of individuals' subjective experiences of the external and internal world (Babbie, 2005; Terre Blanche et al., 2006). Semantically, any account is a revelation and/or interpretation for both the narrator and the listener because the narrator constructs the story within a social setting and for the listening person who is of importance at that time. The listener is both the audience and the interpreter (Corey, 2005). This is characteristic of the interpretative approach, which aims to explain the subjective reasons and meanings that lie behind the individual's social action (Terre Blanche et al., 2006). In the interpretative approach, all social reality is pre-interpreted because it only has form and is constituted by the outcome of the social interaction and the individual's beliefs and interpretations in respect of the event in question. In other words, it is not possible for the individual's narration to proceed without at least a preliminary grasp of the meaning attached to the event from the narrator's perspective (Jary & Jary, 2000).

However, the interpretative approach brought the paradigm of philosophers such as Durkheim into dispute. From a scientific point of view, Durkheim suggested that interpretation is a scientific approach and that it could not rest on the social accounts contained in the narrators' meaning alone. This led to a number of interpretivists parting company with Durkheim, arguing that the pre-interpreted reality with which most of social science deals precludes a positivistic approach (Jary & Jary, 2000). In addition, the actions of individuals may change meanings and are not only the outcome of received meanings but also the perceived action of the listener (Jary & Jary, 2000). This stance was adopted by a number of interpretivists who suggested that an understanding of individuals' meanings on its own may suffice in providing descriptions and explanations of the meanings of social action. However, in the main the argument focuses on the meaningful character of social reality, while sociological explanation restricts and does not eliminate the possibility of accounts of social reality which move beyond the individuals' meaning (Jary & Jary, 2000). In all such interpretative approaches, the aim is to achieve a non-positivistic formulation of social science that does not violate the premises that the individual's meanings should always be understood and that social competence and individual choice preclude deterministic, law-like accounts of social reality (Jary & Jary, 2000). Whether or not wider structural or scientific causal forms of analysis may ultimately be constructed in an interpretative paradigm raises a set of questions and a variety of answers that will not be addressed in this research study (Jary & Jary, 2000).

The interpretative paradigm is distinguished from other movements by the recognition that any statement about the social world is necessarily relative to any other (Jary & Jary, 2000). This inevitably places the interpretative paradigm in conflict with the notion of Durkheimian social fact by asserting that facts are always produced by specific people in certain circumstances for explicit reasons (Jary & Jary, 2000). In an interpretative paradigm, there is little room for agreement on detail because the interpretation and the interpretative paradigm cover a wide range of epistemological positions (Jary & Jary, 2000). The observer interprets the significance and underlying symbolic meaning of the client's words, narration and/or statements (Reber & Reber, 2001). This is possible because, within the interpretative paradigm, we find a wide range of epistemological positions and a

variety of interpretations. As an example of the extreme subjectivist or relativist side, the argument that no single interpretation may predominate over another brings this view into conflict with the phenomenological approach, which occupies a central position in the paradigm in attempting a systematic study of the intersubjective nature of social life. Alternatively, Weber (cited in Jary & Jary, 2000) considered that understanding was a method for elucidating the motivations for action and not the experience of action, although this does not preclude generalisations from the data obtained from the interpretation of understanding and observation (Jary & Jary, 2000).

In this study, the internal reality of subjective experiences, as described by the narrators, was deemed to be the best method to study what the researcher wanted to explore. This was achieved by using the subjective worlds of three individuals, with the researcher trying to understand empathetically while interpreting the meaning of what the narrators were saying (Terre Blanche et al., 2006). The analysis of understanding was inductive, thereby making sense of the autobiographical memories stories that the individuals related in either the narrative or the written form (Terre Blanche et al., 2006). This approach is well suited to individuals with adjustment disorders, and also for individuals who are experiencing problems of anxiety and depression, while it also suits a trauma narration that falls within the category of anxiety. It can be applied to work with children, adolescents, adults, couples, families and the community in a wide variety of settings (Corey, 2005).

In this study, where the research was focused on the narrations of traumatic events, the interpretative approach contributed to achieving the aim of the study in the sense that the social and cultural context of behaviour was stressed, while the stories authored were anchored in the social world in which the narrators functioned (Babbie, 2005). In view of the fact that the researcher intended to listen to the stories of the narrators she did not make assumptions about people and she also honoured each participant's unique story and cultural background. This ensured that a theoretical stance was not imposed on the narrators and their perception of reality and thus they were allowed to become active agents of their own narrations and destinies (Corey, 2005). The disadvantage of this approach is that the narrator may view the researcher as an expert but be reluctant to view him or herself as an expert, while the narrator may also doubt the credibility of the researcher who assumes a "know-nothing position" (Corey, 2005). On the other hand, the brevity of this approach means that it fits well within the limitations imposed by managed care structures. In addition, the emphasis on the individual's strength and competence appeals to individuals who want to find solutions and revise their trauma stories. Such an approach is useful in assisting individuals to move from a position of no power to a place of empowerment (Corey, 2005). Another possible advantage of the interpretative approach is that clients are not answerable for their problems but are helped to understand how they may relate in more satisfying ways (Corey, 2005). However, clients may see it as a way of not accepting accountability and responsibility for their actions. On the other hand, the use of the integrative approach is strengthened by the questioning format that invites clients to view themselves in a new and more effective way than may previously have been the case (Corey, 2005).

In the majority of interpretative approaches, the technique used involves change talk, with an emphasis on times in a client's life when the problem was not a problem (Corey, 2005). Listening to a trauma-saturated story without getting stuck at the problem, externalising and naming the problem, and discovering clues to competence (Corey, 2005) empowers the narrator to relate the traumatic event. However, because this research was not intended as therapy but only as research and data gathering, it was incumbent on the observer to inform the narrator(s) that the information obtained was for research purposes only and was not intended as therapy. This was as valid for the researcher, who had to bear this in mind and not automatically and unconsciously assume the role of therapist.

In conclusion, while there is a general commitment from researchers to empathise and understand the individual's point of view, the research that flows from interpretation is so varied as to be difficult to categorise as a school, possibly because the meaning of interpretation is itself subject to interpretation (Jary & Jary, 2000). In view of the fact that the study focused on the individual's subjective experience, their world in their own external world, it adopted an intersubjective or interactional epistemological stance toward the narrator's perceived reality (Terre Blanche et al., 2006). With the emphasis and focus on the narrator's own perception of the traumatic event, and his or her subjective experience, the use of the interview allowed the researcher to be an observer rather than an expert adviser (Terre Blanche et al., 2006). This is in line with the interpretative paradigm and postmodern view, which focuses on the individual as the master of their own destiny and the person with the knowledge about their life's destiny within their own society. The use of this method relied on a subjective relationship between researcher and subject – a characteristic of the interpretive approach – which aims to explain the subjective reasons and meaning that lie behind social action (Terre Blanche et al., 2006). In addition, the interview conversation allowed for a flow of information, without the restrictions of a set questionnaire. This form of interview conversation is popular in the interpretative paradigm and, for the purposes of this study, gave the researcher the freedom required to explore the meaning that the participants attached to the traumatic events in their autobiographical memory recall (Terre Blanche et al., 2006), while stressing the importance of understanding intentional human action (Jary & Jary, 2000).

Critique of the Interpretative Paradigm

Owing to the interpretation of interpretation, there is little empirical validation of the effectiveness of the interpretative approach and its therapeutic outcomes. Some critics suggest that the interpretative approach endorses a cheerleading and overly positive perspective (Corey, 2005). Critics of the postmodern stance on assessment and diagnosis or rather the lack thereof are of the belief that it is neither empirical nor scientific and that individuals are not encouraged to take responsibility and accountability for their own behaviour and actions (Corey, 2005). Individuals in a therapeutic setting who experience the therapist as the "know nothing" and the client as the master of their destiny, may react negatively or become frustrated with the process. Another criticism of the interpretative approach is as a result of the ease of learning in some of the solution-focused and

narrative interactions, while practitioners may become blasé and use the approach in a mechanical way (Corey, 2005).

Semantically, any account is a revelation or interpretation for both the narrator and the listener because the narrator constructs the story in the social setting and for the listening person of importance at that time. This listener is both audience and interpreter. This is also characteristic of the interpretative approach, which aims to explain the subjective reasons and meanings that lie behind the individual's social action (Terre Blanche et al., 2006). This was, in fact, also the aim of this research study. It is believed that the use of the interpretative paradigm and the fact that the study investigated a variety of views will result in the study being of some use but without making any true or false assumptions about human social life. In this way, it will open up a new understanding and perhaps suggest different types of theory and inspire new kinds of research (Babbie, 2005).

Qualitative Research Methods

Defining Qualitative Research

This chapter also discussed qualitative research. The study involved the nonnumeric assessment of the observations that resulted from the participant observations, content analysis and in-depth interviews. Although qualitative research is an art as much as a science, it is characterised by its own logic and techniques (Babbie, 2005). The use of qualitative methods allows the researcher to make sense of social observations without converting the data obtained into a numerical format (Babbie, 2005). Qualitative research is a popular and useful approach among social scientists (Babbie, 2005). The purpose of qualitative methods is to discover underlying meanings and patterns in relationships (Babbie, 2005).

Qualitative Research Techniques Defined

Qualitative research techniques are methods that may be used in sociology where the researchers rely on their skills as empathic interviewers or observers to collect unique data about the problems they are researching (Jary & Jary, 2000). The researcher may have a list of topics they will discuss with the interviewees in an unstructured way as opposed to using a focused, structured interview schedule (Jary & Jary, 2000). The researcher may also seek to uncover the informant's own narrative or experience of the topic in question. The observation techniques may be more or less qualitative with full participant observation being the most qualitative technique of all. This is in contrast to quantitative research techniques, where reliance is placed on the research instruments used for measurement purposes (Jary & Jary, 2000). The quantitative methods used include structured questionnaires, structured observation or experiments. By contrast, qualitative methods strongly emphasise ethnomethodology and ethnography (Jary & Jary, 2000). The data compiled using qualitative methods are considered to be rich in detail and closer to the informant's perceived world, while quantitative methods may lead to an impoverishment of the data (Jary & Jary, 2000). The classification of qualitative data is nominal only. However, even research teams who are fully committed to the use of

quantitative methods often use qualitative methods in the initial stages of a research project (Jary & Jary, 2000).

Strengths and Weaknesses of Qualitative Research

All types of research have their own strengths and weaknesses. In qualitative research, the study of subtle nuances in attitudes and behaviours and the examination of social processes over time is more effective than in quantitative research. The primary strength of qualitative research is the understanding it permits (Babbie, 2005). Its flexibility is another advantage because of the possibility of modifying the research. The researcher may engage in qualitative research whenever the opportunity arises, whereas in a survey, for example, the research is limited to the accessibility of a pen, questionnaire, or even the survey itself (Babbie, 2005). For the researcher, being part of the research is a powerful technique for gaining insights into the nature of participants' emotions, attitudes and perceptions in all their rich complexity. In qualitative research, emotions and perception come across more powerfully than would be possible with the use of statistics (Babbie, 2005), thus indicating the superior validity of field research in comparison to surveys and experiments. In addition, qualitative research records a deeper understanding of perceptions and emotions compared to surveys and experiments because, instead of specifying concepts, it details illustrations of human interaction effectively (Babbie 2005).

Another advantage of qualitative research is that it is relatively inexpensive. The majority of social research methods usually require costly equipment or expensive research staff. However, this research study was undertaken by one researcher with a notebook, a pencil, tissues and coffee (Babbie, 2005). Social research today is still largely focused on the twin notions of objective facts (positivism) and subjective feelings (interpretive research) and, in this context, social constructionist research may indeed be both critical and progressive (Terre Blanche et al., 2006).

In common with all research methods, qualitative research also has disadvantages. A quantitative research method allows statistics to be used in the description of the research results. In contrast, the statistics in qualitative research are not able to yield trustworthy estimates of how perceptions or attitudes were formed and this may possibly compromise the reliability of a study. In addition, the personal nature of qualitative research means that judgement may depend on the interviewer's orientation and perception. The researcher in this study took note of this possibility and addressed it by addressing her own bias and points of view and, where necessary, asking a colleague for assistance in this regard (Babbie, 2005). Another concern is that the researcher should not be confused by linguistic possibilities, such as the highly technical aspects of language use and structure (Terre Blanche et al., 2006). However, constructionism is also subject to certain inherent dangers, in particular idealism and relativism (Terre Blanche et al., 2006).

Idealism refers to the tendency of constructionism to reduce everything to language and, therefore, to the world of ideas. This tends either to trivialise the world of human oppression and suffering as just another text or to relegate it to beyond the reach of research. This led to criticism by Marxist scholars that the social world is

governed by economic realities and that these are constantly being disguised by false ideologies that have been superimposed on them (Terre Blanche et al., 2006).

Relativism, on the other hand, refers to the notion that there are many truths. Some see this notion as being promoted by the social constructionist assertion that all descriptions of reality are merely accounts and constructions. The argument that all texts contain actions and that it is not possible for us to evaluate these actions using the criterion of truth, leaves us with no way of distinguishing between good or bad text, or benign or malign effects. Not only does relativism render all text morally equivalent in this way, but our interpretations of all text become equally invalid (Terre Blanche et al., 2006). The techniques used in qualitative research will now be discussed.

Qualitative Techniques

Qualitative Conversation

The techniques used in quantitative research are structured and often rigid. In the social sciences and specifically in the humanities and psychology, this is often problematic (Babbie, 2005). How does one measure pain, anger, frustration and pain accurately? It may be possible to ask the participant to indicate their level of discomfort or pain by using a scale with the highest denomination equal to absolute discomfort or pain and the lowest denomination equal to no or hardly any discomfort. However, how accurate would such an indication be? An individual who is feeling numb may indicate that they are feeling nothing even though they may be experiencing emotional pain that is so disabling that it cannot be tallied (Babbie, 2005). Sadness is often impossible to describe and sometimes even to explain or understand. The questionnaires used in most surveys are often rigid and sometimes intrusive (Babbie, 2005). In light of this inability of quantitative measures to provide an accurate reflection of emotions, a qualitative methodology is best suited to this type of research (Babbie, 2005).

The use of interviews, conversation and observations as methods of information gathering means that the research is less rigid and more appropriate for qualitative field research (Babbie, 2005; Terre Blanche et al., 2006). In addition, these methods allow for a more flexible, interpretative and continuous flow of conversation rather than a pre-prepared, structured interview format. The use of the conversational interview provided the researcher in this study with the opportunity to gain additional information through repetition, analyse the information, test it and thereby come closer to a clear and convincing model of the phenomenon under investigation than may otherwise have been the case (Babbie, 2005). In addition, the interaction between the interviewer and the participants allowed the interviewer to formulate a general plan of enquiry and then follow a pattern or line of thought during the interviews. If a specific set of questions were used, this rich personal information would have been lost as a set questionnaire imposes boundaries and discourages any exploration of the silences and indications of emotions that may arise during an interview. However, the format used also

required the interviewer to know the type of questions to ask to allow for a smooth and flowing interview or conversation. At the same time, this format allowed the narrator's thoughts to flow while also giving them the freedom to relate their own stories in an unforced way as would have been the case in a structured interview. It was thus possible to establish a conversation in which the interviewer instituted a general direction and pursued a specific topic, while the respondent was able to do most of the talking. The disadvantage of this method of interviewing conversation, and thus a concern, is that the interviewer must guard against becoming part of the conversation while nevertheless showing an interest in the participants' responses; in this way listening rather than being listened to (Babbie, 2005; Terre Blanche et al., 2006). In other words, the interviewer must not take on the role of a therapist but remain an observer. In order to achieve this objective the researcher made use of the following methods to acquire the requisite information:

- A research questionnaire alone would not succeed in ascertaining how and why the trauma had had an effect on the participant and, thus, in order to focus on the participants' stories the researcher could not rely on questionnaires. However, the researcher did need to collect the required information. Immersing herself in the participants' lives and culture and reporting on their lives as if they represented reality assisted the researcher to make sense out of the participants' perceptions of the traumatic events (Babbie, 2005; Terre Blanche et al., 2006; Stanton, 2005). The interpretive theoretical approach is a unique approach in qualitative field research. This approach has its roots in the philosophical tradition of phenomenology and this may explain why ethnomethodologists are sceptical about the way in which people focus on communication when reporting their experiences of reality. According to Babbie (2005), Alfred Schutz (1967, 1970) introduced phenomenology, arguing that reality was socially constructed rather than being "out there" for all to observe. People describe their world not "as it is" but "as they make sense of it" (Babbie, 2005). Thus, the narrators' stories in this study described the trauma events as they made sense to them, while the researcher had to make sense out of the narrators' perceptions of the world and the traumatic events (Babbie, 2005).
- Conversation analysis is the meticulous analysis of the details of a conversation, based on complete transcripts that include pauses, hems and haws. Conversation analysis seeks to uncover the assumptions and meanings and structures in social life and to pursue through scrutiny the way in which we converse and relate our stories. It is essential that, in research, conversations or interviews are understood contextually (Mannin & Cullum-Swan, 1994) because, in another culture or context, these conversations or interviews may have a different meaning. Taking note of the silences, grammar and pauses provides an insight into the way in which an individual perceived a question that was posed or it may reveal that a certain section or question had created discomfort (Babbie, 2005). Listening to and analysing the pauses, hems and haws allow the emergence of potentially rich information as these silences are sometimes an indication of discomfort and pain and, thus, exploring such silences may reveal a wealth of information that would be lost if a quantitative methodology had been used.

In conclusion, an interpretative paradigmatic standpoint determined the approach used to draw the methodical

solutions (Terre Blanche et al., 2006). The focus of the inquiry was on three individuals who had indicated that they had experienced a traumatic event. Thus, a collective case or approach, which focused on three cases, was used. Each case was analysed using the information that had been obtained. This information was obtained through various means of inquiry, conversation interviews and observations of the three individuals. The interviews took the form of conversations between the researcher and the participants about the trauma in the participants' lives and revealed how autobiographical memory, culture and beliefs had influenced their recall of events and their experience of the trauma (Stanton, 2005). The criteria used in the selection of the participants are discussed next.

Sampling and Selection

The requisite data were obtained from a convenience sample of four individuals in order to select information-rich cases for the purposes of the study. The participants selected were all individuals who perceived themselves as the survivors of a traumatic event and who were willing to share their stories and memories with the researcher. The main criterion was a willingness to describe their world not "as it is" but "as they make sense of it" (Babbie, 2005). Thus, the narrators' stories described the trauma event as it made sense to them. Their narrations on paper alone would not have told us how and why the event made sense to them and, thus, the researcher chose not to rely on their written stories alone but conducted conversation interviews with them in order to observe and explore how they depicted the social realities of their trauma narration accurately (Babbie, 2005). In her role as a phenomenologist, it was incumbent on the researcher to make sense out of the narrators' perceptions of the world and the traumatic event itself (Babbie, 2005). The data were obtained from individual interviews with the four participants. However, one participant withdrew from the study because of the emotional aspect of the research thus leaving only three. The inclusion criteria included the ability to speak English, being 40 years of age or older and the experience of a perceived traumatic event or events. The exclusion criteria included any cognitive impairment. In addition, to avoid the possibility of confusion impacting on the therapeutic process, the participants could not be in therapy.

Qualitative Data Analysis

Defining Qualitative Analysis

Qualitative data analysis refers to the method that is used for examining social research information without converting such information into a numerical format. This method enables the researcher to watch and observe, thus allowing for an understanding of social events. The information obtained from the interviews, conversations and observations was used to report the participants' attitudes, beliefs and experiences (Babbie, 2005; Terre Blanche et al., 2006). The interviews took the form of conversations and the data that emerged were analysed in depth in order to gain an understanding of social life in trauma in the context of the theory and using established analytical techniques. The use of qualitative research analysis methods enables the researcher

to start or approach the research without having formulated a precisely developed hypothesis that is to be tested. Thus, the researcher attempts to make sense out of an ongoing process that cannot be predicted in advance – making initial observations, developing tentative general conclusions that suggest the need for further observations or in-depth conversations, making further observations and revising the conclusions drawn. This study used qualitative data analysis for the purposes of assessing the data that resulted from participant observation, content analysis, in-depth interviews and conversations non-numerically (Babbie, 2005). The purpose of the data analysis was to discover the underlying meanings and patterns in the relationships between the variables and the themes that emerged. The researcher was therefore seeking plausible relationships and explanatory patterns in order to understand the link between trauma, autobiographical memory and the role that culture plays in the recall and narratives of a traumatic event (Babbie, 2005).

The study used a cross-case analysis strategy to examine the information obtained. This type of analysis involves the examination of more than one case – three in this study. In addition, the study used idiographic explanations in terms of which the researcher sought to exhaust the idiosyncratic causes of a particular condition or event. “Idio” in this context means unique, separate, peculiar, or distinct – as in the word idiosyncrasy. The researcher felt that this approach would enable her to understand fully the patterns or causes of what had happened to a particular narrator. At the same time, as the scope of explanation was limited to the cases at hand, this provided an opportunity to explain the specific cases in detail (Babbie, 2005; Stanton, 2005). In addition, the advantage of using idiographic explanations was that they allowed the research to turn to other subjects, examining not only the details of the trauma stories but also focusing on the variables that the first case had indicated were important, as suggested by Huberman and Miles (1994). Despite the fact that the researcher had expected that information from the second and third cases would closely resemble the information from the first case as to the impact of variables, she had also been open to the possibility that the other cases would bear no resemblance to the first. The second and third cases required the researcher to explore why certain cases appeared to reflect one specific pattern while others reflected another (Babbie, 2005).

Steps in Interpretive Data Analysis

Defining Thematic Content Analysis

Research in this study not only involved information gathering and listening to narrations but also making sense of the data that had been collected. However, making sense of this information would have been useless had the information not been recorded and analysed. Thematic analysis is used in qualitative research and focuses on the examinations of themes that emerge from the data (Babbie, 2005). This method emphasises the organisation and rich description of the data set. However, this form of analysis involves more than just counting the phrases or words in the text, and its target is to identify implicit and explicit ideas within the data (Guest, 2012). In order to attain this objective a primary process of coding is used (Terre Blanche et al., 2006).

This coding process consists of developing themes from the raw data by recognising important moments in the data and encoding them for interpretation. This interpretation of the codes may take the form of identifying themes that occur, comparing the frequency of these occurrences and graphically displaying the relationships between various themes (Guest, 2012). Many researchers regard this method as extremely useful for capturing the intricacies of meaning in information (Babbie, 2005).

A qualitative data analysis method was used to analyse the information collected (Babbie, 2005). Content analysis is often used in qualitative research and involves a range of techniques for the systematic and objective description and classification of the manifest or latent subject matter contained in written or verbal communications (Colman, 2006). This was achieved by counting the incidence or coincidence of utterances falling into several, usually predetermined, categories (Colman, 2006). The purpose of this was to discover the underlying meanings and patterns of the relationships between the variables and themes. Thus, the research was seeking plausible relationships and explanatory patterns in order to understand the link between trauma, autobiographical memory and the role that culture plays in recall and the narratives of a traumatic event (Babbie, 2005). The study used interviews and conversations to investigate these issues and to obtain areas of overlap and disagreement (Guest, 2012). In anticipation, it attempted to build the conclusion that trauma victims possess a system for trauma evaluation. However, emotions, autobiographical memory recall, as well as the factors that make up autobiographical memory such as social environment, culture, beliefs and support, play a significant role in trauma victims' perception of trauma and their autobiographical memory recall and narration of a traumatic event. The impact of these factors may help to predict why the reactions of certain individuals are stronger and more vivid than the reactions of others (Barlow & Durand, 2005).

Thematic analysis borrows the notion of supporting assertions with information from grounded theory. In other words, this research is designed to construct theories that are grounded in the data themselves (Babbie, 2005). This method is referred to as reflective analysis because the process includes reading transcripts of interviews, identifying possible themes, comparing and contrasting these themes and building theoretical models (Terre Blanche et al., 2006). Thematic analysis is related to phenomenology in that it focuses objectively on either the individual or the human experience. It emphasises the participants' perceptions, feelings and experiences as the paramount objective of the research. This, in turn, allows the participant to discuss the topic in question in their own words and free of the constraints imposed by the fixed response questions found in quantitative studies (Babbie, 2005).

Familiarisation and Immersion

By the time the researcher has completed the interviews and collected all the requisite information, the analysis of the content should already be in process (Terre Blanche et al., 2006). The rationale of this research was the need to explain particular instances in terms of the broad principles of trauma and the individuals' perception of traumatic events. It was therefore essential that the study respected the distinctive and unique features of each

story and, in particular, the social phenomena of trauma (Terre Blanche et al., 2006). However, to do this the researcher had to familiarise herself with and immerse herself in the data which had been obtained from the participants' trauma narrations. This involved regular interaction with the information (Terre Blanche et al., 2006). Such a process enables researchers to become familiar with the information and the stories and to learn the details and nuances in written or spoken context, thus becoming more familiar with the text, to the point of understanding the silence, ums, ah, and particular quotations used (Terre Blanche et al., 2006). This immersion helps the researcher to gain a feeling of the overall meaning of the story or text and the different types of meaning in the story or text (Terre Blanche et al., 2006).

Despite popular belief that the data gathering process in interpretive research is not merely a mindless, technical exercise but involves the development of ideas and theories about the phenomena being studied, in this study the conflict between belief, autobiographical memory and overt behaviour is investigated. This enables the researcher to obtain a preliminary understanding of the meaning of the data and the information gathered. The next stage in the data analysis involved the researcher immersing herself once again in all the information and material. This time, however, instead of working with the participants' direct words relating to their trauma and lived reality, the researcher's focus was on the field notes, notes and interview memoranda (Terre Blanche et al., 2006). This stage may require the researcher to go through the information a number of times, making notes, drawing diagrams and brainstorming (Terre Blanche et al., 2006). However, at the end of this step the researcher usually has sufficient understanding of the information to know more or less what types of information may be found where, as well as the interpretations that would be supported by the information (Terre Blanche et al., 2006).

Coding

When engaging in social research and using participant observations and conversational interviews, and collecting biographical narrative, the researcher usually ends up with an increasing mass of information, the majority of which is in the form of textual material, notes and reminders (Babbie, 2005; Terre Blanche et al., 2006). However, in view of the nature of social research and its aim to find a pattern in a social context, for example anger, frustration, joy, sorrow and so forth, the question arises as to how to convert this information into data. In quantitative research, it is possible to use numbers to calculate and find the information required but this is not as easy in qualitative research, which deals with nonnumeric variables (Guest, 2012). It is for this reason that qualitative research uses the process of analysis or coding.

Babbie (2005) describes coding as classifying or categorising individual pieces of data using with a retrieval system (Guest, 2012). Coding enables the researcher to analyse or discover a pattern in the data with these patterns facilitating a theoretical understanding of the research questions within the social context in question (Babbie, 2005). Coding and finding related contexts and themes are crucial to social qualitative analysis and require a more refined retrieval system (Babbie, 2005). A further important issue in qualitative analysis is

identifying concepts and organising the principles. In qualitative analysis, the units of text that are appropriate for the coding in question may vary within a given document (Babbie, 2005; Terre Blanche et al., 2006; Guest, 2012). The creation and analysis of the codes that have been generated and applied enable the researcher to come to an understanding of the messages contained in a text and to retrieve data as required (Babbie, 2005). A theme is not the same as a code. A theme is considered to be the outcome or result of coding and not that which is coded (Guest, 2012).

The coding process entails marking different sections of the data as being important or relevant to one or more of the research themes. It means coding a phrase, a line, a sentence, thought or paragraph (Terre Blanche et al., 2006). In this way, the researcher attempted to identify those bits of text which contained material that was relevant to the themes of trauma under consideration (Terre Blanche et al., 2006). This content may refer to a discrete idea, explanation, or event. Any bit of text may be labelled with more than one code if it refers to more than one theme. There is more than one method of coding. Highlighters or coloured pens may be used to mark a specific topic, phrase or word (Terre Blanche et al., 2006). For the purposes of this study the researcher opted to use highlighters and coloured pens. Codes that overlapped or referred to two or more themes were allocated either a +, *, or /, while those which had not yet been coded or if the researcher was unsure about how to theme or code them were marked with a ? (Terre Blanche et al., 2006) The researcher decided not to use the coding method that involves making photocopies and then cutting them up as this is a somewhat cumbersome method (Terre Blanche et al., 2006).

The coding and cutting method works for the majority of researchers and allows the researcher to change the sections which should be themed in and, if necessary, either to discard themes or to create new themes. However, after testing this method, the researcher had so many themes and codes that they resembled a jumbled puzzle. Because of a lack of space, she constantly had to pick up pieces of paper which were dropped or blown away whenever removed from the file (Terre Blanche et al., 2006). Accordingly, she decided to use a box file with the codes filed under various themes with highlighting, symbols, colour annotations and remarks helping her to compile her coding and data file (Terre Blanche et al., 2006). In addition, she kept a reflexivity notebook with references about her observations in the form of remarks, reminders and possible insights into a question or remark in order to explain them and assist the reader to understand the decisions she made during the coding process (Guest, 2012).

Questions to Ask when Coding

- What are people doing? (Guest, 2012)
- What are they trying to accomplish? (Guest, 2012)
- How do they do this? (Guest, 2012)
- What means or strategies are used? (Guest, 2012)
- How do the participants talk about and understand either the trauma or what is going on? (Guest, 2012)

- What assumptions are they making? (Guest, 2012)
- What do I believe is going on here? (Guest, 2012)
- What did I learn from note taking? (Guest, 2012)
- Why did I include it? (Guest, 2012)
- Are there any themes that contradict what you think is going on?

These questions should be asked throughout all the stages of the coding and data analysis process. It is important to write down what becomes obvious during the coding process (Guest, 2012). In addition, the researcher must remember that codes may emerge from the data unexpectedly and, thus, keeping a thick, reflexivity journal will assist the researcher to identify potential codes that did not initially appear to be important to the study (Guest, 2012).

Inducing Themes

Inducing themes refers to the inferring of general rules or classes from specific instances and is a bottom-up approach (Terre Blanche et al., 2006). In scrutinising the information, the researcher tried to work out the organising principles that underlie the information. When inducing themes, it is best to use the language of the participants to label categories rather than theoretical language (Terre Blanche et al., 2006). Terre Blanche et al. (2006) also suggest that the researcher should not summarise the content but should focus on processes, functions, tensions and contradictions (Terre Blanche et al., 2006). In addition, the researcher should try to find an optimal level of complexity, as too few themes may not provide sufficient interesting data while too many themes may become complex and cause confusion about the research themes. Finally, Terre Blanche et al. (2006) encourage the use of more than one system. The researcher is also encouraged to explore themes but not to lose sight of what the research is about and to focus on the themes referring to the topic or objective of the study (Terre Blanche et al., 2006).

In common with most research methods, this process of data analysis may occur in one of two main ways, namely, inductively or deductively (Babbie, 2005). Both inductive and deductive thinking play a role in our daily lives while they also represent an important variation in social research. This study used an inductive approach (Babbie, 2005). Inductive reasoning moves from the particular to the general. In other words, it moves from a set of specific observations to the discovery of a pattern that represents some degree of order among all the given events. It does not, however, indicate why the pattern exists – just that it does (Babbie, 2005). For the purpose of this study inductive reasoning allowed for the exploration of themes and attitudes which emerged during the narrations (Guest, 2012; Babbie, 2005). This exploration included any specific silences that were picked up during the conversations.

In terms of the inductive approach, the themes identified are strongly linked to the data because the assumptions made are data driven (Babbie, 2005). This, in turn, means that the process of coding occurs without any efforts being made to fit the data into a pre-existing model or frame (Terre Blanche et al., 2006). It is important to note

that, throughout this inductive process, it is not possible for the researcher to free him- or herself from his or her theoretical, epistemological responsibilities (Babbie, 2005).

Elaboration and Reviewing of Themes

Colman (2006) defines elaboration in the research context as the depth or level at which information is processed, or the extent to which a person processes information or arguments in relation to existing knowledge or beliefs (Colman, 2006). In interpretive analysis a researcher looks at the information in a linear, chronological order (Terre Blanche et al., 2006). When a theme under scrutiny and immersed in the notes is viewed again it will follow a linear sequence (Terre Blanche et al., 2006). During the induction stage, this linear sequence is broken up so that relevant remarks or events may be connected (Terre Blanche et al., 2006). This allows a fresh view on the information and the opportunity to compare sections of text that appear either to be connected or to belong together (Terre Blanche et al., 2006). This may indicate that the codes that the researcher perceived as belonging together under a certain theme actually differ or that sub-issues or other themes have emerged (Terre Blanche et al., 2006). This process is known as elaboration. During this process themes are explored more intensively. The purpose of elaboration is to capture the finer nuances of meaning as this often not possible during the first stage of code drafting and capturing (Terre Blanche et al., 2006). In addition, it allows the researcher to revise the coding system and to make adjustments, delete themes, or expand thoughts (Terre Blanche et al., 2006). Elaborating on and reviewing themes also provides an opportunity to experiment with ways of structuring the information until the researcher is satisfied that he or she has completed a satisfactory account of what is going on in the data (Terre Blanche et al., 2006). This stage of the analysis involves continuing to code, elaborate and recode until no further significant new insights emerge (Terre Blanche et al., 2006).

Defining and Naming Themes

The defining and naming of existing themes that are presented in the final analysis assist the researcher to analyse the information in each theme (Babbie, 2005; Terre Blanche et al., 2006; Guest, 2012). During this phase of identifying the themes, the essences of the themes relate to the way in which each theme affects the picture presented by the information in the data (Babbie, 2005; Terre Blanche et al., 2006). Analysis is characterised by identifying the aspects of the information which are being captured, what is interesting about the themes and why (Babbie, 2005; Terre Blanche et al., 2006; Guest, 2012).

A theme represents a level of patterned response or meaning from the data that is related to the research questions at hand. It is possible to determine what the themes are by ascertaining their relevance (Babbie, 2005; Terre Blanche et al., 2006; Guest, 2012). It is ideal if a theme occurs numerous times across the information, although more frequent use of these words or information does not necessarily mean that the specific information or data are more important for understanding the research. In this case, the researcher's judgement is the key tool in making this distinction (Babbie, 2005). A pitfall for most researchers is that they

use research questions in order to code instead of creating codes and they fail to provide adequate examples from the data obtained (Babbie, 2005). It is imperative that themes eventually provide an accurate picture of the bigger picture (Babbie, 2005; Guest, 2012).

Themes may be identified at various levels, including the semantic and latent levels (Babbie, 2005). A thematic analysis generally focuses on one level (Babbie, 2005). Semantic themes attempt to identify the explicit and surface meaning of the data with the researcher not looking beyond what the participants either wrote or said. With semantic themes the researcher endeavours to give the reader a sense of the important themes, although some depth and complexity is lost. Nevertheless, a rich description of the data is presented (Babbie, 2005). In this instance, the researcher focused on the latent themes underlying the ideas, patterns and assumptions (Guest, 2012). This required considerable interpretation of the data so as to enable the researcher to focus on one specific question or area of interest (Babbie, 2005; Guest, 2012).

In order both to identify whether the themes that emerged contained subthemes and to discover further depths in the themes, it is important to consider the themes within the other themes and also autonomous themes (Guest, 2012; Babbie, 2005). In order to do this the researcher must conduct a detailed analysis so as to identify the story of each theme and its significance (Guest, 2012). This enables the researcher to elaborate on the current themes and briefly explain each theme (Guest, 2012). At this stage, the researcher should start to think about names for the themes, bearing in mind that these names should communicate to the reader a complete sense of the theme and its importance (Guest, 2012). A potential disadvantage of thematic analysis is a failure to analyse the data fully. This happens when the researcher does not include the data extracts that he or she used to support his or her analysis beyond the content (Guest, 2012). It is essential the thematic analysis attempts to go beyond the surface or semantic meanings of the data in order to make sense of them. In addition, the latent meaning of the participants' perceptions should be used to make sense of the information and to tell an accurate story of what the data mean (Guest, 2012).

Interpretation

Interpretation may be defined as the act or process of explaining, elucidating or clarifying, or the product of such activity (Colman, 2006). In this research study, the term was used to denote the process of decoding the latent meaning of a narrator's speech and actions, thereby revealing unconscious conflicts, exposing the underlying wishes that maintained these themes or thoughts and allowing the narrator to gain insights (Colman, 2006). This term is often related to Sigmund Freud (1856–1939), who first used it in 1900 in relation to dreams in his book, *The interpretation of dreams* (Standard edition, IV-V). According to Freud, the latent content of dreams is derived from their manifest content through interpretation (Colman, 2006). Thus, in the research context interpretation refers to the allocation of specific meanings to the themes or terms of a purely abstract or formal system (Colman, 2006).

Interpretation is the final step in the data analysis process. This involves a written account of the phenomenon

studied or researched using the thematic categories obtained from personal analysis (Terre Blanche et al., 2006). This requires the researcher to go through the information or data carefully in order to uncover any weak points and contradictions in the interpretation of the data. In addition, it allows text to be scrutinised in order to search for over-interpretations so that these may be discarded (Terre Blanche et al., 2006). It also allows the researcher to recognise his or her own prejudices, and reflect on the role he or she played in collecting the data and in interpreting them (Terre Blanche et al., 2006). Although this process does not guarantee objectivity, it does require the researcher to indicate how his or her personal involvement in the phenomenon under investigation may have coloured the way in which the data were collected and analysed (Terre Blanche et al., 2006)

Next conversation analysis, memoing and concept mapping are discussed.

Conversation Analysis

Conversation analysis refers to the meticulous analysis of the details of a conversation, based on complete transcripts that include pauses, hems and haws (Babbie, 2005). Conversation analysis seeks to uncover the assumptions, meanings and structures that characterise social life. It pursues, by way of scrutiny, the manner in which individuals converse and relate their stories and to explore the context of the story as it makes sense to the narrator. In an effort to understand this narration or conversation, it is essential that it be understood in the context of the variables that make up the individual's life (Babbie, 2005). For example, what we may regard as normal conversation may, in a different culture or context, have a different meaning. The phrase "Same to you" followed by "Have a nice day" differs in context to "Same to you" if followed by "Freak". In other words, what may be a norm in one society may have a different connotation in another society. Taking note of silences, grammar and pauses may provide insights into how an individual perceives a question or reveal that a certain section or question is creating discomfort (Babbie, 2005). For the purposes of this study, identifying the themes in each story in conjunction with the conversation analysis was a valuable tool in the data analysis. The information obtained from the conversational interviews gave the researcher the opportunity to explore valuable material about people's autobiographical memory recall (Babbie, 2005), while also allowing the narrators to voice that which is often hidden or which is not allowed to be aired in their societies. In other words, it gave the narrators the right to be heard and to say "I am in pain and I am hurting". Memoing is discussed in the next section (Babbie, 2005).

Memoing

If a researcher uses coding in categorising chunks of text and information, it is also recommended that they use a technique known as memoing. According to Babbie (2005), memoing is the art of writing memos that become part of the data analysis in qualitative research. Memos may describe and define concepts, deal with methodological issues, or offer initial theoretical formulations (Terre Blanche et al., 2006). The researcher may

write notes or memos to themselves and to others involved in the project. Some memos or notes may become part of the final product while other information may stimulate thoughts and ideas about what to write or what to disregard (Babbie, 2005; Terre Blanche et al., 2006).

Concept Mapping

In qualitative analysis and research in particular, considerable time is spent committing thoughts and perceptions to paper. A relationship may develop in the text of the narrative, with the process of concept mapping helping to see such relationships more clearly. Various methods may be used, with some researchers writing down all their concepts on one sheet of paper, while others spread their thoughts across several sheets (Babbie, 2005; Terre Blanche et al., 2006). In the end, it saves time to read through the concept mapping rather than having to go through pieces of paper and memos, some of which may have been lost.

It is not possible to conduct any research without causing some harm. In an effort to avoid or limit the harm inflicted on the participants and/or researcher a set of ethical considerations was formulated. Such ethical considerations not only protect the participants from ruthless researchers but may also protect the researcher from any exploitation on the part of the participants.

Informed Consent and Ethical Considerations

Defining Ethics

In most definitions of the term “ethics” and in terms of common usage, ethics is typically associated with what is wrong and what is right. For each individual the search for a source of ethics varies (Babbie, 2005). According to Allan (2008), ethics is the branch of philosophy that has to do with the study of morality – how people make decisions about what is wrong or right in respect of behaviour that may influence the welfare of both human beings and non-humans (Allan, 2008). Ethical considerations are at the core of any work with living material in research. A researcher is constantly making decisions that have the potential to influence the welfare of other people and which may have an uncertain outcome. The research may influence the perceptions of participants and the public about a particular research or about of the profession of psychology in general (Allan, 2008). In view of these decisions and their potential effect on an individual’s perception and actions, it is incumbent on researchers to be ethical in their dealing with any individuals. In order to act in the right way and to do the right thing, researchers must behave in accordance with the norms that govern their professional behaviour (Allan, 2008; Babbie, 2005). In addition, by adhering to these ethical standards researchers safeguard themselves against exploitation and possible legal action (Allan, 2008; Babbie, 2005). The next section will briefly discuss the most essential ethical norms and considerations that should form part of any research.

Philosophical Principles Guiding Ethical Research

Although there are several approaches to ethics, there are five widely accepted philosophical principles that may be applied in various ways to determine whether a research study is ethical. According to Terre Blanche et al. (2006), this approach is known as principlism. There are several variations of these principles and varying ideas on the emphases of the principles that a researcher should use and apply in a thoughtful way to specific situations (Terre Blanche et al., 2006; Allan, 2008; Babbie, 2005). According to Terre Blanche et al. (2006), the following principles are important in research:

Autonomy and respect for the dignity of persons

Generally, although not always, social research represents an intrusion into people's lives. A stranger contacts you, asks your permission to ask intimate questions and requires you to be honest about matters you perceive as private. A major principle in research ethics is that participation must be voluntary and no one should ever be forced to participate. In cases where a researcher feels justified in violating this rule, it is important to observe the other ethical rules, such as inflicting no harm on the participants (Terre Blanche et al., 2006).

Nonmaleficence (no harm to participants)

This principle supplements the previous autonomy principle and requires that participants suffer no harm. In other words, it is incumbent on the researcher to ensure that no harm befalls the participant as either a direct or an indirect consequence of the research. In other words, research should minimise and attempt to avoid harm and wrongdoing to all participants (Terre Blanche et al., 2006). To ensure that the principles of no harm and voluntary participation are upheld these principles are formalised by practice of informed consent. Informed consent is a norm in terms of which subjects base their voluntary participation in research projects on a full understanding of the possible risks involved (Allan, 2008). This consent take the form of a discussion on the possible risks to themselves with each participant being required to sign a consent form indicating that he or she is aware of the risks but still chooses to participate (Babbie, 2005).

Anonymity

Anonymity is guaranteed when the researcher is not able to identify a given response to a particular respondent (Allan, 2008). In any research project confidentiality is of the utmost importance and it is essential that a research project guarantees confidentiality. In research, confidentiality is more important than anonymity and the researcher should take responsibility for making this known to the participants. However, researchers should be careful not to confuse confidentiality and anonymity (Babbie, 2005; Allan, 2008). The information given by the participants must remain confidential. This is not always easy as the courts, for example, do not always recognise social research as "privileged communication" (Babbie, 2005; Allan, 2008).

Right to privacy

The right to privacy is important in studies of a sensitive nature (Babbie, 2005). In view of the personal nature of questions asked, people may lose their jobs and/or their families, they may experience relationship problems or they may be ostracised if certain information becomes known (Babbie, 2005). The right to privacy may be violated if a researcher identifies members of certain groups who participated in a study, or releases or shares individual data or responses or covertly observed behaviour. The right to privacy may be upheld by the use of self-administered questionnaires that are anonymous and by assuring the confidentiality of the interviews which have been conducted (Babbie, 2005). In observational studies the identity of the groups and/or persons studied should be disguised in publications, while research methods, data analysis and the reporting of data should be at the group or aggregate level (Babbie, 2005)

Beneficence

This principle obliges the researcher to attempt to maximise the benefits that the research will afford to the participants in the study (Babbie, 2005; Terre Blanche et al., 2006). In conjunction with the principle of nonmaleficence, beneficence finds expression in research ethics where researchers and ethics committees have to consider the relative risks of a proposed study against any of the direct benefits that the study may have for the participants or society as a result of the knowledge gained (Babbie, 2005; Allan, 2008). Financial gain is not regarded as a benefit and, instead, the benefits must be more direct, such as improved access to health facilities, skills improvement or enhanced knowledge about the topic in question (Babbie, 2005).

Justice

Justice in research is a complex issue and requires that a researcher treat participants with fairness and equity during all stages of the study. This also applies to the fair selection of participants and requires that the participants receive what is due to them (Terre Blanche et al., 2006). The research participants should gain by the study and not be excluded from the benefits of the research (Babbie, 2005). Justice also requires that the researcher takes responsibility to provide care and support for participants who may become distressed or be harmed by the study (Terre Blanche et al., 2006).

While the above principles are important and almost universally accepted, there are also ethical questions and ethics that have an alternative framework (Babbie, 2005). These include cross-cultural ethics, virtue ethics, feminist ethics and many more (Babbie, 2005). There is increasing debate on whether the four principles discussed above are universally acceptable, particularly in view of the fact that, in some cultures, communal concerns are weighted as heavily and definitely even above individual values (Babbie, 2005; Terre Blanche et al., 2006).

In view of the importance of consent the following section will discuss this issue.

Consent Information

With regard to consent information, the researcher made it clear that the consent was for research required for the purposes of a master's dissertation. She also made it clear to the participants that, although they might gain personal insights which could lead to a degree of personal growth or even change, the interview process was not to be regarded as therapy but rather as research (Stanton, 2005).

According to Allan (2008) consent is valid if the participants

- possess adequate information to make an informed decision
- are provided with correct and accurate information about the proposed research
- understand the information at a cognitive level
- appreciate the situation and the consequences of their decision to participate at an emotional level
- have the ability to make a rational decision
- make the decision to participate freely and voluntarily
- are not coerced into participating in the research
- are capable of communicating their decision
- provide both verbal and written consent to participate
- have the right to terminate their participation at any stage of the research.

In addition, misrepresentation or deception is permissible only when an embarrassing or personal topic is discussed because the researcher fears high rates of refusal or false data. In addition, studies of children are either limited or not allowed in view of the emotional and cognitive vulnerability of children (Allan, 2008).

Consent is only binding if it is given freely, voluntarily and without undue influence (Allan, 2008). Researchers must ensure that the information they provide is at a level that is in accordance with the individual's cognitive and emotional abilities, that the individual is given sufficient time to make the decision to participate and that the individual is given an opportunity to ask questions and consult significant others should he or she wish to do so (Allan, 2008). The researcher in this study bore all this in mind when she approached prospective participants. Three participants who had indicated their willingness to participate and volunteer their trauma stories were selected. Despite the fact that their trauma stories involved the narration of the trauma they had experienced, all the interviews were conducted with sensitivity to ensure that the participants were not harmed in any way (Allan, 2008; Babbie, 2005).

Debriefing

Certain research is sensitive and should be carefully approached (Allan, 2008). In particular, trauma and human sexuality are two topics that should be handled with delicacy, trust, and care. In this research study ethical concerns were paramount. In view of the research topic, the research was private, personal and salient,

and may even, in some cases, have been conceived as threatening (Terre Blanche et al., 2006). Questions, even uncomfortable questions, had to be asked because if they were not asked the researcher would not have been able to obtain sufficient information about sensitive issues (Babbie, 2005). The study was not intended as therapy, only as research and data gathering, and thus the researcher informed the participants that the information was for research purposes only and that the interviews should not be construed as therapy (Stanton, 2005).

How the Research of Autobiographical Memory and Trauma Applies to the Study

Research has shown that individuals who experienced a traumatic event often react in a similar fashion. One of the aims of this study was to find out why certain people react strongly to a traumatic event while others do not demonstrate the same intense reaction. At the time of this study, countless explanations had been offered for the varying reactions to trauma. Some academics suggest that people with a predisposed personality disorder tend to react negatively to a traumatic event (Berk, 2009; Mannin & Cullum-Swan, 1994; Westen, 1996), others suggest that the reactions to trauma are influenced by the doctrine of the ruling political party and access to mental facilities, while still others maintain that culture plays a role in the individual's reactions (Berk, 2009; Westen, 1996). This research study intended to explore, through the narration of autobiographical memory, whether culture and beliefs had had an effect on the way in which the narrators had dealt with a traumatic event and particularly as regards the formation of their autobiographical memory.

The following criteria were used in the selection of the participants:

1. having been diagnosed with trauma or experienced a traumatic event
2. having given consent, both verbally and in writing, to sharing his or her story of a traumatic event or incident
3. forty years or older
4. not in a therapeutic relationship

The study used a qualitative framework in terms of which generalised findings were of less concern than a focus on the detailed and in-depth analysis of cases and the individual's recall of a traumatic event (Terre Blanche et al., 2006; Stanton, 2005). As suggested by Terre Blanche et al. (2006) the use of convenience sampling enabled the researcher to select three information-rich stories for the purposes of the study. In other words, this study involved an intensive study of specific individuals (Terre Blanche et al., 2006) and was, thus, both a process of inquiry and the product of the inquiry. This approach allowed the researcher to systematically gather sufficient information about an individual, social setting, culture and belief about his or her world to enable the researcher, through the individual's narration, to understand how he or she operated, thus becoming intimate with the individual's life, social setting and culture through the individual's autobiographical memory

narration.

It was hoped that one of the benefits of this research would be that the study would assist in finding patterns in the lives, actions and words of individuals in the context of the event as a whole (Stanton, 2005). It was anticipated that the study would perhaps narrow the focus concerning trauma by trying to find commonalities or similar features in the cases studied and also what was unique in each of the participant's autobiographical memory recall, culture and beliefs. The study investigated trauma and the extent to which culture and society silence a participant's voice and their experience of the event through their own words, which are grounded in their culture (Stanton, 2005). This required the researcher to stay close to the data and to evaluate and interpret them from a position of empathic understanding (Terre Blanche et al., 2006; Stanton, 2005). The result was constructed from the meaning that the researcher and the individuals perceived to be a product of the social influence and language used.

Conclusion

When dealing with different cultures, language and diversity, such as are found in the South African context, it is easy to make assumptions about the various cultures and the bases of the reactions of the different cultural groups to trauma. Researchers often use a one-size-fits-all approach or an attitude of you can choose any colour as long as it is black. As a result of countless debriefing sessions, the researcher came to the realisation that this approach is neither scientific nor fair. Even within her own culture and community, she noticed the difference in approaches to a traumatic event. As a person who had had to overcome a traumatic event, she had often wondered why the treatment and interventions she had undergone had not had the desired outcomes. Despite the fact that her therapist had been knowledgeable, it was as if the problem had never been resolved. It was only later, through her own studies, that she realised that, although the therapist had been knowledgeable, she had never addressed the trauma itself. The therapist had followed a set rule of therapy and questioning but had never reached the target. In her own dealings with trauma victims, the researcher learnt, through trial and error, not to follow a specific route or discipline but rather to follow the client and the client's lead. Clients are usually more than capable of finding a solution or addressing their problems themselves and all they sometimes need is assistance and guidelines. This realisation on the part of the researcher led her to adopt a qualitative approach. In view of the fact that the researcher was interested in a particular response, namely, the response to trauma and the affect trauma has on autobiographical memory, she decided to use a qualitative approach as her research method. This approach allowed her to watch and observe and to understand social events and the role they play in the formation of the autobiographical narration of a traumatic event. The information acquired was used to report on the participants' attitudes, beliefs and experiences – all phenomena which are difficult to convert to a numerical format. It is possible to use a quantitative scale method to be scientific; however, the numbers indicate the scale of the attitude, belief or fear and not the reason for or motivation behind such attitudes, beliefs or fears. The use of interviews and conversation enabled the researcher to become part of the narrator's memory and pain, building a bridge of trust between the narrator and the interviewer. This would not

have been possible with a rigid questionnaire or a scientific research method.

The use of an interview research method in the form of a conversation yielded information which could be used and analysed in depth, thus enabling the researcher to understand the role of social life in the narrator's trauma within the context of relevant theory and using established analytical techniques. The use of qualitative research analysis methods allowed the researcher to start the research without having formulated a precise hypothesis to be tested. In this way, the researcher attempted to make sense of an ongoing process that could not be predicted in advance – making initial observations, developing tentative general conclusions that suggested further observations or in-depth conversations, making still further observations, and revising the conclusions drawn. This was done by using themes and codes and elaboration.

The aim of this study was to discover the underlying meanings and patterns in the relationships between variables and themes by using qualitative methods, data analysis and the nonnumerical assessment of the observations made through participant observation, content analysis, in-depth interviews and conversations (Babbie, 2005). Thus, the aim of the study was to find a plausible relationship in terms of which the researcher would search for explanatory patterns to understand the link between trauma and autobiographical memory and the role which culture plays in the recall and narrative of a traumatic event (Babbie, 2005).

CHAPTER 5

The Story of Ann's Trauma

The stink was incredible, made your eyes water.

It looked like someone had all these people stand in a big ring and then just blasted them to pieces. We didn't say a word. You can't talk about what you don't understand (Straub, The Throat, 1993).

Personal Data

Participant:	Ann Smith
Age:	Early forties
Field of Occupation:	Beautician
Research Setting:	The interview were conducted at Ann's place of work
Language:	Zulu/Swazi
Language of interview:	Mixture of English and Afrikaans. Some Zulu and Swazi words or expressions

*In the final report names and places were changed in order to protect the identity of the participant.

Introduction

The cure of psychological trauma depends on the support of society, friends, lovers and families. This study becomes legitimate only in the context that it challenges the "sacrifice" of trauma victims (Herman, 1992). This sacrifice may assume many forms. The most harmful sacrifice is that of the silence enforced by society. Trauma treatment is, in fact, a process which is designed to counteract the ordinary social processes of silencing and denial. The right to tell the story which has been silenced in memory recall and by society, the secret of the trauma and the active process of bearing witness inevitably give away to the active process of forced forgetting. This is made possible because repression, dissociation and denial are phenomena of both the social and the individual consciousness and they operate on both a social and an individual level (Herman, 1992).

This chapter analyses the conversational interview that took place between the researcher and Ann and highlights the emerging themes. It is possible that the themes identified may overlap and are not used exclusively. Despite the fact that this section relates the conversation between the researcher and the participant, it should also be viewed in the context of the time and the interpretations of the interviewer. Accordingly, it does not necessarily represent the ultimate truth about the participant's reality or about all

trauma victims in general. Under other conditions and in another time, the perception may be interpreted differently as both the researcher and the participant may have encountered other experiences or individuals which may have changed their perception of the trauma-related incident or the traumatic events. In fact for the narrator, his or her perception of the event may then be adjusted to fit his or her new realisation of the world or how he or she sees it at present.

Themes from the Autobiographical Recall of the Participant

During the interview, the interviewer identified certain themes that emerged from Ann's story. Ann related that she had experienced two incidents that she perceived as traumatic events. These events had taken place when she was an adult and had involved the death of a loved one and a robbery. However, although she mentioned a housebreaking at the beginning of the conversation, it became clear that her trauma narrations focused on the death of a sibling.

The researcher identified the following themes in Ann's narration.

Anger

On the issue of anger towards something or someone, Ann at first denied feelings of anger. However, she suddenly she retracted her words, looked straight at me, and said.

I am angry with the boyfriend or whoever he is for killing her. To do this harm to my family. I wish I could make him pay for what he did. The pain, the sorrow, I want him to pay for what he did.

I am also angry at the ambulance and hospital for not looking after her. They treated her with disrespect. I know we couldn't pay and had no medical aid, but she had the right to die in dignity with her family at her side. Not left in a passage under a blanket like something nobody cared for.

When asked whether she felt anger towards her sister, she hesitated and then replied that she was not angry with her nor did she blame her. Then the floodgates opened. She started crying, she became emotional and then, in a soft voice, she replied:

Honestly, I am angry with her and God. My sister had placed me, my children and our mother in harm's way by being secretive. What if he had shot my mom and children? I am angry with her that she placed my children in a position in which they saw their aunt being killed. Why did she allow them to stay and witness the fight? Why did she not send them away or tell them to get help? She was selfish. I am angry with her for being selfish and the damage which seeing her shot and dying did to my children. They had nightmares and asked me why he had shot her. I could not answer them, and I felt bad that my children were suffering and I was the cause of it. I am angry and then I feel bad because she died. If she had lived I would have fought with her, told her how angry she made me. I shouldn't feel angry or say something so bad, but it doesn't take away the

anger.

On asking her why she had said she was angry with God, she replied.

I am not angry with Him, perhaps I am. Angry that he allowed this to happen. It is more, I am not angry with Him anymore, rather disappointed. I am disappointed in believing in Him and trusting in Him that he will hear my prayer and save her. Instead, I was left with death and I could not say to anybody that I was angry. Disappointed in Him, because you know, He is always right and always gives a cross to bear that you can carry, He knows best. If it is so, why did He abandon us, why did He abandon her? Why can't I reach Him? I go to church but it feels so hollow, so fake and so alone. If you say anything people accuse you of not having enough faith or believing enough. I was angry with Him, not anymore. I just do not think I believe in Him as a just and powerful God anymore.

Avoiding or Denying that the Incident Happened

Victims of traumatic events challenge the researcher or therapist to reconnect fragments, to reconstruct history and to make meaning of their present symptoms in the light of past events (Herman, 1992). They implore the listener to share the burden of pain and engagement and, above all, to share in the act of remembering without rejecting them or their reality. In view of the fact that the people in communities want to forget the victims, a curtain is drawn over unpleasant and painful events (Herman, 1992) and the victims are taught to deny that an traumatic event has happened or that the event had an emotional effect on their perception of whom they were and still are (Herman, 1992). This isolates them and, without the support of society, they are not able to reconnect with or fit in to their society. In an effort to overcome this exclusion they often deny that the incident happened (Herman, 1992), succumbing to the temptation to remain silent and, thus, denying that which happened. They are left with the choice of accepting the truth or reconstructing their autobiographical memory (Herman, 1992). Because it is often so difficult to face the truth, victims often reconstruct their stories into a more socially accepted version or narration of what happened. However, this denial of reality often makes them feel that they may be crazy because it is impossible for them to accept the reality of what happened (Herman, 1992).

In Ann's case, the above is indicative to her narration of her trauma. Although the incident had occurred a number of years before the interview took place, Ann's narrations made it appear as if it had happened recently. In addition, despite the fact that she mentioned that the memory of the event evoked strong emotions of sorrow, few people knew about it and she seldom talked about it. When she was asked why she had kept quiet about it or even denied that it had happened she responded that she felt that society expected her to get over it and continue with her life. In an effort to avoid the criticism and disappointment that she was not moving forward she refrained from talking about it, denied that it had happened or pretended that it had never happened. She indicated that to talk about the event or to acknowledge that she still thought about it constantly was frowned upon by her social environment. In particular she felt that her spiritual guides expected her to continue as if life

were normal and that to remember or acknowledge her pain and fear was a sign or disbelief and unfaithfulness as well as a questioning of their ability to “heal” her.

So I never ask or tell anybody about her, sometimes my mom and I will talk about it, especially close to her birthday or her date of death. But we do not talk in front of others, but quietly at home where nobody can hear or criticise our sorrow and tell us, we are wrong to mourn or grieve her death.

She related that she was not willing tell people that she had had a younger sister. In this way, she protected herself from unwanted attention and questions. It would appear that she perceived the unwanted and unwelcome advice on how to forget, forgive and move on as criticism and as belittling her pain.

If people ask me how many siblings I have, I lie and tell them I have two brothers and a sister older than me. I never tell them about my younger sister. Even if I tell them about her, I don't tell them that she died. It is as if she never existed and it never happened. I tell them a lie to avoid them scrutinising me and telling me that has been years and I must forgive and forget.

In an effort to conform to society's norms, she related that she denied her emotions and pain. She felt that talking about them or admitting that the trauma incident had happened would cause her much pain. She also felt that society in general does not show sympathy towards the grieving, especially if the death happened years before.

After the funeral they told me to continue with life, I had to force myself to work and not cry. They become angry with me for crying over her after her burial. They told me it is over and I should stop mourning, I am selfish and I am not allowing her spirit to go to heaven. At or before the funeral I could cry and talk about it, but after the funeral and later, I was encouraged to move on with my life. She had died and I should stop mourning as it is over, in the past.

In order to conform to what society appeared to want and need of her and in an effort to keep the status quo, she related that, in order to cope with the loss, she had kept the event a secret and had stopped talking about either it or her sister.

I stopped myself talking or thinking about what happened and about her. Everybody thinks it is over but, still today, when I am alone I cry when I think of what happened and of her. I cannot stop myself thinking about it.

Her perception was that if she admitted her pain and sorrow or told her story, she would be seen as weak and not a strong person who could overcome the bad things in life. In addition, it would show that her faith was weak.

So, not to appear weak, I keep silent. But inside I cry. People tell me how strong I am. If they only knew. I am not strong; I cry over it, I cry especially close to Christmas. Everybody looks forward to Christmas except me.

She died shortly after Christmas and every year, around December, I find I am so down and tearful. I hate Christmas. Everybody is happy and laughing, except me, I cannot wait for December to pass. If it were not for my children and mom, I wouldn't celebrate Christmas at all.

She also avoided going to her sister's grave or going out of their back door where her sister was shot.

I never go to her grave. I don't know why. My mom goes there. But I have never been there since her funeral. It is strange because it is our custom to visit graves. I visit my dad's grave and the graves of other relatives, not hers. I always have an excuse or make certain that I am busy at another place whenever my mom goes or plans to go to the grave.

This avoidance behaviour included avoiding the place where the incident had happened.

I always use the front door. Even if it is shorter to use the back door. I cannot go out of it. My friends laugh at me. I cannot go out of the back door. I fear it. I feel that my sister's ghost is still there and, if I go out I will see her and she will donna (grab) me. Even if I work in the kitchen, no matter how hot it gets, I won't open the back door. If it is open, I will ask someone to close it, or they must stay with me while I am busy in the kitchen. I will not be alone in the kitchen with an open door or go outside from the back.

When asked why she feared her sister's presence she replied that that she did not know but that she was afraid she would see her sister. When asked what she thought her sister wanted or would do, she replied that she believed that her sister's spirit wanted to punish her for causing her sister's death.

It would appear that Ann was struggling with society's expectation of how she should to react in a crisis and that her previous coping skills and her ability to deal with stressors was being undermined. This led to her feeling dejected, scrutinised and ostracised as a result of what she perceived to be her unwillingness to conform to society's norms and guidelines on how to deal with grief and death. It may be said that she was being forced to "deny her emotions" and that, because there was a set of rules and guidelines on how to deal with such an event and, thus, how her society expected her to react and because she was not conforming to these rules, she was feeling alienated and rejected. In order to appear to be conforming, she was avoiding and denying both her emotions and the event itself.

Hopelessness

In order to escape accountability, society and the perpetrators do everything in their power to promote forgetting. Secrecy and silence constitute the first line of defence against trauma stories (Herman, 1992). If it is not possible to silence a victim, then the credibility of the victim will be attacked and, if that fails, every effort is made to ensure that nobody listens to the victim. Then, finally, there is an impressive array of arguments, from denial to secrets. This is especially true if a victim feels devalued and discovers that the traumatic events in their life took place outside of the realm of socially validated reality and their experience

becomes unmentionable.

As in many traumatic incidents, Ann related that she felt a sense of hopelessness. She described as follows:

I don't see a future for me or my children and wonder if it is all worth it. Do I see a future of happiness? For my children and me? I doubt that I ever will be able to smile or laugh again.

Loss and Betrayal

Ann also related a sense of loss and betrayal. This loss and betrayal were evident in her narration of what had happened during and after the event.

I have no faith in hospitals or the pastors. They lied to me, told me that I didn't pray enough or had enough faith, otherwise she wouldn't have died. They made it sound as if I had killed her by my faith being weak. If my faith was strong before this would never have happened. It was my fault, evil had chosen my house because my faith was not strong enough to keep the demons away. My disbelief in God and His protection had caused this to happen. Her death was my punishment.

In addition, the curiosity of her friends, family and neighbours had left her feeling betrayed.

They asked me what happened, I never spoke to this one woman, nor does she talk to me, but when I got home from the hospital, even before I could wash the blood and things off me, she was in my sitting room, asking, asking, and asking. I said to her that I needed some time to myself and she left but, the next day, when I got up and switched on the light, or perhaps I opened the door, I cannot remember, but she was there asking, asking, and asking again. I had to tell the story repeatedly. Even the police wanted the truth – what truth, how can I tell them something I do not know. I was not covering something up; I just did not know she had a boyfriend or what his name was or how old he was. They did not believe me when I told them that she never told me about her troubles or her boyfriend. They made it sound as if I was protecting him, the man who had killed my sister.

Ann related that she had lost more than her sister that day.

I lost more than my sister that day. I lost my trust in my neighbourhood, my community, and my friends. I lost my belief in being safe. I lost ... my faith in God.

In addition to the loss of her belief in a safe and just world she had also lost her faith in her home as a place of safety and relaxation. She related feeling unsafe and fear as follows.

I still fear to walk out to the back through the back door or be alone in the back yard. I can smell the blood and I can still see her lying there in blood. I can even hear her struggling to breathe. Her breath made this funny sound, almost like a whistle but more a funny noise, I cannot describe it. I expect her to get up and chase me because I allowed her to die.

I always use the front door. Even if it is shorter to use the back door. I cannot go out of it. My friends laugh at me. I cannot go out of the back door. I fear it. I feel that my sister's ghost is still there and, if I go out I will see her and she will donna (grab) me. Even if I work in the kitchen, no matter how hot it gets, I won't open the back door. If it is open, I will ask someone to close it, or they must stay with me while.

She related that she felt that her world had changed and that she had changed with it. However, it was not a positive change but rather a negative change.

My world changed that day; I seldom laugh or make jokes Sometimes I just cry and cry or feel so scared or angry. My children cannot leave the house; I want to know where they are all the time. I lost her, my sister, we were so close, but I feel betrayed that she lied to me by her silence, never told me about him. Then I wonder why, or if, she lied to me. Did she know him, was it somebody she knew who shot her, or a stranger? Perhaps that is why she never told me, because it was a stranger, but I remember my children saying they talked loudly and he used her name, so I feel she betrayed me.

Ann also felt betrayed by her neighbours and the people of her community who had witnessed the event and yet denied that they knew the person who had shot her sister.

People talked afterwards, saying it was her boyfriend and yet nobody knew his name. How could they know it was her boyfriend if they don't know his name? I think they are lying to me. They know who he is, they are protecting a murderer.

Her perception was also that she had lost part of herself or the Ann she had once known. She referred to herself as the Ann who once did this and the Ann of now as if they were two separate individuals. There was clearly a constant struggle between the Ann she had thought she was, the Ann she had been during the incident, and the Ann she perceived she had become. Ann's narration also gave the impression that she felt that her reaction to the event and her not coping with the symptoms were a betrayal of herself or rather the person she used to be.

This new person is not me, she is a stranger. I do not know her and, sometimes, I do not like her. She is weak and cries a lot. It is not like I used to be. I always could deal with things. But ... now, I don't know. This new me is frightened, she has no hope, sometimes she is angry at nothing or she feels so sad for no reason. It is as if somebody stole my soul, my heart and left my body. But part of me wasn't taken, and it is that part that is looking for the old me, but she is gone. I get angry at the new me, a weak one who cries so much and allows people to make decisions for her. The real me would never allow that.

Naming the Problem

For most trauma victims the uncertainty of what happened during a traumatic event is bewildering. They want an answer or an explanation as to why or what happened. Is something wrong with them mentally and why did it happen? They often feel out of control, lost and helpless to explain the changes in their moods and behaviour

and this, in turn, creates a feeling of powerlessness and hopelessness. For Ann the uncertainty and not having answers or an explanation played a role in her perception of both the trauma itself and her symptoms, in addition, not knowing what was “wrong” with her generated more feelings of being lost.

I am a stranger to myself, sometimes I am angry, other times I cry for no reason. I often wonder if I am going crazy. Maybe something is wrong with me. How could it be normal to cry and be angry and hurt all at once? Is unhappiness my punishment for what I did?

The uncertainty in relation to who had murdered her sister, the motive for the killing and the reason for the argument and the subsequent shooting all added to her sense of powerlessness and being out of control. As with most victims, a reason or an explanation for the event would give them a sense of control and understanding while not knowing a motive that would explain the event adds to their feelings of being out of control and having little or no control over their emotions or how they deal with the event.

My children were young and my mother was old but, although they were in the house, they couldn't tell me what happened. My children said that somebody phoned, my sister spoke to him and then this boy came and they had an argument and then he took out a gun and shot her. Afterwards he ran away and nobody could identify him or say who he was? Nobody cared enough to stop him. The uncertainty of why it happened, what happened and if it was the first time that he – the boyfriend – had hurt her gives me nightmares. I think it was a boyfriend, but nobody knows. It hurts me to think he killed her and ran away. He never went to jail or paid for what he did. If I only knew whom he was and why he shot her, it would help but not knowing leaves so many questions. Why.. why and why?

She related that this uncertainty, together with her uncertainty about the cause of her sister's death, troubled her. She wanted a reason or explanation for what had happened. In her imagination, she has convinced herself that her sister died because she did not act sooner. Thus, the uncertainty about the circumstances of her sister's death and the question as to what caused death haunts her. She questions whether it was a result of the gunshot or because she waited too long to take her sister to hospital. For Ann this is a main concern and she often has nightmares, which she equates to her not knowing.

I wake up, sweating, crying, angry, and frightened – the dream is always the same or I have the same worries. I keep trying to find a phone number or trying to phone a number but then my phone has run out of airtime, or the battery needs charging, or I forgot the number or I dial the wrong number. Sometimes I do dial, but the person I phoned is the wrong person, and I try to say goodbye, but they keep on talking and wasting my time, I get so angry and frustrated with them for not allowing me to say goodbye and phone again. Other times I dream that I see my sister, she is calling, asking for help, crying and begging for help, but, if I move towards her, I can see she is hurt, but, if I move towards her, I see this shadow. A man. I know he is not old nor is he young, but I only see his shadow. I cannot even see his face. I cry when I ask him who he is, but he only laughs

at me. He never answers, just stand in the shadow laughing. Always out of reach. I know he wants to hurt my sister and I must stop him. I can never reach or talk to him. My sister cannot hear my voice although I scream for her to run away, to hide. The dream always ends when I wake up crying, angry, frustrated and powerless. It always brings such sadness to my heart. I feel it is difficult to breath and, afterwards, I cannot sleep. I lie wondering, why this or why that? It always upset me, and I cry and cry. I cannot stop crying after those dreams.

Some victims of trauma often think they are bewitched, that they are going insane or that something is “wrong” with them. They cannot understand why their previous coping mechanisms are no longer working or they cannot resolve the problem in the same way they have resolved problems before. The realisation dawned during the interviews with Ann that this also applied to her. She believed that she had done something bad and that she was being punished or that an enemy who was jealous of her family had bewitched her.

I don't understand all these things, one moment I cry, then I am angry, then depressed. I never used to be this way. Maybe this is punishment for something I did wrong, perhaps I did somebody wrong and they have cursed me, or did spell because they are jealous of my family.

The name of the perpetrator and the reason for her sister's killing would have enabled Ann to understand what she was experiencing and this would have brought her relief. She would have realised that her symptoms were a normal response to a trauma situation and that she was not losing her mind nor was she going insane. Subsequently, knowledge of and education about trauma and trauma symptoms made her realise that her actions were normal and to be expected when one is dealing with trauma and unresolved emotions.

Powerlessness

Ann related that she had felt powerless and that this feeling of powerlessness had extended to other areas of her life.

I felt powerless and unable to do anything, I wanted to help her, prevent the blood from flowing and her dying, but I couldn't and it made me feel powerless. I often find that I have that same feeling of powerlessness and then I just freeze and do not do something about the problem.

In addition, her inability to name her sister's killer added to this sense of powerlessness. Naming and blaming, even shaming the killer would, in her perception, have restored some sense of power, purpose and control. However, Ann was unable to achieve this sense of power, as she did not know anything about the reason for the shooting and the purpose behind the violence. She was struggling to come to terms with this powerlessness and her inability to bring the perpetrator to justice. She related that not having a day in court or naming a murderer was preventing her from forgiving him or finding a reason why her sister had died. The not knowing and her inability to justify her sister's death left her feeling powerless. She also stated that it felt as if her not being able

to punish him represented yet another way in which she was letting her sister down.

She related that since her sister had died, she had also experienced a sense of powerlessness in other areas of her life.

I always could say what I mean and what I want but, after her death, I found myself having trouble being assertive. If I am in a corner or feel unsafe, I will cry from frustration or avoid doing that which I know is right. It always makes me feel powerless and out of control and I hate myself. My mom told me the other day I have changed. I am not the strong willed girl she raised. That I used to be strong willed. If decided what to do or eat, nobody could force me to do anything. Now, even in small things such as when I have to decide what to eat or to order when we have as take away, I cannot decide. I doubt myself or my ability to make even such an easy decision. I take whatever everybody is taking, it doesn't matter whether I like it or not, I do it to keep the peace or prevent arguing about it. I often find that I will order something like fish, which I hate.

Her uncertainty about who had murdered her sister, and the motive and reason for the argument and the subsequent shooting all added to her sense of powerlessness and being out of control. With most victims of trauma a reason or an explanation for the trauma provides a sense of control and understanding and an explanation as to why it happened. Thus, not knowing or having a motive adds to their feelings of being out of control and having little or no control over their emotions or dealing with the event.

My children were young, my mother old, and in the house, they could not tell me what happened. My children said that somebody phoned, my sister spoke to him, then this boy came, they had an argument, and then he took out a gun and shot her. Afterwards he ran away and nobody could identify him or say who he was. Nobody cared enough to stop him. The uncertainty of why it happened, what happened and if it was the first time he – the boyfriend – hurt her gives me nightmares. I think it was a boyfriend, but nobody knows. It hurts me to think he killed her and ran away, he never went to jail or paid for what he did. If I only I knew who he was and why he shot her. It would help but not knowing leaves so many questions. Why, why, why and who.

Physical Symptoms

During the interview the researcher asked Ann whether, in order to deal with her emotions, she had ever needed to resort to alcohol, drugs, or any other substance in order to cope. She replied that she had never used substances such as alcohol, food or drugs to deal with her emotions or to find relief. However, she did say that she suffered from constant headaches and shoulder pain. She has gone to the doctor and the clinic but they had been unable to find any physical reasons for her constant pain. When asked if she had always experienced headaches and shoulder pain she related that she had never suffered from physical aches and pain. She suspected that it had started shortly after her sister's death and indicated that it seemed to be worse when she was stressed or close to the date of her sister's death or birthday. She was took headache tablets but was trying to stop as they affected her stomach.

Remembering and Mourning

Some trauma victims who have lost a loved one in an act of violence and uncertainty sometimes have trouble in remembering and mourning the deceased person. Ann's narration also reflected this finding of several studies and much research.

I cannot remember her or the event. It is too painful, so I deny it and I don't mourn her. I have not allowed myself to mourn her because then I remember and it brings back the pain and the sorrow. It feels like somebody ripped a part of my heart away and left the space filled with sorrow.

Ann related that the image she recalled of her sister and her memory of her was as she lay bleeding and dying. Several studies have discussed that individuals alter their perception to fit their current reality in an effort to make sense of or explain what happened. This is in line with Ann's statement that she was not able to think of her sister or remember her before the shooting. She purposefully avoided thinking about or remembering her sister before the shooting. When asked about her sister, her favourite food, her likes and dislikes, Ann struggled to remember any happy incident or any facts about her sister prior to the shooting and her death.

I remember her lying, not saying anything, just struggling to breath. Did you know that blood has a strange smell, and I think a strange taste? I don't know if I wiped my face and blood came into my mouth, but I tasted blood. She had a strange smell. "I think she wet herself and that was no way for her to die. Dirty and undignified. Smelling? I tried to think of her, the good times, the times we laughed, but remembering her always – I see her lying – she is always, just lying in the dirt – bloody and dirty. I try not to think of her because to see her and remember it – it is unbearable.

Self-Blame and Guilt

It is often the victim and not the perpetrators who appear to feel guilty (Herman, 1992). As we grow and increase our competency and capacity for initiative, this adds to our positive self-image (Herman, 1992). However, the unsatisfactory relation of the normal development conflicts over initiative and competence leaves the individual prone to feelings of guilt and inferiority (Herman, 1992), while traumatic events thwart initiative and overwhelm the individual's feelings of competence (Herman, 1992).

It was clear from Ann's story that she blamed herself and felt guilty because she perceived that she had been the cause of her sister death. Ann berated herself for her actions before, during and after the event. She did not appear to believe that her sister had played a role in this tragic event but, instead, she took the blame and guilt upon herself. She felt guilty for various reasons and blamed herself for actions she perceived she should have or could have performed. Ann tried to rationalise the event with the thought that if she had been hurt or shot during the event this would have been her just deserts for her action or lack of action. Although she understood

that her sister had been the intended target, she related that if she had been hurt or even killed it might not have been as bad as she would have received justice for allowing her sister to die.

It should have been me who was shot, I can take care of myself. If I was shot I wouldn't feel so guilty, even if my sister died, then at least people would listen to me and show sympathy for I would have paid a price for my mistakes. I feel guilty and blame myself for her death. It was my fault she died. I invited her to come and stay with me over the holidays. I missed her so much and we could always talk for hours, she was my favourite sister and I thought she would enjoy coming to visit I talked so much about what we would do, I never asked her about her boyfriend or friends. If I hadn't invited her or I had talked to her more this would never have happened.

In addition, Ann blamed herself for not knowing about her sister's boyfriend or who shot and killed her.

I was so happy to see her, I talked so much, if only I had asked her about boyfriends, I don't know what I could have done but maybe I could have stopped the fight or whatever it was, maybe I could, if I knew, stop him finding her and killing her. I never asked about him or boyfriends, or perhaps I teased her about boyfriends, but she never told me. If only I had asked and persisted. People talked afterwards saying it was her boyfriend and yet nobody knew his name. How could they know it was her boyfriend if they didn't know his name. I think they are lying to me. They know who he is, they are protecting a murderer.

In addition, Anne felt that her sister would not have died if she had taken her to hospital immediately after the incident or had not asked her to stay at home to look after her children and mother while she went to the local spaza (shop). She justified the thought that if she had sent her sister to the spaza, her boyfriend would have come to her and she could have chased him away or protected her sister or, that if he had seen she was not there, he would have left and never returned. By asking her sister to stay at home, she perceived that she had placed her sister in harm's way and provided easy access for her sister's boyfriend to kill her.

I went to the spaza, it was safe, not so far, just around the corner. I went to buy bread, and I left her at home. If only I had asked her to go. She wouldn't have been home when he came, he wouldn't have found her and couldn't have shot her. But I asked her to stay behind. I wouldn't be long, the spaza was just nearby. She had to look after mom and my children while I went to the spaza. I heard the shots but I thought nothing of it. It is only on my way back – the people, I think neighbours, screamed at me to run, somebody was shot at my home. I thought it was one of the neighbours. Or a robbery or something like that. I never thought it would be my sister, my backyard, my home. I ran and then I saw her, she was lying on her back, on the ground, blood streaming from her neck, the blood, so much blood. I was relieved it was not my children and then ashamed that I was relieved when I saw her. I ran to her and held her head, we waited for more than an hour for the ambulance to come. I prayed and asked God to protect and save her. I promised Him I would look after her and be good. I prayed all the time. Maybe if I had taken her to the hospital, got a taxi, I could have saved her

life, but I waited and, when they came, they said she had lost a lot of blood. I think I should have done something more.

To add to her guilt and self-blame, Ann had convinced herself that her sister had died because she (Ann) had not summoned an ambulance sooner and had not taken her to hospital in a taxi. In addition, she blamed herself that her sister had died alone in either the ambulance or in the hospital and that she had not been present at her death.

I wanted to go with her, but they wouldn't let me go with her, I had to get a taxi and, by the time I got to the hospital, they told me she has passed on. I should have asked a neighbour or called a taxi to take us to the hospital but, instead, I waited for an ambulance. I think if I had taken her to the hospital, she would not have died. It was difficult as she did not talk or move, I was so frightened and worried, and I waited instead of taking her to hospital.

The knowledge that an individual has been spared while the other person has died often weighs heavily on the survivor's conscience (Herman, 1992). Ann also indicated that this was how she felt and that this contributed to her feeling out of control and hopeless.

If only I stayed with her, I wonder if they did everything, they could. If I was there, I could see that they did her right. Maybe they left her waiting in the hallway. When I got there, they had just covered her face with a blanket, but she wasn't in a room, but in the hallway. I wonder if they ever helped her. Did anybody hold her hand when she died?. Did they pray for her, talk to her, was she lonely, and frightened when she died? I cannot forgive myself for not stopping or preventing her death. Do you think she died on her way to the hospital or did she die later, nobody can tell me, If she died on the way, I can understand her being in the hallway but, if not, maybe she would have survived if I had been there. I could have seen to it that they took care of her, that a doctor saw her, treated her as an emergency. Prayed for her, comforted her, not let her die alone, frightened. Not leave her like some rubbish in the hall.

According to Judith Herman, self-blame is congruent with the normal forms of thought of early childhood, in which the self is taken as the reference point for all events. In addition, self-blame is also congruent with the thought processes of traumatised people of all ages, who search for faults in their own behaviour in an effort to make sense out of what has happened (Herman, 1992). No matter what their actions, brave or cowardly, during the incident, victims tend to perceive their actions as having been insufficient to ward off the disaster (Herman, 1992). After the event individuals review and judge their own conduct, and often see their actions as lacking. During this evaluation feelings of guilt and inferiority are almost universal (Herman, 1992). In order to understand this guilt it is essential to realise that it is an attempt to draw some useful lesson from the event and to regain some sense of power and control. Imagining that you could have done better may be more tolerable than confronting the reality of utter helplessness (Herman, 1992). The guilt is especially severe when an

individual has witnessed the death or suffering of other people (Herman, 1992). There may be various reasons for this guilt, including feeling guilty for not having saved someone or fulfilled a dying wish (Herman, 1992) to survive the event.

Personal Reflection

Ann displayed many of the symptoms and emotions related to trauma. Throughout the conversation it was evident that she was relating her own coping skills to those which she had expected to show or which her social environment expected of her. She felt that she was receiving support and her feelings of alienation were exacerbating her feelings and her symptoms of trauma. Although she had started the interview in tears and manifested noticeable sorrow the interview ended with her relating that she had not felt so light hearted since her sister had died. She understood that this would not take away her grief but that she nevertheless had a sense of hope about her future and she felt as if a weight had been lifted off her shoulders and she could breathe easily after struggling for years.

Ann's story was influenced by her perception of what her environment and society wanted and expected of her. Her own experience as well as the reaction of her environment to her emotions or rather the rejection of her emotions and "voice" had contributed to her feeling alienated and alone. Her perception of not being able to talk about her fears, sorrow and grief had resulted in feelings of isolation. In addition, her guilt and self-blame reflected what she suspected society believed about her and that society felt she was guilty of not protecting her sister. Although she had not been personally involved in the incident and had only come in after the shooting, she still felt that she had done nothing to prevent her sister's death both before and after the incident. The feeling of powerlessness and hopelessness that she had experienced during the incident had been transferred to other events, which became stressors in her life that left her feeling powerless and hopeless. The uncertainty of the circumstances surrounding her sister's death and the reason for death, as well as not knowing who had committed the crime, all contributed to her feeling that she was either being punished or she had done something wrong. The opportunity to name her symptoms and express her anger gave her a sense of relief. The anger, which was not acknowledged but pondered upon in silence, had been a matter of concern for her, while her angry thoughts had caused her to feel guilty and ashamed. Although she related that, since the incident, her thoughts had always been angry she had never voiced this aloud for fear that she would be deemed be heartless and unfaithful. After the interview she related that it had been a relief to voice her anger and grief and that the opportunity to express what she was going through by naming it and voicing her anger had caused her to feel as if a weight had been lifted off her shoulders while her heart felt less burdened.

Conclusion

Ann learned to alter an unbearable reality by using the practices of dissociation, voluntary thought suppression, minimisation and sometimes outright denial as shown in her narration above in her avoidance of dates and

places she associated with her sister's death (Herman, 1992). Ann tended to use avoidance, self-blame and other manoeuvres to overcome the burden of guilt and loss. She altered and recreated her autobiographical memory in such a way as to be able to deal with this unbearable burden. This is in line with Judith Herman's statement that self-blame and guilt are consistent with the normal forms of thought of early childhood, in which the self is taken as the reference point for all events. In addition, they are also congruent with the thought processes of traumatised people of all ages, who search for faults in their own behaviour in an effort to make sense out of what has happened (Herman, 1992) .

In order to escape accountability both society and the perpetrators do everything in their power to promote forgetting, with secrecy and silence being the first line of defence against trauma (Herman, 1992). Ann related that she felt that her society and church silenced her by not allowing her to express her sorrow and guilt and anger. In her perception they silenced her voice by their judgement and unwillingness to allow her to express her anger towards her sister and towards God. This silencing of her anger made her feel powerless and hopeless and in some instances she felt devoid of God and His presence, and not understanding His ways was seen by her spiritual community as being weak in faith, that her hardships was due to her weakness of faith.

If it is not possible to silence a victim then the victim's credibility will be attacked and, if that fails, every effort is made to ensure that nobody listens to the victim. Finally, an impressive array of arguments follow with these arguments ranging from denial to secrets. This is especially true if a victim feels devalued and discovers that the traumatic events in his or her life have taken place outside the realm of socially validated reality. This, in turn, renders the experience unspeakable. This quotation is evident in Ann's recall of her trauma story. In her perception her spiritual community judged her and forced her into silence. She wanted just once to talk to an elder who would comfort her and tell her that it was ok, that she could cry and mourn for her great loss.

When Ann was given the opportunity to relate her sorrow and anger, and her feelings of powerlessness and hopelessness, she indicated after the interview that it was the first time since her sister's death that she had felt some hope. She accordingly felt as if a burden had been lifted from her soul. She told the researcher that a shadow had been removed and she was looking forward to seeing the sun.

CHAPTER 6

The Story of Cara's trauma

And my children, three daughters, whom I could love with some perfect love that seemed unrelated to me, because I wanted so badly to make them unlike me in a way, because I wanted to make sure they would never have a childhood like mine, that they would never be struck by me, that they would never fear the approach of their father. With them, I tried to re-create my own childhood as I dreamed it should have been.

With them, I tried to change the world (Conroy, The Prince of Tides, 1987).

Personal Data

Participant:	Cara Smith
Age:	Early fifties
Field of Occupation:	Manager
Research Setting:	The interview were conducted at Cara's place of work
Language:	English/Afrikaans
Language of interview:	Mixture of English and Afrikaans

*In the written account, product names and places will be changed in order to protect the identity of the participant.

Introduction

Victims of trauma pose a challenge to researchers because they ask them to reconnect fragments and to reconstruct memory in order to make meaning of the present symptoms of a traumatic event (Herman, 1992). In an effort to make meaning of the traumatic event they beseech the listener to share their burden of pain, their confusion and remembering, entrusting the listener to not judge them. Communities want to forget traumatic events and victims, for to acknowledge the trauma makes them feel partly responsible for it; in an effort to avoid this feeling of responsibility they draw a curtain over unpleasant and painful events. This denying or avoidance teaches victims to suppress the memory of the traumatic event and the fact that it had an emotional effect on them (Herman, 1992). This isolates the victim from the support of society and, thus, in order to reconnect or fit in with their society and to overcome the exclusion they often deny that the incident happened, thus succumbing to the temptation to keep quiet and pretend nothing happened. In other words, they deny what has happened. They are often left with the choice of facing the truth or reconstructing their autobiographical

memory. However, because the truth is so difficult to face, victims often reconstruct their stories into a more socially accepted version or narration. This denial of reality makes them feel that they are going crazy; accepting the reality on the other hand appears to be more than they are able to bear (Herman, 1992).

In this chapter, the conversational interview between the researcher and Cara is carefully analysed and the emerging themes highlighted. It was possible that the themes identified could overlap and are not used exclusively. Although this section relates the conversation between the researcher and the participant, it should be viewed within the context of the time and the interviewer's interpretation. Accordingly, it may not necessarily represent the ultimate truth about the participant's reality or about all trauma victims in general. Under other conditions and in another time, the perceptions may be interpreted differently as both the researcher and participant may have encountered other experiences or individuals which may change their perception of the trauma-related incident or traumatic events.

Themes from the Autobiographical Recall of the Participant Identified

During the interview conversation with Cara, the researcher identified certain themes that were present in her story. Cara related that she had experienced four incidents which she perceived as traumatic events. These events had taken place when she was an adult and included murder, the death of loved ones and robbery. She perceived the death of her husband and brother as the most traumatic of these events. Despite the fact that the robbery had contributed to her feelings of insecurity, it was the deaths of her brother and second husband which had had a profound effect on her.

The researcher identified the following themes in Cara's narration:

Anger

Although anger is an oft-experienced emotion, it is one that is seldom admitted to or acknowledged in trauma narrations. Individuals who have experienced a traumatic event tend to vent their anger on other, less mundane situations but seldom on the cause of the incident. Moreover, they often blame themselves for not doing enough or for doing too little. In the case of death or serious injury they seldom take into account the victim's involvement, accountability or contribution to the traumatic event. This is especially true in cases of murder, substance abuse and violence. This also applied to Cara's story. When asked if she felt any anger towards her husband, father, second husband, mother or sister she replied that she did not. On the other hand, she did say that she felt disappointed in herself and anger towards her husband, who had died in hospital as a result of a stroke, and towards her brother, who had been murdered.

I feel angry at myself. Angry for feeling so lost and lonely. Angry at always being sad and crying. It feels as if I cannot laugh, my life has changed. Not being able to do something about myself makes me angry for being so weak. I should be stronger and meet people's expectation to not mourn my husband as it has been years since

he died.

Her admission that she was angry was followed by an admission of feeling guilty for thinking “such bad” thoughts. However, when she realised that her statement had not been met with any judgement or reprimand, she admitted with a shy laugh that it was a relief to say out loud that she was angry with her husband for placing her in a position where she had to lose him, because he had not allowed her to provide for medical care and because he had not admitted to her that he had felt ill on the morning of his stroke. She felt that he had prevented her from taking him to the clinic or hospital for medical care and she believed that medical care might have prevented his stroke and subsequent death.

I am actually angry with my husband. That morning, he asked for pain tablets, I asked him if something was wrong and he replied that he had a headache. Later I heard from the children that he had complained about not feeling good for a few hours. This was not the first time he had felt ill. He never told me. If he had told me I would have taken him to the clinic or hospital. But he was headstrong, never said anything. Yes, I am angry at him for not allowing for medical care. Even a small scheme could have prevented him from going to a state hospital and dying. If he had allowed it, he would not have had to keep quiet or feel that he had to be strong and tough. He could have gone to a doctor.

She also felt that society was to blame because of the role it plays in poor service delivery and the deaths of people who are not able to afford medical scheme assistance.

This angers me. My income is not small but, due to work scarcity, I cannot afford the luxury of medical treatment. As the sole provider, you have to rely on sub-standard service at state hospitals and clinics. If you work, you cannot take time off to go and sit in a queue and wait and wait. Often you leave without seeing a doctor. Hours wasted for nothing. That is why I believe people die in state hospitals. Nobody cares. They get their money, but feel that nursing people who come to state hospitals is a waste of their time. But what can you do. If you have to look into somebody’s eyes for bread, you cannot be picky with what they provide or give you. It makes it difficult to go to hospital if you know that the service you receive or will receive is not good. And, if somebody goes to hospital, you wonder how soon before they, too, will die?

Private or medical aid are too expensive. People with big families and one or two financial providers cannot afford such service. Previously medical care was good. It was not excellent, but you received proper medical care. When I had my children, the care was good, but today. They do not care about you, you can die, and they will leave you in your filth because they sit and sleep and are lazy. The government promised health facilities, but I am still waiting. The facilities we have or state facilities are bad. You avoid going there at all costs, you know that you will die from disease of dirt or unhygienic circumstances. If you have no one to take care of you daily, you will starve or die. People are being treated like animals.

As to her brother, she related that she was angry with herself for not saying anything and keeping the “peace”.

My brother did wrong things. Though he was married, he liked the young woman, beer and gambling. He was wealthy and made his income in irregularities – drugs, taxis and the shebeen. We all knew about it. The fancy cars, cheap woman, drugs and expensive clothes. He was married and beat his wife. We knew he beat her and she was unhappy, but we kept quiet. And, later, when he was sick, we knew what it was but, again, not a word because he managed to hide it away, we could see, but we pretended that his sham worked. We knew he would be ill, with all those woman. We pretended that it never happened. Then he was shot and murdered in what they say was a robbery. I know it was not a robbery. He was too powerful, why would somebody try to rob him. It was drug related. They did not take personal things. He always had a gold chain or two; you know, he dressed like a gangster – one of those men whose shirt is unbuttoned so you can see the gold. We always teased him about his vanity. I feel guilt. I knew it was wrong. I always told him that it would be the death of him. But, when you talked to him, he became aggressive and, later on, I just kept quiet. Maybe if I had talked more to him, if I had kept it up, he would have changed his ways. He died choking on his own blood. None of us was there with him. Those of his crew who saw it happened say he died frightened and alone. We only heard about it a couple of hours later when one of his crew phoned to say it was his funeral that night and if we would come.

I am angry at the people who killed him, for just shooting him. But I am angry at him for placing himself in a position to be harmed. He did wrong things. I told you about it. He knew it was dangerous. Even if he were not killed, the drugs or the diseases would have killed him.

Cara related that she sometimes felt indifferent towards God and that she sometimes questioned His love and caring. In particular, she felt He had abandoned her after the death of her husband.

Avoiding or Denying that the Incident Happened

When we feel badly about ourselves, a possible defence mechanism is to find a scapegoat. Trauma victims sometimes blame somebody else for what happened as a way of coping with the stress of the event. However, this self-blame and guilt often create anxiety and shame with the victims hiding away to avoid the stares and questions. They may find themselves crossing the road in order to avoid contact with their neighbours. This may greatly affect the trauma victims' lives and cause them both to feel isolated and that life will never return to normal.

Although, as is clear in what she said above, Cara did not actively avoid or deny the traumatic event in order to avoid rejection, she did admit to avoiding situations that she connected with the traumatic events she had experienced, for example a hospital. When asked if she either denied or avoided talking about the event/s Cara said that she preferred not to talk about them but that she did not keep them a secret. She did avoid talking about her emotions as she felt that other people were unsympathetic and unreasonable in their demands that she move on from her husband's death.

It has been almost ten years since my brother was murdered and robbed. I talk about him, but only to warn people against the use of drugs and alcohol. He was robbed and murdered. I don't know why they killed him. They just shot him, for no reason. Took nothing, nothing, and he liked nice things, gold chains, golden ring, watch. Nothing, just boom, dead, that's it, nothing.

With regard to her husband who had died of a stroke, she related that she was still experiencing trouble talking about both him and his death. Although he had died as a result of complications arising from his stroke, Cara's narration indicated avoidance, although this avoidance was not in the sense that victims of crime or rape avoid the scene of the crime. Her avoidance was transferred to avoidance of similar conditions and the circumstances she associated with his death, as well as the deaths of her mother and sister. This avoidance included her not going to medical institutions such as hospitals and clinics, or visiting doctors. She related that she would go to the chemist and ask for assistance or try to cure herself rather than going to a medical practitioner or a medical facility.

I won't go to the hospital or a doctor. I would rather go to the chemist. If I have no choice I will go, but I don't like it. Even if I am in front of the hospital, I will turn back. I fear going in because everybody who goes into the hospital dies. My mother, sister, and my husband, all of them went to the hospital and none come out alive. Hospitals kill people, they don't cure people anymore.

Her avoidance included avoiding visiting people close to her such as family or children and also friends and co-workers in health facilities.

Even when I have to do a visit. I have a constricting feeling in my heart, coldness, I struggle to breath. Under my heart, I experience a pain; it feels as if somebody is choking me. My body is covered in sweat but I am shivering from the cold. Even if it is in the middle of winter, I will sweat as if it is December. It is funny how you can sweat from the cold. Sweat drops fall like rain. It doesn't matter who you are, I would rather asked another person to go. Even if I try to go. it is not possible, I cannot enter the hospital. If I enter, I am unpleasant. I fidget and fight with everybody. I will rather ask a friend or colleague to go or send a fruit basket, claiming I am too busy to visit.

Cara clearly associated health facilities with death and struggled to differentiate between the two as she linked the two concepts together mentally. Her understanding of health facilities was that they were only for wealthy people who are able to afford private facilities and medical aid insurance. Her experiences throughout the years had taught her that people who were not able to afford such luxuries died in hospital, whether it was their time to die or not. In an illusory effort to avoid or trick death, she avoided hospitals, superstitiously believing that, if she entered a hospital, either she or the person whom she had come to visit would die. This belief refers to the fundamental belief of social constructionism that whatever we believe about the world stems from society and is locked up in our dialogues with each other. In this regard, the medical voice may be seen as the dominant

language in which conversations about death and health facilities occurred in her society. Her fears and thoughts about death and her responses to death may have been strongly influenced by the notions of reality of her community and family, which were important in the process of shaping her realities in regard to death.

She smiled and, in jest, said: If I don't like you, I will visit you in hospital. If I like you, I will not visit, just in case. I visited my mom, sister and husband in hospital and all of them died. But it is nothing new, we have known for years that is how it is. People, poor people who go to government facilities die, whether it is your time or not. They don't care about you, and, if you survive, the angels were on your side.

Cara also admitted that she tried to avoid thinking about dates of birth or death, especially in respect to her husband. If possible, she would take leave and go "home". Home in this sense is her hometown. She explained that to go "home" gave her comfort and that, for a few days, she could pretend that she was still a young girl and not yet married. Nothing in her hometown reminded her of her husband as she had met him on the "Rand". She related that to be in their home where they had lived was difficult at these times.

I prefer to go home to our hometown when it is his birthday or the anniversary of his death. It is easier to deal with the loss there than at home. I can pretend that I am still young and never married. I grew up in this place. He never knew or came here. I met him after my divorce on the "Rand". This part of the world was always a mystery to him. That and my love for this place of forgotten memories. If I cannot go. I don't look at the calendar and everybody at work and home knows not to remind me of the date. At home, the page of that month is torn and thrown away. I only work on eleven months of the year. January is a long month, very long. At work, they do not ask me a date in that month because they know.

Hopelessness

As do others who have experienced traumatic incidents, Cara related that she felt a sense of hopelessness. She describes it as follows.

Sometimes at work, I feel that feeling I felt with my husband and mom. After they died. That feeling of not having hope, that all we do is in vain. Nothing matters. When my manager swears at me, or is rude, it feels the same, as if I have no power and no hope

Her sense of hopelessness was also reflected in her relationships with her children whom she described as good children who had made bad choices. She felt that if their father had not died or if her first marriage had worked out, her children would have had more discipline as they would have had a male role model to look up to who would have had the strength to control the "jongenkies" (young ones).

My sons are good boys. They just do not have a male role model to show them the correct way to do things. I try as the mother, but I am a woman and they don't listen to a mother or female. A dad would discipline his sons and teach them respect. He wouldn't allow them to be disrespectful. I talked to them, but I am a woman

and mother, they do not take it seriously. Their father would have sorted them out within seconds. These “jongenkies” (young boys) would not take him on. They would have known it is a man talking, not a woman.

Naming the Problem

Trauma stories often reflect the erroneous belief that “something is wrong with me” or “I am going crazy”. People tend to conceal their emotions and sorrow in an effort to appear as if they are in control. They have the perception that they are the only people who are experiencing these emotions or feelings and a secret, voiceless fear that something must be wrong with them. Cara related this fear and was surprised to learn that these symptoms are part of trauma and a natural response to it. Being able to name her “uncertainty” and not label herself as crazy made a difference to her perception of the trauma she had experienced. Her uncertainty had made her fear the “ou mens siekte” – Alzheimer’s.

It is strange to talk about these things. All this time, I thought something is wrong with me. Why else am I suffering so much and why can I not get over the death of my husband. It is months, years, and still, when I think about him, I cry, I still feel so guilty and alone in my sorrow. All this time I thought maybe I am getting “ou mens siekte”.

Powerlessness

Cara expressed her perceptions powerlessness. She remarked that her economic status as the sole financial provider in her household had prevented her from obtaining adequate medical care and assistance for her husband. She commented that, because of the inability of both her children and her husband to secure permanent employment, the financial burden of providing had fallen on her and, yet, she had little or no say in how her income was used. This, in turn, had created a sense of powerlessness. She remarked that if she had had the power to make financial decisions she would have included a hospital plan or medical aid in the budget.

If I had had medical aid, he would have lived. I saw people who were worse off than he was and they survived without any problems. Even those who had problems walking or talking. They improved. If I had had medical aid, he would have gone to a private hospital and they would have looked after him. He would have got the help and assistance he deserved. And if he died or was dying, they would have phoned and asked me to say goodbye. I always blame myself for not having a medical or hospital plan. Always, always I wonder if he would have lived if he were at a private hospital and, besides, it was close enough so I could have visited him every night – walking distance from where we stayed.

But he never received proper care. Sometimes I visited him and had to wash and clean him. You could see that the filth on him was old. They had no shame, just left him lying there. If I had had medical aid, he would have gone to a private hospital and they would have looked after him. He would have got the help and assistance he deserved. I always blame myself for not having a medical or hospital plan.

With regard to their income before his death, she related that most of the problems or arguments in their marriage had been about money. Although her husband had not had a job, he was responsible for the finances in the house. She related that, although this had frustrated her, she would never have thought of taking this responsibility away from her husband as this would have been disrespectful.

Though my husband was not working, he made the decisions of how our income was spent. He saw it as waste of money to have medical aid or a hospital plan. Today I wished I had not allowed him to use all the money and use part of it for medical cover. He would sometimes use our money for things he should not, but I could not say something as it would have been disrespectful. I understand why he didn't allow medical aid, it is expensive and, if only one person provides financially for a family, medical aid is a luxury. If medical aid is affordable it would be different but who can afford R2000 or more? What about our children and their children?

The problem of medical accessibility also left her feeling angry and powerless and she indicated that she felt that her life and the lives of her family were in the hands of uncaring nursing staff.

I understand why he didn't allow medical aid, it is expensive and, if only one person provides financial for a family, medical aid is a luxury. If medical aid is affordable it would be different, but who can afford R2000 or more? What about our children and their children?

This angers me. My income is not small but, due to work scarcity, I cannot afford the luxury of medical treatment. As the sole provider, you have to rely on sub-standard service at state hospitals and clinics. If you work, you cannot take time off to go and sit in a queue and wait and wait. Often you leave without seeing a doctor. Hours wasted for nothing. That is why I believe people die in state hospitals. Nobody cares. They get their money, but feel that nursing the people who come to state hospitals is a waste of their time. But what can you do. If you have to look into somebody's eyes for bread, you cannot be picky with what they provide or give you. It makes it difficult to go to hospital if you know that the service you receive or will receive is not good. And, if somebody goes to hospital, you wonder how soon before they, too, will die.

Her sense of powerlessness was also reflected in her relationships with her children whom she described as good children who had made bad choices. She felt that if their father had not died or if her first marriage had worked out, her children would have had more discipline as they would have had a male role model to look up to who would have had the strength to control the “jongenkies” – young ones. Her perception was that she was powerless to discipline her sons who, in her opinion, needed a man, preferably a father's voice, to control them and teach them discipline.

My sons are good boys. They just do not have a male role model to show them the correct way to do things. I try as mother, but I am a woman and they don't listen to a mother or female. A dad would discipline his sons and teach them respect. He wouldn't allow them to be disrespectful. I talked to them, but I am a woman and

mother, they do not take it seriously. Their father would have sorted them out within seconds. These “jongenkies” (young boys) would not take him on. Their uncles talk to them and they listen, but it is not their father. When he spoke, they would have known it is a man talking not a woman.

Physical Symptoms

Cara’s story also referred to the coping mechanisms she used to assist her in overcoming her sorrow. She explained that, although she was a healthy person, she sometimes had aches and pains for which there was no physical reason.

Sometimes I get a headache, or my back hurts. The doctors cannot find a reason for the discomfort. But, if I am stressed, my tummy is not well, I have headache and feel dizzy. As soon as the stress is over it’s gone. I am ok, no body aches, or tummy problems.

As a coping strategy, Cara resorted to over-the-counter medication to help her to deal with her loss. She had come to believe that if she took two headache tablets before going to bed, she would be able to sleep. If she either forgot to take the tablets or simply did not take them, she found it difficult to fall asleep or to sleep at all as she experienced physical discomfort throughout the night. As a result, she decided to take the tablets, which gave her a good night’s sleep.

After my husband’s death, I started drinking two headache tablets before getting into bed. I only need two; I sleep right through, without any problems. However, if I forget or do not drink them, I toss and turn. Every place on my body is uncomfortable and painful. I have to get up and drink two tablets and, afterwards, I fall asleep without a problem. I know it is all in my head, but I have been doing it for so long. Besides, I enjoy my sleep too much to give up my little sin.

Remembering and Mourning

Some victims who lose a loved one in an act of violence experience problems remembering and mourning the deceased person. As in the case of Ann, Cara related that it was difficult for her to remember her loved ones and her husband as he was before his death. Even if she recalled a fond memory it was overshadowed by a sense of loss and grief.

I seldom talk about my husband though I think about him often. But I try not to think about him. Every time I do I see him lying on the floor in the sitting room, or dying in hospital, struggling to talk or breathe. It is hard to remember him laughing or singing. He used to sing and loved to praise sing. Thinking of him hurts.

Self-Blame and Guilt

Victims of trauma review and judge their own conduct and perceive that they have let the other victims down. In this process of self-evaluation, feelings of inferiority and guilt are reflected in most victims of trauma

(Herman, 1992). For most victims, self-blame and guilt is an attempt to draw some useful lesson from the event and to regain some sense of power and control. Imagining that you could have done better may be more bearable than facing the reality of utter helplessness (Herman, 1992). The guilt is especially severe if an individual witnessed the death or suffering of other people, was unable to save someone or was unable to fulfil a dying wish (Herman, 1992).

Cara's self-blame and guilt centred around the death of her siblings, husband and mother. She felt remorse that she had not been at her sister's deathbed and that she had been relieved that her sister's suffering was over. With her brother she felt remorse that she had not encouraged her brother to stop doing wrong. However, although she blamed herself for not doing certain things, the main focus of her narration was on her husband's death. Certain issues came to the fore in respect of her self-blame and guilt.

About the deaths of her brother and her sister, she had the following to say:

I knew with my sister, that she was going to die. We expected it. The last time I saw her, I knew that her end was near. I went down whenever I could or I had the money. She was sick for a long time. I was relieved that she died, but guilty as well as how can you be glad somebody died? She suffered terribly. I had to go to her but I was working. I could not just take off. I was the only one who had an income, and if I left, I could have lost my job. It was a difficult choice to make. Her husband phoned and said I must come down. I promised to be there the weekend. On that Friday, she passed away. I never had the time to say goodbye to her. I blame myself for not being there. She always, before she became ill, was there for me. If I needed help or assistance, she would help. I could not, no, I didn't do the same for her. I was selfish, thinking about the money it would cost or losing my job. I had two children and a husband unemployed. I could not go down every weekend. It was a hard choice. If I had gone down sooner. I could have said goodbye. I think that was all she wanted, to say goodbye. I was too selfish.

Her brother had owned a shebeen, and according to her, he had done bad things. She felt guilty that she had not talked to him more often than she had and that she had not warned him about the bad things he was doing.

My brother did wrong things. Though he was married, he liked the young woman, beer and gambling. He was wealthy and made his income in irregularities – drugs, taxis and the shebeen. We all knew about it. The fancy cars, cheap woman, drugs and expensive clothes. He was married and beat his wife. We knew he beat her and she was unhappy, but we kept quiet. And later he was sick, we knew what it was, but again, not a word because he managed to hide it away. We could see, but we pretended that his sham worked. We knew he would be, with all those woman. We pretended that it never happened. Then he was shot and murdered in what they say was a robbery. I know it was not a robbery. He was too powerful, why would somebody try to rob him? It was drug related. They did not take personal things. He always had a gold chain or two; you know, he dressed like a gangster, one of those men whose shirt is unbuttoned so you can see the gold. We always teased him about his

vanity. I feel guilt. I knew it was wrong. I always told him that it would be the death of him. But, when you talked to him, he became aggressive, so later on I just kept quiet. Maybe, if I had talked more to him, if I had kept it up, he would have changed his way. He died choking on his own blood. None of us was there with him. Those of his crew who saw it happened say he died frightened and alone. We only heard about it a couple of hours later when one of his crew phoned to say it was his funeral tonight and if we would come.

With regard to her mother, Cara felt remorse that she had not told her mother more often that she appreciated her and loved her. Her childhood had been filled with fear and she had lived in a household of domestic violence and substance abuse. Although she recalled her childhood memories as days filled with fear and uncertainty in relation to her relationship with her father, she related that she had understood him and his reasons for drinking and that he had only become violent when drunk. According to her, he had had a number of stressors, one of which was to provide for a big family. She had forgiven him and had no hard feelings or hatred towards him.

My father was a violent man, I understood his violence. He only drank when he was stressed and, with more than ten children to provide for, he had a lot of stress. Only when he was drunk did he hit mom and us. We used to hide from him when he started to drink. I forgave him a long time ago. They were difficult years. When he was sober, he was a gentle and kind man, we used to laugh with him, not at him. My mom always had a difficult life, he used to beat her, and swear at her, but I never saw her angry at him, or swearing at him. She was religious and said it was Allah's will, and not for her to question. If it was our cross to bear, who are we to ask why?

Her only regrets were about her mother who had had a hard life at the hands of her father. Her mother had said that their lot was the will of Allah and was not theirs to question. Her mother had often repeated this sentiment during her childhood and Cara echoed it when she recalled her first and second marriages, stating that it was her destiny to be married to an abusive husband and that she should not question her fate. Although her second marriage had not been abusive and her husband had been a gentle soul, she regarded their financial troubles as fate deciding her lot and stated that it was her fate to be the only financial provider in the family. Cara regretted that she had never had the opportunity to show her mother how much she had meant to her and that she had never given her the "holiday" she had always longed for. She felt that she had let her mother down by not being able to grant her heart's desire and take her away for a holiday in the "Ou Transvaal".

My mother always wanted to go to the "Ou Transvaal" bushveld to see the mountains. I never had the time or the money to take her. I feel guilty for always putting it off. She died without ever seeing the mountains in the bushveld. She always longed to see their majesty, as she knew the ocean and the coast, but never the mountains of the Transvaal.

As in numerous cases of trauma and grief, the victims often feel that they have let a loved one down by not

fulfilling a dream or a promise. This regret was reflected in Cara's narration of what she wished she had done or, in hindsight, not done, as in leaving her husband while she went to work or not leaving immediately when she had been called before her sister's death. Remorse, guilt and self-blame were central in her narration, as was her unwillingness to forgive herself.

The focus of her narration was on the death of her husband. Although he had died of complications following a major stroke, in her narration she returned to his death and the circumstances surrounding his hospitalisation and his death. She blamed herself for not providing adequate medical aid and, in that way, ensuring that he would receive the best medical treatment possible. Her perception was that he had died as a result of a lack of professional care while he was in a state hospital.

It's more than four years since my beloved husband died. He did not work. That day I was late and in a rush when he said he was feeling strange. I asked what was wrong. He said that he couldn't explain it. I said to him to take a tablet and he would soon feel better. I was worried at work and went home earlier than usual. I found him on the floor. We took him to the state hospital. They said he had had a stroke or an aneurism more than two hours previously. If only I had taken the time to look at him and listen, and not to rush off to work. When I found him he struggled to talk. It was touch and go those first few hours. Then he got better. He talked. I hoped and was so grateful that he had survived, although it was difficult to understand him at first but, if you listened patiently, you could understand what he wanted. I started to visit him every second day or at night after work. It was not easy to visit him after hours, transport was a problem and, at night, it was difficult to get a taxi. He looked better and we arranged for when he came home. Then, that day, I went to the visit him, expecting he would be released soon. I took some fresh clothes and food. I could not find him in his room. I thought they had transferred him to another room, perhaps a general ward. When I asked, they said he had died earlier that day. I was so shocked and angry. Why did they not phone and tell me? They said he could not give them my number. The number was on his file. If I had had medical aid, he would have lived. I saw people who were worse off than he was and they survived without any problems. Even those who had had problems walking or talking. They improved. If I had had medical aid, he would have gone to a private hospital and they would have looked after him. He would have got the help and assistance he deserved. And, if he had died or was dying, they would have phoned and asked me to say goodbye. I always blame myself for not having a medical or hospital plan. Always, always I wonder if he would have lived if he were at a private hospital and, besides, it was close enough and I could have visited him every night as it was walking distance from where we stayed.

In addition, Cara felt that if she had listened to him on the morning of his stroke and not rushed off to work, he might have survived the stroke.

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a tablet and he would soon feel better. I was worried at work and went home earlier than usual. I found him on the floor. We took him to the state hospital. They said he had had a stroke or an aneurism more than two hours previously. If only I had taken the time to look at him and listen and not to rush off to work.

This guilt may be ascribed to differences in gender role expectations. There are four main reasons for society's generalisation of woman, namely, differences in gender role expectations; differences in legal and economic status and power; childbirth and parenting; and sexuality. It would appear that these factors marginalise woman (Brown & Brown, 2002). When a woman marries, she is expected to give up more than her husband gives up, for example her occupation, her surname and her independence, and to accept a new family history and culture. Women who are independent are warned not to be independent for fear of being regarded as "butch" or losing their femininity. If they prefer independence, they are looked down on as acting out of self-interest because the socialisation of women demands that they meet the needs of others before meeting their own needs (Carter & McGoldrick, 1989). Cara's guilt was imposed on her by her society and socialisation because of her self-interest, a characteristic which was in opposition to what she had been socialised to do, namely, meet the needs of her husband first, before meeting her need of keeping her job. This conflict of self-interest and not meeting social expectation often creates unnecessary guilt and self-blame.

Suicidal Tendency, Sadness and Anxiety

The depression and suicidal thoughts caused by a traumatic event, as well as feelings of being out of control and hopelessness, are evident in trauma symptoms. Cara shyly admitted that she had sometimes contemplated suicide as a way in which to overcome her constant sorrow. She tended to feel this especially on what she termed her "vulnerable" days, namely, birthdays, anniversary dates, Christmas and religious holidays, as well as the date of her husband's death.

I prefer to go home to our hometown when it is his birthday or the anniversary of his death. It is easier to deal with the loss there than at home. If I cannot go, I don't look at the calendar and everybody at work and home knows not to remind me of the date. At home, the page of that month is torn out. At work, they don't ask me a date in that month because they know.

She said that she usually took her leave in February as that was the month she found especially emotionally challenging. During this time she would go to her hometown. Cara reflected that it was during this time in particular that she tended to feel suicidal.

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I prefer to be close to my family during this emotional time. And, during this time, I contemplate life and such things. I stroll on the beach, thinking and crying. Sometimes, it is as if I can just walk into the waves and disappear, it won't take much, just walking forward. I have once or twice walked to the edge but turned away for the children.

Cara expressed a sense of anxiety about her future and that of her children. She regarded the latter as extremely uncertain as she expected either of her sons to die soon.

My jongentjies, ek is bang, hulle, die toekoms, is vir my swart. Ek weet nie of hulle eendag die voorreg gaan he om my te begrawe nie, jy verstaan. Ek weet nie of ek, as ma, die jongentjies gaan bere nie. Dit maak my bang. Die vrees vir die vere. (My young ones, I fear their future. It is all uncertain and hopeless. I often wonder if they will bury me, or will I, as their mother, also have to bury them. It makes me anxious. I fear the future.)

Personal Reflection

Cara's narration of her trauma was filled with grief and sorrow, as well as disappointment in herself and in the medical health institutions. As reflected in her narration, she carried a burden of blame and guilt, primarily in respect of the deaths of her husband and her brother. These feelings, in turn, created a sense of helplessness, hopelessness and powerlessness that was transferred to other areas of her life and which was reflected in her relationships at work and with her sons. As regards her mother, her main feeling was regret for not having been able to do more for her and not being able to fulfil her lifelong dream of visiting the bushveld in die "Ou Transvaal". Anger is an emotion which is often experienced during a traumatic event. At the same time, it is also the emotion that is often denied in respect of a traumatic event in which a person has either been injured or died. This anger is transferred to another event or to society in general, as in the case of Cara who had transferred her anger to medical health institutions. During the conversation, she concluded that she was also angry at her brother and her husband. Voicing this anger towards a person who has died, particularly in a society that does not allow anger towards a deceased person to be acknowledged, is difficult. However, she related that expressing her anger and disappointment had relieved her of a silent "monster" hidden in her heart.

Conclusion

Cara has, as have many victims of trauma, learnt to alter an unbearable reality through the practice of dissociation, voluntary thought suppression, minimisation and sometimes outright denial (Herman, 1992). She denied certain memories that made her feel uncomfortable and altered her memories to become more acceptable and more bearable. Most of her guilt was self-inflicted as she tried, in a process of meaning-making, to make sense of what had happened and as a way to deal with the unbearable burden. Cara's use of dissonance or double think involves holding two contradictory beliefs in one's mind simultaneously and accepting both of them (Herman, 1992). Cara was aware of the fact that her memories were being altered and that she was

playing with reality, but she convinced herself that her reality was not being violated (Herman, 1992) by using avoidance, self-blame and other manoeuvres to overcome the burden of guilt and loss. This is in line with Judith Herman's statement that self-blame and guilt are consistent with the normal forms of thought of early childhood, in which the self is taken as the reference point for all events. In addition, they are also congruent with the thought processes of traumatised people of all ages, who search for faults in their own behaviour in an effort to make sense out of what has happened (Herman, 1992) .

Giving Cara the opportunity to voice her experience provided her with both relief and a sense that she was taking action and regaining control over her life. The fact that she was heard without judgement or bias gave her the freedom to freely express and share her emotions, attitudes, and fears. As with many victims of traumatic events, she found it extremely valuable to hold a conversation in which she was free to voice and discuss her concerns.

CHAPTER 7

The Story of Carol's Trauma

I helped Harry and Frank stack the chairs while Father Joe told me how much I'd gotten out of the meeting. "These feelings are hard to let go of. Lots of times I've seen men experience things they couldn't even grasp until a couple of days went by" (Straub, The Throat, 1993).

Personal Data

Participant:	Carol Steven
Age:	Early fifties
Field of Occupation:	Self-employed
Research Setting:	The interview were conducted at the researcher's office
Language:	Afrikaans
Language of interview:	Afrikaans

*In the written account names and places will be changed in order to protect the identity of the participant.

Introduction

The next chapter will deal with the trauma story of Carol. As in many narrations of victims of trauma, Carol practised dissociation, voluntary thought suppression, minimisation, and sometimes outright denial, to alter her perceived unbearable reality. She used double think, especially in her autobiographical memory recall of the death of her son and the young boy who was run over and died. She was aware that she had changed and altered her memories to make the pain and sorrow more bearable, but rationalised it by telling herself that to admit the truth would be devastating and that reality does not always make sense.

In this chapter, the conversation interview between Carol and the researcher is carefully analysed and the emerging themes highlighted. The themes identified and used may overlap and are not used exclusively. Although this relates the conversation between the researcher and the participants, it should be viewed within the context of the time and the interviewer's interpretation. Therefore, it cannot represent the ultimate truth

about the participant's reality or about all trauma victims in general. Under other conditions and in another time, the perceptions might be interpreted differently, as both the researcher and the participant may have encountered other experiences or other individuals who might have changed their perceptions of the trauma-related incident or traumatic events.

Themes from the Autobiographical Recall of the Participant Identified

During the interview conversation, the researcher identified certain themes that were present in Carol's story. Carol related that she had experienced six incidents that she perceived as traumatic events. The events had taken place during her childhood, her teenage years and in adulthood. The last event had taken place less than five years before the time of the study. The incidents included molestation, rape, unwanted pregnancy, a motor vehicle accident in which a young boy died, the death of a child, divorce and a break-in and hostage situation in which she had been held hostage for a number of hours. At the time of the interview she was struggling with the death of her son and, consequently, was reluctant to share and talk about him openly as the wounds were too raw and the memories too painful to explore. Nevertheless, the interview gave her the opportunity to talk about the other incidents about which she felt more relaxed than the death of her son.

The researcher identified the following themes in Carol's narration.

Anger

Carol related that she has a temper and that, at times, she could be both verbally and physical abusive. It is in these times that she recognised her father and this frightened her. She had also experienced that her oldest son had the ability to bring out the worst in her.

It was difficult being pregnant. Morning sickness, bloating, everything was uncomfortable. Even after his birth my son was difficult. He wouldn't stop crying. He always wanted attention. Even today, he wants my attention. It was hard to connect with him, He never stopped crying. I just did what I had to do, and was grateful when he was asleep and I did not have to touch him. If ever I came close to abuse, it was with him. He was just so difficult. You never could bond with him.

Carol related that she had felt no anger towards her son as he was the innocent result of her rape.

It is not his fault his father is a rapist and a pig. He is innocent. He wanted to meet his father and I told him if he does, I would never forgive him. He would betray his own mother for a man who could not keep his pants up and had to rape. It just was that he was a difficult child. Crying and wanting attention. Always in trouble or fighting. The times I had to go to school when he caused trouble. Countless times. Even in primary school he caused trouble. In his teen year, he started using alcohol and later drugs. My sister would phone to tell me he was at this place or that, drunk. I didn't care. I followed a principle of tough love. If he didn't learn by his

mistakes he had to feel the consequences. One day they arrested him. His aunt, my sister, phoned and said I should come to the police station to bail him out. I asked her why. He had got himself in this mess; he must get himself out of it. He is clean today. My sister paid for his rehab. I would not. He once wanted to know why I hated him and, if he killed himself, asked if I would. I replied that he should stop talking rubbish and wasting my time.

Her relationship with her oldest son had always been one of disconnection and was sometimes even cruel.

When he was a teenager, about sixteen or so, he wanted to know who his father was. I never hid the fact that I was raped, he just never knew it was his father and he was the result. I told him to forget it, he insisted on knowing so I told him about his daddy, the rapist. I gave him his father's name, and looked it up on Facebook. Showed him the man who was a rapist. I phoned him and told him his son wanted to meet him. He wanted to meet my son but not to acknowledge him. I told him if he does not go public and admit that his son is the result of rape, he will never meet him.

I am ashamed to say I enjoyed shattering his image of his father. I never spoke of his father, it wasn't my fault he had these silly fantasies about the pig. To throw it back at his father years later that he had to explain to his son why he had raped me was gratifying. I know it hurt my son but it is tough love. I told him if he ever contacts his father and I find out about it. I never want to see him again.

She was helped not to lose control or be cruel by the fact that her son lived some distance from her. They had limited contact and that was how she preferred it.

He is with someone and she is wonderful. I adore her. She is the best. She helped him overcome his addiction and is with him all the way. Supportive and protective. I admire her for taking on all his rubbish. We do not see each other often. If we see each other it is for short periods and over long intervals, we both prefer it that way. If we go over, I talk mostly to his girlfriend. Although he is there you would think she was my daughter and not that he is my son.

She indicated that she did not feel any anger towards either her mother or her father, although she wished her father would rot in hell. She saw her mother as a victim of her father's abuse.

I love my mom. She was a victim of my father's abuse. I think she suffered at her father's hands as I did. She never would interfere when he beat us or swore at us. In those years it didn't help to go to the police or your minister. They would come to the house and ask if he beat his wife and children. He would lie outright or say it were deserved. They would tell him to stop his shit, leave and, even before they had left, would he start on you. I don't think she could have done anything. It was different back then. Today I have a good relationship with my mom. I think it is because we both suffered at his hands, we understand each other and what has made us whom we are.

Avoiding or Denying that the Incident Happened

It is not only communities that draw a curtain over unpleasant and painful events (Herman, 1992). Victims also do so in an effort to deny that an event happened or that it had an emotional effect on their perception of who they were and are. This results in their isolation from society, thus denying them its support in enabling them to reconnect or fit in. To overcome this exclusion they often deny that the incident happened. Victims often succumb to the temptation to keep quiet and look the other way, thus denying what happened. They are left with a choice between the truth or reconstructing their autobiographical memory. Because the truth is difficult to face, victims often reconstruct their stories into a more socially accepted version. Denial of reality makes them feel crazy, but the acceptance of the reality seems beyond what they can bear (Herman, 1992).

Carol's story is similar to those told by women throughout the world – a tale of incest, molestation and, later, rape. From a young age she learnt to deal with her emotions by using a number of psychological defences, with avoidance or denial being one of the tools she used to “keep” her secret.

Repeated trauma in adulthood erodes the structures of personality that have already been formed. In Carol's case, the repeated trauma in her childhood had both formed and deformed her personality. Trapped in an abusive environment she was tasked with adapting on a daily basis and she had to find way of preserving a sense of trust in people who were untrustworthy and finding safety in an unsafe situation. In other words, she had to try to control a situation that was terrifying and unpredictable and find some measure of power, despite her helplessness. She felt that she was unable to protect and take care of herself and to compensate for the failure of adult care and protection she developed an immature system of psychological defences. One of these defences was the ability to deny that “it” ever happened.

Carol had heard the researcher asking another individual if she would like to participate in a research project about trauma and she had indicated that she would also be available, stating that her story was rich and filled with valuable information that the researcher could use. In addition, it was hoped that the knowledge gained would assist other trauma victims. During the conversation she related that she had a secret, one about which she had never spoken and which she had never told to anybody. It was as if she expected the interviewer to run away while she related a horrid, shameful story. The researcher often wondered about the reason as to why she had chosen to unburden her soul.

My story is one never told, I once asked my two sisters about it, if they hated him, they denied it, though I know it happened to them, they deny it, saying that it is my imagination. I should not spread such horrible stories. You will more than likely accuse me of the same if you hear my story. My secret lives.

I think I was five or eight, I cannot recall how young, I was young when it happened. My father would molest me. If you don't mind I do not want to go into the details about what he did. Do you mind? I will tell you, but I prefer not to dwell on those details. At night, he would open the door and come in. He was a violent man.

Drunk or sober. Always preaching to us, he always was the perfect person, even when he molested you, he knew better. I hated him. I don't know which was worse, his grabbing and touching, drunk or sober, or his false preaching about holiness and righteousness while he could not keep his hands and thing to himself.

As a way of coping and adapting to the trauma, she described the heavy burden she was struggling to unburden. She expressed it as a untold burden seldom talked about. The interviewer consequently found her narration of the following incident surprising.

Do you remember a couple of years ago in the newspapers about a young boy who was run over in a freak motor vehicle accident? I killed that boy. He was eight years old. It was after school and his nanny had just fetched him from school. I was not going fast. I remember seeing them. He was walking close to the road. His nanny had hold of his hand, but loosely. I remember when I saw them that I thought she should hold on tighter or move more to the inside of the pavement. If he lost his grip or start running, he would be in front of a car before you could blink an eye. I do not know what happened. At first I thought that I run over a dog when I felt the bump, then I noticed that I couldn't see him. It was then that I realised I had hit him. I thought it was a bump, a broken leg or arm. I stopped and ran to the front, he lay there, eyes staring. I had run him over. I never saw him. His nanny said he saw something and pulled away or fell, she doesn't know and the next moment he was in front of the car. I never ever even saw him running or lose his balance. Sometimes that picture haunts me. The promise of a young life lost. His mother forgave me, said it was an accident. Sometimes I replay the scene repeatedly, if only I had stopped when I had that thought.

I know she forgave me, it was an accident. I forgave the person who killed my son, it was an accident. Maybe it was punishment for loving him too much, or for not loving my oldest son so much, or for killing another mother's son. I know it was not intentional but I couldn't forgive myself for not stopping when I had that thought or kept him in my sight.

Connection and Disconnection

From a young age, Carol had felt disconnected from her family. It appeared that she existed in the context of disconnection. Carol had experienced her father as putting in place strict and rigid rules that she had to obey. However, even if she obeyed these rules he continued to reject her and she related that she had never had a relationship or a connection with him. His rules and guidelines tended to be unrealistic and she felt that he expected her not to reach the standards he set. This precluded the possibility of her having any connection with her father. This disconnection manifested on an emotional level although not on a physical level. On an emotional level she had always felt he disapproved of her.

I cannot recall a time I felt connected to my father or even loved him. He was a brute, always drunk and swearing, or nit picking, finding fault Always knew better than anyone, could do things better, was God himself, I think even God would have been criticised by my father. Even when sober, he was a horrible person.

If he wanted coffee the coffee was too hot or too cold, he would find fault with it, today it was this way and tomorrow that way. You never could satisfy him. If he thought you had snubbed him or had been disrespectful, the vengeance of God was upon you. Normally he would beat you silly but, if you disrespected him, he would beat you into tomorrow, or the next day. Crying would not help. Nobody interfered, if you did, he would beat you senseless. Did it stop him intruding on you at night? No. Every bit of you would be painful, you couldn't move so bad was the beating, but as if it is not enough that he drew blood from you by beating you into oblivion, he would interfere with you, drawing more blood. He smelled bad all the time. Washing to him was a waste of time and water. Afterwards you would lie there with his stink on you, and you couldn't go and wash and clean yourself so bad was the hurt.

Her father had numerous affairs; however, when she was twelve her father died in a work-related incident.

Father cheated on my mom a number of times. The women he slept with was not of our culture. That would not stop him. He was proud of his conquest. Nobody mattered to him. He would not show any shame. You know, in those years, going over the line was unlawful and forbidden. We were teased about his shenanigans, but what could you do? He saw it as his right.

Her relationship with her mother was at times connected but also disconnected on an emotional level as she had experienced her mother as emotionally unavailable

I love my mom. She was a victim of my father's abuse. I think she suffered at her father's hands as I did. She never would interfere when he beat us or swore at us. In those years, it didn't help to go to the police or your minister. They would come to the house and ask if he beat his wife and children. He would lie outright or say it was deserved. They would tell him to stop his shit, leave and, even before they left, he would he start on you. I don't think she could have done something. It was different back then. Today I have a good relationship with my mom. I think it is because we both suffered at his hands, we understand each other and what made us whom we are.

She related that, as an adult, she had also experienced a sense of ambivalence regarding her feelings of disconnection and connection with her mother. This was based on two incidents she recalled from her childhood that had created for her the perception that she could not trust or rely on her mother. She felt that her mother would betray her in adulthood as she had betrayed her in childhood. This resulted in a feeling of disconnection from her mother, while at the same time she felt connected to her mother for what they had experienced at the hand of her father. For Carol, this involved physical and sexual abuse and what she believed was the verbal and physical abuse of her mother.

She recalled two instances when she had felt disappointed with her mother in early childhood. She believed that if she were in the same situation as an adult as she had been as a child, her mother would betray her trust again. In other words that although they were both older and her father was dead, her mother would not protect her

and would betray her again and allow harm to come to her. In other words, that her mother would again look the other way.

One night while dad did his usual with me my mom walked in. She just stood there, looking at us and turned around and silently walked away. I waited and waited a week or more for her to say something to him, to threaten him or something or to comfort me and promise it would stop. She just pretended nothing had happened. I think it was because she feared him. I don't hate her for it. What could she do?

Thankfully, he died when I was about twelve. It was a blessing. If I could I would have danced on his grave I was so happy. I felt relieved. We had to pretend that we were sad. I was sad because we were poorer than before. At least previously he had occasionally provided for us. Mom did not work, she was at home. He didn't have a will and had not made any arrangements for his death. We were welfare brakke (dogs). But it was preferable to him being alive. For two years, my life was good, still stormy, but more predictable. My mom had boyfriends and remarried five times, but none of them was as bad as my father.

When I was fifteen I went to visit my aunt. Her son and his friend were older, about two or three years my senior. What did I know? They invited me to go to the bioscope. Afterwards, my cousin's friend invited us to his flat. I was so naïve. I thought, like the teenager I was, that he really liked me. They called me to come to the bathroom. I declined. I think I fell asleep. All I remember is that my cousin held me down while his friend raped me. They told me not to say anything. Surprise. I didn't have to say something. Nature did it on my behalf. Later I found out I was pregnant. I told my mom what had happened. I thought she would comfort me, tell me everything was ok, we would report the matter. But she was very angry and told me to stop lying about the rape and admit that I was a whore. Fortunately, my aunt, on my mother's side, invited me to stay with her. I had the baby. He was a difficult child, even before birth. I kept him; it was not his fault that he was the result of rape. Today she is very fond of him, spoils him. Back then, she did not even bother to acknowledge me as her daughter and him as her grandchild. We simply did not exist for her.

Though my mother loves me, you cannot depend or trust her. She denies everything bad, never admitting that she knew what was going on.

Carol's relationships with her siblings were also disconnected. She always felt that they had needed and wanted more from her than she was willing to give. She appeared to be sensitive to too much emotional closeness and experienced their constant requests for help and assistance as intrusive. Her relationships with them were also ambiguous. She felt that throughout both childhood and adulthood they had been in competition with her. She described it as childhood rivalry. Nevertheless, despite the fact that she felt emotionally distant from them, she did feel that they had a shared bond that was born out of their having being in the same circumstances. Even although they did not talk about it, they were tied together by their shared experiences.

My brothers and sister always complain, we are not close, but they always want something more. If they needed money or assistance I would help, and often I did. But they wanted the emotion thing. It made me uncomfortable. We never were brothers or sisters; we were at war, trying to outdo the other. There is a rivalry between us. Never would any of us wish the other well or congratulate them on something good. Sometimes I see my father in our actions. No matter what you do, somebody always will find fault.

Carol also related that she experienced a sense of distance in her relationships and friendships with other females. She related that she had never had a female best friend and that most of her friendships were with men. Even during her childhood and teenage years, she had found girls to be competitive, jealous and cruel. Compared to girls and women, she regarded boys and men as easier to talk to, less judgemental and more dependable up to a point. According to her, men seldom played games and they were not dishonest about what they wanted from you. They were more predictable.

I have no girlfriends, or ever had any. I do not see myself as ever having had a girlfriend. I have many male friends, even in school I related better to boys than girls. Women are always competing, jealous, nasty, and cruel. In front of you, they will be smiles and comfort but, once you turn your back, they will say horrible things about you and make jokes about you.

Men are more trustworthy, you cannot trust them, you know what they want, and they have no agenda or games. Even my exes and I had good relationships after the divorces. Their girlfriends and wives do not like it. I don't care. We often phone each other and they will ask advice about their wife or girlfriend, or I would phone them for something. As long as their wives and girlfriends do not know about it, everything is ok. When they find out about it, they start getting possessive, jealous, and competitive.

Despite the fact that she stated that her relationships with men were positive, this did not carry over into her intimate relationships with men. She had had a number of marriages and relationships with men who displayed the same characteristics as her father or who had certain similarities to her father. They had had what she described as strong, controlling and emotionally abusive natures. There were two main reasons why the majority of her relationships ended. Firstly, her husbands had had extramarital affairs and had cheated on her. These affairs usually indicated the end of the marriage. The confirmation of her significant others cheating on her had also followed a pattern or fight which had become violent and, once the significant others had retaliated with physical violence, she would telephone the police, pack up the male's belongings and seek a divorce or end the relationship. She did admit that, in some cases, she had been the aggressor and that the men in her life had had to defend themselves or just push her away. However, she perceived this as violence and would not give the man concerned a second chance.

I was married and divorced four times. My first husband was similar to my dad; he was domineering and controlling. I did not repeat that trait in other men, some of them were good men, but they would cheat or turn

violent or both. We would be happy for a few months and then I would find out they had cheated on me. It is always the same. It will end in a fight; sometimes I will beat them with my fists and scream at them like my father. If they did nothing, we would make up and he would promise to leave the other woman, and things would return to normal. Most of the marriages ended in violence. It only takes one time, one fist, one slap, one push, that is all it takes. I don't give them time to explain or ask forgiveness. I pack their bags. If they leave willingly I let them go but, if not, I phone the police. Before they even realise what happened it is over. I divorce them. No excuses. I will not allow them to beat me. I am not my mother. After the divorce we are friends again but I don't let them come close to me again.

The sense of disconnection was prominent in her relationship with her oldest son. Her son was the result of her having been raped at fifteen years old. She related that the pregnancy had been difficult, both emotionally and physically, and that after his birth she had experienced postnatal depression. She had found it difficult to interact or bond with him and she related that for the first few years of his life, she had only done what was necessary – feed him, clothe him, bath him and change him. Because he was so difficult, she had had problems bonding with him or touching him aside from when it was required. Although Carol recounted that she did not hold him responsible for his birth nor that she felt negatively towards him, she had experienced her relationship with him as negative and demanding. She had always found it difficult to bond with him although, at the time of the interview, they were closer than they had ever been before. She did not see that this situation would ever change and that she preferred there to be emotional and physical distance between them. They were in contact with each other but she preferred to see little of him as, if they had too much contact with each other or they became too close, it ended in fights and disagreements. He has a history of addiction to alcohol and substances and she had found it easy to have him arrested or incarcerated when she found him under the influence of drugs or alcohol. However, she described this as tough love and stated that it was his choice to be what he was and that he had to take responsibility for his actions.

It was a shock to learn I was pregnant. I had only started my periods a couple of months earlier and was still getting used to it. I did not know why my period stayed away or why I was putting on weight. My mother actually picked up something was amiss. She wanted to know if I was pregnant. I told her about what had happened. She was livid and angry. I was so frightened. Then she shipped me off to my aunt in Pretoria to hide the family shame. My aunt was wonderful and I love her. She helped me through it all. It was difficult being pregnant. Morning sickness, bloating, everything was uncomfortable. Even after his birth, my son was difficult. He wouldn't stop crying. He always wanted attention. Even today he wants my attention. It was hard to connect with him. He never stopped crying. I just did what I had to do, and was grateful when he was asleep and I did not have to touch him.

In relation to the disconnection and cruelty in her relationship with her oldest son, she had the following to say:

When he was a teenager, about sixteen or so, he wanted to know who his father was. I never hid the fact that I

had been raped, he just never knew it was his father and he was the result. I told him to forget it but he insisted on knowing so I told him about his daddy, the rapist. I gave him his father's name, and looked it up on Facebook. Showed him the man who was a rapist. I phoned him and told him his son wanted to meet him. He wanted to meet my son, but not to acknowledge him. I told him if he did not go public and admit that his son was the result of rape, he would never meet him.

However, her relationship with her second and youngest son was the complete opposite and she described this son as the apple of her eye.

My youngest son was a pleasure. Though he was an accident, I loved him from the start, even before I knew I was expecting. From day one I loved him. The pregnancy was easy. I had none of the difficulty I had had with my older son. The first time I saw him my heart almost burst with love and pride. He was such a beautiful and wonderful baby. Never did I have any trouble with him. He did ok, not brilliant, but passed. He was always helpful in school, with friends, strangers, he helped anyone. I seldom, if ever, had to see the principal about him. Everybody was fond of him, liked him, and commented what a pleasure he was. I could not stop touching and kissing him. He loved hugs, I always used to hug him and kiss him. It was natural; he fitted into my arms and heart as an extension of me. My husband then, his father, would reprimand me for always having him close to me or in my arms. I could not stand being apart from him. He was such a pleasure. I would do anything for him. You remember the song they sang at the Christmas function, on the 28 November, I almost died. It was three years since he had died. I had to leave. I couldn't listen and sing along. The pain was, is unbearable. His birthday is in January. He just went to a friend. Promised to be back in an hour. I waited, he never was late, if he made a promise he would keep it. I waited and then phoned his cell. A stranger answered his cell and asked if I knew him. It was an accident. Some woman didn't see him and hit his bike. He died on impact. It was terrible; sometimes I wished it had been my oldest son rather than this ray of sunshine, my son.

Carol also often felt disconnected from others in her life. She indicated that she was always willing to help others but that she never received any gratitude or thanks in return. Her perception was that the people she tried to help would stab her in the back or belittle her.

This one lady, she is a few years older than I am. She had a back operation and needed someone to help. I would go over to cook and clean, and help her bath and change her clothes and bedding, feed her and help her with her bathroom routine. She would complain that her children would not help her. Then, one day, her daughter phoned and asked me to return all the things I had taken from her home. I never took a penny from her. All the groceries and food, cleaning materials I had bought. I used my own supplies to clean and wash her clothing and dishes. Things such as soap or dishwashing liquid I would buy and leave at her home. Though she hardly ever got up to do the dishes or cook food, it was easier for me to have it at her home rather than having to bring and take it home daily. I never once took money or asked for money for the groceries, food or cleaning materials. The only money I took was for accounts and I would go and pay her electricity

bills, her home loan and telephone account. Her bond and other bills she could not go and pay herself. I kept a receipt of each bill I paid on her behalf and would give her back her change and the receipt. Then, the accusation that I stole her money and things. When I demanded that they show me the account that was behind because I had stolen the money, they changed their tune and said it was other personal stuff such as jewels and toiletries. I should not be surprised as this is not the first time this has happened. My siblings would do it too, they ask for help, you assist, and then they will go all high and mighty on you, just like my dad.

Control

For a victim of abuse to have no control of their environment is dangerous; accordingly, controlling their environment and everybody in it is paramount to their perception of safety. They have a need to control the situation and the people who might put them in harm's way.

Carol described herself as a perfectionist who always needed to have order around her. However, this need to control her environment and make it safe sometimes created conflict, as was evident in both her work relationships and her intimate relationships. She stated that she preferred to work for herself because others in her work environment could not always meet her high expectations and, thus, to avoid being disappointed, she had started her own business to support herself and to provide herself with an income. She was happier this way as she could control her environment, she was not dependent on anybody else and she could decide for herself who she would work for and to whom she would turn. Although it was difficult and not always profitable, she preferred a situation of controlled financial uncertainty to a fixed income. Carol related that she sometimes found it difficult to interact with domineering, overbearing people who thought they were God. Working on her own gave her a sense of being in control.

I started to work at a young age. I had to, I could not depend on my mother. Her husband or boyfriend at the time was a leech and she could hardly afford his upkeep. I had one or two jobs. Paying jobs, but it was difficult. I had no problem doing the work. I preferred to work on my own as the men would try to chat you up and the woman saw you as a threat. My work was always done better than the rest and this made them jealous, especially the woman. I prefer to work for men, it is easier than working for a woman. Woman always criticise you and try to break you. Men are lazy, you do their work, they take the credit and pay while you work overtime for nothing. One day I had had enough. I started to work for my own income. It was tough, difficult and sometimes we had no income to buy food or electricity. I never quit, I worked my fingers to the bone. It was hard but I enjoyed every moment, and my children were provided for. They never needed anything I couldn't give to them in later years.

Working for a fixed income is not my cup of tea. This domineering "oomies" will try to feel you up and manipulate you. When they see they are out of luck, they are verbally abusive. I don't take it from anyone, not even in my own business. If you try to control or manipulate, I show you the door.

I controlled my marriages and relationships as well. If my husband raised his hand once, he knew it was the end. I never gave a second chance. I warned them when we started the relationship or marriage, but they always knew better, like my dad. Then, one day, we would fight and they would try their luck. It was all I needed. They would come back begging, bringing flowers, jewels and fake and empty promises. They were wasting time if they thought I would take them back. I will not be like my mother and allow my father to beat me again.

Destructiveness

Carol displayed a tendency to be emotionally destructive in relationships she regarded as intrusive and emotionally threatening. This was also evident in her relationships with her siblings. She described these relationships as emotionally closed from her side, although she felt her siblings always wanted more emotional closeness than she was able to give.

My brothers and sister always complain, we are not close, but they always want something more. If they needed money or assistance I would help, and often I did. They wanted the emotional thing. It made me uncomfortable. We never were brothers or sisters; we were at war, trying to outdo the other. There is a rivalry between us. Never would any of us wish the other well or congratulate them on something good. Sometimes I see my father in our actions. No matter what you do, somebody always will find fault or try to outdo you.

We see each other occasionally, but I prefer not to have too much contact. It always ends with fights, blame games, and hurt feelings.

This tendency for destruction was also evident in her intimate relationships.

I controlled my marriages and relationships as well. If my husband raised his hand once, he knew it was the end. I never gave a second chance. I warned them when we started the relationship or marriage, but they always knew better, like my dad. Then, one day, we would fight and they would try their luck. It was all I needed. They would come back begging, bringing flowers, jewels and fake and empty promises. They were wasting time if they thought I would take them back. I will not be like my mother and allow my father to beat me again.

My husbands and lovers disappointed me. I expected it. Faithfulness is an unknown concept to them. The first year or so it is all great, and then I start noticing the longer meetings and the trips out of town, expenses unexplained on the credit card and money withdrawals without a valid reason. Hiding of cell phones and change of passwords. Suddenly calls are taken outside of hearing distance, or fake conversation follows. "Hi Peter, need me to come over, a problem with the pool, sure, I am on my way". They thought they were so clever. But I would know the moment they started.

The end would usually start with a fight. I would ask him if he was cheating on me. He would deny it,

sometimes, I would laugh and strike him. Once I lost it so badly I broke one of my ex-husband's arms. Not intentionally, he just would not admit he had cheated on me though I had the evidence. I would push and push; I wanted him to raise his hand and hit me or try to hit me. I would have a go at him until he snapped and pow. Next divorce.

Exploitation by Others

Carol perceived that although she tried to help other people they either exploited her or would try to upstage her. She related a number of instances where she had assisted people but the outcome had been negative with her being portrayed as the “bad” one.

This one lady, she is a few years older than I am. She had a back operation and needed someone to help. I would go over to cook and clean, and help her bath and change her clothes and bedding, feed her and help her with her bathroom routine. She would complain that her children would not help her. Then, one day, her daughter phoned and asked me to return all the things I had taken from her home. I never took a penny from her. All the groceries and food, cleaning materials I bought. I used my own supplies to clean and wash her clothing and dishes. Things such as soap or dishwashing liquid I would buy and leave at her home. Though she hardly ever got up to do the dishes or cook food, it was easier for to have it at her home rather than having to bring and take it home daily. I never once took money or asked for money for the groceries, food, or cleaning materials. The only money I took was for accounts, and I would go and pay her electricity bills, her home loan and telephone account. Her bond and other bills she could not go and pay herself. I kept a receipt of each bill I paid on her behalf and would give her back her change and receipt. Then, the accusation that I had stolen, her money and things. When I demanded that they show me the account that was behind because I had stolen the money, they changed their tune and said it was other personal stuff such as jewels and toiletries. I should not be surprised; this is not the first time it has happened. My siblings would do it too, they ask for help, you assist, and then they will go all high and mighty on you, just like my dad.

According to her she had experienced this type exploitation not only from strangers but also in her familial and close relationships.

My siblings only know my number when they need something. Even though I don't have money, I will make an arrangement to help and loan them cash. As soon as they get the money, whoosh, they disappear and, if you ask them when they will repay you, it is a huge thing, they will quarrel with you, say you are a money bag and other bad names though they were supposed to pay you back a year ago. Beware if you ever need help. Then they cannot help or assist, lots of fake excuses and not answering calls. You have to go at it on your own. No help from them. Not even encouragement.

Physical Symptoms

Carol related that she suffered from constant headaches and physical ailments. She has consulted a number of specialists who had not been able to find any physical evidence of any ailments. In view of her family history she avoided using any substances. Although she had smoked she had given it up. She complained that she sometimes experienced excruciating back pain, especially in times of stress. However, she had learnt to live with the discomfort as she had had a number of procedures and none had alleviated the discomfort.

I suffer from migraines. It became worse after my son's death. It usually lasts more than one day. Nothing helps; I just need to stay in a quiet dark room, drink the painkillers, and wait for it to pass. I used to smoke but gave it up a long time ago. Sometimes, if I am stressed, I will take a puff. Booze always reminds me of my father so I avoid it. I only drink socially, a glass of wine. The times I have got sloshed are rare. I know when to drink and when to stop. Unlike my father I can control my intake.

I have had a number of back procedures. Sometimes to move is difficult. Nothing helps. You learn to live with the pain and discomfort. What can you do?

Self-Blame and Guilt

After the death of the young boy and her son, Carol reviewed and judged her own conduct and saw herself letting the young boy and her son down, as she saw her own actions before and after the events as lacking. During these evaluation, she expressed feelings of guilt and inferiority (Herman, 1992). Her guilt is especially severe as she witnessed the death of the young boy and the suffering of other people after her son was run over (Herman, 1992). In hindsight, she continually tried to re-enact both scenes, wishing she had done one thing or another, berating herself for doing this not that.

Carol related an incident about which she felt guilty as she blamed herself for the death of the young boy.

I often replay the scene of both accidents. In the other boy's death I would stop in time and scold the nanny for not holding on to his hand more tightly. In my son's accident I would drive him; the accident never would have happened if I had driven him. I feel guilty for causing a mother pain and sorrow and I regret not driving my son or kissing him and saying to him that I loved him. The boy's mother and father divorced. They couldn't cope with the loss. His mom blamed herself for working and not looking after him. I took more than her son. I took her dreams, her happiness, and her future away from her.

Children blame themselves for almost everything that happens to them (James, 1996). Nevertheless, they quickly learn to parrot that it is not their fault because they feel this is the expected response and they wish to please the listening adult. However, research has shown that children have a deep-seated belief that all or part of the abuse they suffer is somehow their fault (James, 1996). Because of their childhood understanding that they were responsible for their own victimisation, even intelligent, insightful adults who were abused as

children often experience overwhelming shame in revealing their childhood abuse, even in the privacy of a therapeutic conversation (James, 1996). This self-blame belief is embedded in the child's cognitive understanding and in the affective, sensory and muscle memory (James, 1996). However, Carol related no self-blame or guilt concerning the abuse in her childhood, although she did indicate that she experienced guilt in relation to the deaths of two young children. In both cases she was able to distinguish between reality and the "what if's". However, despite this she continued to try to change the outcomes of each event in her fantasies. She was pragmatic about her role in the failure of her relationships whether these were intimate, familial or community relationships or those with the church. She stated that she was doomed never to experience closeness and real love or intimacy and that she wanted it to be this way in order to protect herself.

Suicidal Tendency, Sadness and Anxiety

Carol related that she had never thought of taking her own life. However, after her son's death she had sometimes found herself being melancholic and then wondered if it were worth staying alive. She found it extremely sad that she could no longer touch him or talk to him. It was during these times that she contemplated her death and what she perceived as a reunion with her son. It should not be seen as suicidal thoughts, more contemplation of the perception of joy at the reunion with her son, not her death. She related that she would then cry in solitude and avoid people for a few hours as she felt sorrow and longing for her son. She would then go on with her life, knowing that he was waiting for her with a hug, a smile and a kiss and she would be reunited with him when her time came to pass on to the next life.

Trust

A sense of safety or basic trust in the world is acquired in early life in the relationship with the first caregiver (Herman, 1992). Originating with life itself, this sense of trust sustains a person throughout life and forms the basis of all relationships and faith systems. The original experience of care makes it possible for human beings to envisage a world in which they belong, a world hospitable to human life (Herman, 1992). Basic trust is the foundation of belief in the continuity of life, in the order of nature, and in the transcendent order of the divine. In situations of abuse, people seek their first source of comfort and protection. When this comfort is denied or goes answered the sense of basic trust is shattered (Herman, 1992) They feel abandoned, alone and cast out of the human and divine systems of care and protection that sustain life (Herman, 1992). Thereafter, a sense of alienation and disconnection pervades every relationship, from the most intimate, familial bonds to the most abstract affiliations of community and religion (Herman, 1992). When trust is lost, victims feel that they belong more to the dead than the living (Herman, 1992).

Carol indicated that she never trusted anybody. She always expected the worst of people and, if it happened, she experienced a *déjà vu* moment or a feeling of "I told you so". She did not believe that people were inherently good and trustworthy and she expected to be lied to and/or betrayed. She related that she had never

been wrong in her expectation of being let down. According to her, the only person she had trusted unconditionally had been her younger son who had been an exception to the rule.

I have no girlfriends, or ever had any. I do not see myself as ever having a girlfriend. I have a lot of male friends, even in school I related better to boys than girls. Women are always competing, jealous, nasty, and cruel. In front of you, they will be smiles and comfort but, once you turn your back, they will say horrible things about you and make jokes about you.

Men are more trustworthy although you cannot trust them, you know what they want, they have no agenda or games. Even my exes and I have good relationships. Their girlfriends and wives do not like it. I don't care. We often phone each other and they will ask advice about their wife or girlfriend, or I would phone them for something. As long as their wives and girlfriends do not know about it, everything is ok. When they find out about it, they start getting possessive, jealous, and competitive.

My brothers and sister always complain, we are not close, but they always want something more. If they needed money or assistance I would help, and often I did. They wanted the emotional thing. It made me uncomfortable. We never were brothers or sisters; we were at war, trying to outdo the other. There is a rivalry between us. Never would any of u, wish the other well or congratulate them on something good. Sometimes I see my father in our actions. No matter what you do, somebody always will find fault or try to outdo you.

Although she had had a number of serious relationships and had been married four times her trust issues were evident in all her relationships and had pervaded every relationship from the most intimate, familial bonds to the most abstract affiliations of community and religion (Herman, 1992).

My first marriage was violent and ended when I found out that my husband cheated on me. He cheated a number of times. When I found out I gave him the choice of divorcing me or my divorcing him. It was up to him to decide whether a divorce or a divorce was the option. I always knew he would cheat on me, I expected it, it never came as a surprise, rather as confirmation of what I expected.

Men are cheaters at heart, they are like dogs, if they see a new skirt, they go sniffing. It doesn't matter if they have a wife or girlfriend, they will always cheat. If they are found out, they always, always without fail lie and tell you that she never meant anything, it was only sex. Then they expect you to forgive them. I did it once, it was wrong. I never made that same mistake again. You cheat your history.

Men are more trustworthy than woman although I do not trust them. What you see is what you get. You know what they want, it a man thing. Women are different, they can never be trusted, they always try to outshine you. They gossip and lie. They will tell you how great you look, turn around and tell their friend how much weight you gained or that you dress like a trollop or tramp. In front of you, it is all smiles and compliments but, once you are gone, they twist the dagger in your back left there by their friend.

Trust had always been a problem for Carol and, according to her narrative, it was impossible for her to trust anybody. This is, however, understandable and may be expected as a natural consequence of her family history and ambiguous relationships with her primary caregivers whom she had experienced as inconsistent and unreliable. As discussed above, this inability and unwillingness to trust had been transferred to other areas of her life and other relationships.

Personal Reflection

Carol's story is a one that has been heard many times. Her silences and coping strategy may be read about and seen in practice. Although she was a warm and charming person the researcher noted with concern that her life was a life involving self-destruction and the destruction of relationships. Despite the fact that she was a mature, independent adult, the effect of her childhood abuse was still evident. Often during the conversation it was possible to catch a glimpse of a frightened young girl. Her coping skills had assisted her to survive what she regarded as her "secret" but this "secret" was evident in her avoidance of situations and people where she saw a similarity to either her abuse or her father. I hope that she perceived her conversation with the researcher as non-judgemental and that it has paved the way for her to seek mental health assistance.

Conclusion

In order to escape accountability both society and the perpetrators do everything in their power to promote forgetting, with secrecy and silence as the first line of defence against trauma stories (Herman, 1992). If it is not possible to silence a victim then the credibility of the victim will be attacked and, if that fails, every effort is made to ensure that nobody listens to the victim. Finally, an impressive array of arguments follow with these arguments ranging from denial to secrets. This is especially true if a victim feels devalued and discovers that the traumatic events in his or her life have taken place outside the realm of socially validated reality. This, in turn, renders the experience unspeakable. This was evident in Carol's story. Her history of silence and denial started when the police and pastors visited their home during her childhood after an abusive episode. They spoke to her father and when he denied any abuse, left. She thus learnt that nobody would listen or would hear her voice. This perception was reinforced by her mother who witnessed the sexual abuse and merely turned away, never acknowledging what she saw.

She denied certain events or her responsibility and accountability to some situations and altered her autobiographical memory of others. This was especially evident in her marriages; she unconsciously transferred her autobiographical memories of her childhood trauma to her current relationships and her interactions with the men she became intimate with. She sought her father in each man she encountered, weighing and judging his actions and reactions. When she perceived her father in her then partner, she would attack the person both physically and verbally in an attempt to protect herself from her memories of the abuse and the emotions that these incidents brought back to her.

Throughout her life Carol has had an ongoing fight with her past and her memories. Every day is a fight to conquer the demons of her autobiographical memory. Transference of a situation to a current event is evident in many of her narrations. In every man she meets she sees her father and she fights against her own memories and the ghost of her father, which she seeks to slay. She repeatedly seeks the evil that is called “father” until she finds evidence of him in every intimate psychological and physical male relationship she encounters.

This fight is not only directed at men, but also at women. Her distance towards women and her belief that women are not to be trusted is also a transference of her relationship with her mother whom she experienced both in adulthood and childhood as untrustworthy and unreliable. For Carol, every day is a struggle to overcome the ghosts of her childhood, to fight the demons of her memory and to slay the feelings of inadequacy of always being second best and never number one; to not become her father and to overcome the fear that is present in the memories of a frightened little girl that she carries in her heart.

CHAPTER 8

Research Discussion, Comparative Analysis

If they refuse to listen to us, then I believe a state of war should be declared. We would be defeated easily. But we could walk away from our homes with some sense of honour. In a hundred years, they'd sing songs celebrating our courage. We'd teach them the power of saying no (Conroy, *The Prince of Tides*, 1987).

The way in which we are raised, our values and our expectations of fulfilling our roles have a major effect on the way in which individuals react to trauma. In traditional cultures men are expected to fulfil the masculine role and to be independent, assertive, courageous, creative, unsentimental and objective (Sue et al., 2006). On the other hand, women are expected to be dependent, helpful, fragile, self-abnegating, conforming, empathetic and emotional. Although both the gender roles and the expectations of these roles are changing, the effects of such roles and expectations continue to have an impact on individuals (Sue et al., 2006). The general belief is that women are more likely to internalise their conflict than men, while men externalise and act out conflict. At the same time, health professionals have realised that mental disorders differ from country to country and that differences in traditional, cultural and racial groups may influence the perception and susceptibility to certain emotional trauma (Sue et al., 2006). Health professionals are appealing for research to be conducted in order to understand and be open to differences in multicultural psychology, as an emerging trend in psychology. They maintain that, to understand trauma, psychology requires a realistic appraisal of the cultural context in which behaviour occurs and a keen understanding or openness to the way in which culture influences trauma. Such knowledge may, in turn, assist in treatment after a traumatic event (Sue et al., 2006).

Research Discussion

Four participants were contacted and requested to participate in the study. However, one participant later withdrew from the study, feeling she was not yet ready to talk about the traumatic incident she had experienced. The interviews were conducted at a place of the participants' choice and at their convenience, being encouraged to set a time and date that would suit them. Two of the interviews were conducted at the participants' places of work and one interview at the researcher's office. The three participants were all female, one self-employed, and two were working for companies and, thus, one was generating her own income while two depended on a salary. Although the participants were at different stages in relationships, they were all economically independent. They all owned their own properties which they shared with children or significant others (family, partners, children). All three participants contributed to the financial wellbeing of their families.

Comparative Analysis

This section contains a comparative analysis of the themes associated with trauma and that emerged from the trauma stories of the three participants and the literature review.

The following themes emerged from the three stories:

- Anger
- Avoiding or denying that the incident happened
- Connection and disconnection
- Control
- Destructiveness
- Exploitation by others
- Hopelessness
- Loss and betrayal
- Loss of faith
- Naming the problem
- Powerlessness
- Physical symptoms
- Remembering and mourning
- Secretiveness
- Self-blame and guilt
- Suicidal tendency, sadness, and anxiety
- Trust

Themes

Anger

Anger is a survival mechanism that helps a victim to tolerate the intolerable. It is the strongest emotion associated with the loss and grief process and may be directed towards anyone who has some connection with the trauma, including the police, the victim, social workers and the justice system. This anger may also be directed at him or herself or at the perpetrator or people who are regarded as the perpetrator's supporters. During the trauma, it is usually not possible for the victim to express his or her humiliation and rage to the perpetrator for, to do so, may jeopardise the victim's survival (Herman, 1992). Even after the event, the victim may continue to fear retribution and may be slow to express rage against the perpetrator (Herman, 1992). Accordingly, the victim is left with a burden of unexpressed rage against all those whom the victim perceives as having been indifferent to his or her fate and who failed to assist or help (Herman, 1992). Occasional outbursts of anger may further alienate the trauma survivor from others who are not able to understand the victim's rage

and this, in turn, hinders or even prevents the rebuilding of relationships (Herman, 1992). In an effort to control their rage, the survivors may withdraw even further from other people, thus perpetuating their isolation. The survivors may even direct their anger and hatred against themselves (James, 1996; Herman, 1992). This anger may take the form of suicidal tendencies that sometime serve as a form of resistance. Such anger may persist long after the event itself despite the fact that it no longer serves any adaptive purpose (Herman, 1992).

All three of the participants related that they were experiencing anger and they expressed this anger. Some of the anger was directed at themselves for what they perceived as their callousness towards a loved one or for not doing enough before, after or during the traumatic event. Ann and Cara had directed their anger at the perpetrators of the trauma. In addition, some of the anger was also directed at their societies and their religion, as they felt that these, as well as the representatives of their religion, had ostracised them and alienated them from others and their emotions.

The occurrence of anger as described above emerged in Carol's narration. Much of Carol's anger was directed at her father and she had transferred this anger mainly to male figures that she perceived as dominant and oppressive and who reminded her of her father. She stated that, in close, intimate, physical relationships such as marriage or co-habitation with males, she always expected them to cheat or to abuse her physically. In fact, she was usually waiting for it to happen and ready with a plan of action to, as she saw it, get rid of traits that she recognised in them and which reminded her of her father. Once she had recognised such a trait in them, she would actively seek a fight, even becoming abusive, both verbally and physically and, in this way, expressing her unresolved anger towards her father. She recalled that, during these fights, she would lose control of herself and that she could not account for her actions. She also stated that in most of her relationship breakups or divorces, these aggressive tendencies were out of character and she did not understand the reason for them: something would take over and she would be fighting to survive, not her husband or her partner, but her father.

Avoiding or Denying that the Incident Happened

In an effort to counteract the awfulness of the traumatic event, the majority of trauma victims go through a stage of denial. They struggle to find an explanation or reasons for what happened, was reported, or told. They refuse to believe that friends, relatives or even strangers could have done such a thing either to them or to their families. Victims of violence and abuse, including sexual abuse, are often reluctant to accept that the incident happened. This may be related to an unwillingness to believe that they have mistakenly trusted someone whom they perceived as trustworthy. Accepting the truth may imply they cannot rely on their own judgement, thus forcing them to question and examine every aspect of their lives, wondering about and judging and questioning possible mistakes in their judgement. A further defence mechanism against feeling badly about themselves is to find a scapegoat and, thus, as a way of coping with the stress of the event, trauma victims often blame somebody else for what happened. For example, trauma victims may blame the police, the government, the hospital, their families and/or friends or the social services, placing the responsibility for their action and the

blame for what happened on somebody/thing else. Not all victims necessarily play a role in what happens to them, although some people endanger themselves by drinking alcohol and driving, or driving in excess of the speed limit. Trauma victims involved in a road accident may blame road works for potholes in the road or slippery roads, not taking responsibility for their own action that contributed to the traumatic event. If no such scapegoat is available, they may then assume responsibility for the event despite the fact that they were not personally responsible for the event they witnessed.

Victims implore the listener to share the burden of pain, to engage with them and, above all, to share in the act of remembering without rejecting either them or their reality. However, the belief that it is the victim only who wants to forget the atrocity is a myth as the community also wants to escape the reality of the traumatic event and, as a way of escaping accountability, avoids or denies the reality of the event. One example of this would be the xenophobia murders which have taken place in South Africa. This denial, in turn, contributes to the forced silence of victims while also empowering the perpetrators, whose behaviour is reinforced and confirmed by the mutually accepted silence. In view of the fact that victims are people that communities want to forget, a curtain is drawn over the unpleasant and painful events (Herman, 1992), while the victims are taught to deny that an event actually happened or that it has had an emotional effect on their perception of whom they were and are. This, in turn, contributes to the victims being isolated without the support of society, thus preventing them from reconnecting with or fitting in with their societies. In order to avoid such exclusion they often deny that the incident happened (Herman, 1992), thus succumbing to the temptation to keep quiet and deny what happened. They are left with making a choice between the harsh, unsympathetic truth or a reconstruction of their altered, socially acceptable, autobiographical memory (Herman, 1992), which makes their memory of the behaviour pliable or else renders it more acceptable to them and the listeners. In view of the fact that the truth is so very difficult to face, victims often reconstruct their stories into a more socially accepted version or narration. Although this denial of reality makes them feel crazy, it would appear that acceptance of reality is beyond them (Herman, 1992) and, thus, they deny the circumstances or avoid the places that remind them of the event. In addition, in trying to explain or find a reason for what happened, they blame themselves and assume the guilt for what happened. This self-blame and guilt often creates anxiety and shame and, in an attempt to overcome these emotions of self-blame, guilt and anger, people may hide away to avoid the stares and questions. They may find themselves crossing the road and changing their work, church or school in order to avoid contact with well-wishers, neighbours or friends. A show of interest or care is often perceived or experienced as intrusive or nosy. The victim longs to be an ordinary person again, a person with no past or history and with no meddlesome whispering going on his or her back. This may greatly affect the trauma victim's life with the victim feeling isolated and thinking that life will never return to normal.

This theme of avoidance or denying that an event or events had happened emerged from the narrations of all three of the participants. Ann and Cara avoided talking about the events they had experienced, especially to old friends or people who knew them. Although they never denied outright that the events had happened they

found it difficult to talk about them with friends, and even with their family. They stated that they ignored certain dates or they pretended that these days were past or never happened. Their avoidance included avoiding the place where the event had happened, for example Ann's refusal to go out into her backyard or Cara's avoidance of hospitals and clinics. In addition, they tended to avoid talking about the deceased, as this would bring back the feelings of sorrow and sadness.

Carol stated that she never shared her secrets and related that few people, if any, knew about her "sordid" past. The only people who knew about the events were her mother, her sisters and her brothers, or people who had been directly involved in the events. As long as she can remember she has carried a secret she was loath to share as she expected people to cringe and run away if they heard it. She informed the researcher that, even if she did not run away, she expected her to be so disgusted and shocked that she would despise Carol for sharing her version of her truth. Her avoiding talking about her childhood abuse was a way of denying that it had happened. This was affirmed by her sisters' behaviour for, when she asked them about the circumstances involved in the "secret", they denied that anything had happened, accusing her of having a vivid imagination. This avoidance and denial on the part of the three participants even included the graves of the deceased, as they all said that they avoided the graves, and visiting them or attending memorial services in memory of those who had died as a result of traumatic events.

Connection and Disconnection

Attachment problems may be defined as a childhood tendency to seek the proximity of a specific person (James, 1996). In the context of trauma victims, the loss, threat of loss and/or the disruption of an attachment relationship, whether past or present, should be explored in relation to its meaning to the victim (James, 1996).

It was evident from Carol's life that she experienced a sense of disconnection with other people. She related that, from a young age, she had found it difficult to relate to others or be in a close emotional relationship with them. This included her own family, her siblings and her significant others. Although she had informed the researcher that she had numerous friends, she did not regard any of them as permanent or emotionally close friends, but more like acquaintances or people she knew through her work or charity work, most of whom she could not recall because of their unimportance in her life. She stated that they were "mooi weers vriende" (fair weather friends) with whom she seldom talked and seldom contacted. Her experience was that they made contact with her only when they were in financial need and she regarded them as needy leeches – "*Friends who will be friendly until they sucked you dry, thereafter you never see or hear from them until they are in a bind again*". From a young age Carol had felt disconnected from her family and it would appear that she existed in the context of disconnection. Carol said that her father had had strict rules which she had had to obey. However, despite obeying his rules he had continued to reject her. She indicated that she had never had a relationship or a connection with him. His rules and guidelines had tended to be unrealistically high and she felt he had expected her not to live up to the high standards he set. This had prevented her from having any

connection with her father. This disconnection had manifested on both an emotional and a physical level. On an emotional level she felt he had always disapproved of her. She expressed her frustration at never being able to do things correctly or his way, as he would change the rules and always find fault with her. She said that she imagined that even God would have failed her father's standards.

Her father had had numerous affairs. However, when she was twelve her father died in a work-related incident. Her relationship with her mother had been connected at times but disconnected at others. On an emotional level as she had experienced her mother as emotionally unavailable. In her later adulthood she had experienced a sense of ambivalence in her feelings of disconnection and connection with her mother. She recalled two incidents from childhood, which contributed to her feelings of pity and anger towards her mother in adulthood. when she had been disappointed with her mother. One such incident was when her mother walked into her bedroom while her father was molesting her. In her words, when he had been "*caught with his hand in the cookie jar*". Carol had expected her mother to do something, anything, but, after a few days, she had realised that, although her mother was aware of the abuse, she had decided to keep it a secret and never admit that it happened. Another disappointment for Carol was when she was raped and her mother, instead of supporting her, accused her of being a whore, subsequently abandoning her by "shipping" her off to her aunt. Carol was ambiguous about her connectedness to her mother. On the one hand, she expressed suppressed anger towards her mother because her mother had not done anything about the molestation or rape while, on the other hand, she felt sympathy for her mother whom she saw as a victim. She felt a connectedness with her mother because of their shared history of abuse at the hands of her father.

Carol's relationships with her siblings were primarily disconnected. She always felt that they needed and wanted more from her than she was willing to give. She appeared to be sensitive to too much emotional closeness and she found their constant requests for help intrusive. Her relationships with them were also ambiguous. During both childhood and adulthood she had felt they were always in competition with her. She described this competition as childhood rivalry. However, although she was emotionally distant from them, she felt they a shared bond as they had all experienced the same circumstances. Despite the fact that they did not talk about it, they were tied together by their mutual experience of abuse.

Carol experienced a sense of distance in her relationship and friendships with females. She related that she had never had a best girlfriend and that most of her friendships at the time of the study were with men. Even in her childhood and teenage years, she had found girls to be competitive, jealous and cruel. She had always found boys and men as easier to talk to, less judgemental and, up to a point, more dependable than girls and women. According to her, men seldom played games or were dishonest about what they wanted from a person. In addition, they were more predictable than women. However, despite the fact that she described her relationships with men as positive, she was not able to transfer this to her close, intimate relationships with men. She had had two marriages and a number of relationships with men who had shared the same dominant, abusive characteristics of her father or who had been similar to her father. She described them as having

strong, controlling and emotionally abusive natures. Her marriages, affairs and engagements had all ended when the men had “started” to become like her father and had tried to dominate or abuse her.

The sense of disconnection had also pervaded her relationship with her elder son. She found it extremely difficult to interact or to bond with him. She admitted that, for the first years of his life, she had only done what was necessary – *“Feed him, clothe him, bath, and change him”*. Because he had been so difficult, she had experienced problems in bonding with him or touching him apart from what was necessary. She described her relationship with him as negative and demanding. Although she had found it difficult to bond with him, at the time of the study they were closer than they had ever been. She did not think that this emotional distancing would ever change and she preferred there to be emotional and physical detachment between them. Although they were in contact with each other she preferred them to see little of each other. She indicated that, if they had too much contact with each other or too much closeness, fights and disagreements ensued. Her relationship with her elder son had always been one of disconnection and sometimes cruelty. However, the same could not be said about her relationship with her second and younger son, whom she described as the apple of her eye. He was the only person with whom she had experienced a connectedness. She expressed her love for him and related that she had not been able to stop kissing or hugging him. He had been like her other emotional half and the only person whom she was able to trust unconditionally. She stated that he had been a special angel sent from God and the only good thing in her life.

Carol often felt disconnected from others in her life. She stated that she was always willing to help others but that she never received gratitude or thanks in return. Her perception was that the people she tried to help would either stab her in the back or belittle her.

Both Ann and Cara related that they had had a connection with their parents and siblings, with Ann relating that she did not feel any disconnection with either her parents or her siblings. On the other hand, she had experienced a sense of disconnection with friends after her sister’s murder because she had perceived them as judgemental. However, her true friends had remained true after the murder and she treasured these friends. Cara indicated that she had a connectedness with her mother. Despite the fact that her father had been abusive when he was stressed and had started to drink, she related that he had loved them and that, when he was sober, he had been the best father in the world. He would play with them, sing songs and tell them stories and jokes. She stated that her childhood had been similar to anyone else who had a father who was often drunk and many of her peers had had fathers with an alcohol problem. Both Ann and Cara stated that they felt isolated and disconnected from their faith and religious groups, as they perceived the members of these groups as judgemental people who blamed them endlessly for the sorrow in their lives, accusing them of being weak in faith.

Control

A single traumatic event may occur anywhere and at any time. However, when victims have freedom and choice, they have the power/control to escape and are unlikely to be abused a second time (Herman, 1992). This is often experienced as the ability to control their surroundings or environment and the people within this environment. Unfortunately, control may be taken from you in many ways. It is often believed that repeated trauma happens only in prisons, death camps and concentration and slave labour camps. However, regrettably, repeated trauma is also possible in our societies in religious cults, brothels, institutions such as orphanages and old age homes and in the home (Herman, 1992). Domestic captivity is seldom recognised as imprisonment and is often unseen (Herman, 1992). The physical barriers are absent and unseen as there are no visible bars on the windows and no barbed wire fences, and nobody is chained. Thus, there are no barriers that are visible to the eye. These barriers are emotional, extremely powerful and almost indestructible. Children are rendered captive by being dependent on the abuser while women are held captive by economic, social, legal and psychological subordination, as well as by physical force (Herman, 1992).

The psychological impact of subordination to coercive control assumes several common features, whether that subordination occurs within the public sphere of politics or within the private sphere of sexual and domestic relations (Herman, 1992). The physical barriers formed or started in a traumatic situation. The majority of victims perceive the initiator of the traumatic event to be a powerful person in the life of the victim, while the psychological reaction of the victim is often shaped by the actions and beliefs imposed on them by the powerful perpetrator (Herman, 1992). Perpetrators do not just walk into a situation and gain control without effort. Instead they follow a process, whether it is in a robbery or in repeated trauma such as abuse or domestic violence. A perpetrator's first goal is to enslave the victim and they accomplish this goal by exercising despotic control over every aspect of the victim's life (Herman, 1992). Simple compliance rarely satisfies the perpetrator, who appears to have a psychological need to justify their crimes (Herman, 1992) and, for this, they need the victim's fear and affirmation (Herman, 1992). In fact, the perpetrator may even demand declarations of respect, gratitude, or even love from the victim. The ultimate goal is the creation of a willing victim.

The methods of establishing control over another person are based on the systematic, repetitive infliction of psychological trauma (Herman, 1992) and involve organised techniques of disempowerment and disconnection (Herman, 1992). These methods of psychological control are designed to instil terror and helplessness in the victim and to destroy the victim's sense of self in relation to others. Perpetrators seek to destroy the victim's sense of autonomy (Herman, 1992). In domestic and sexual abuse this is often achieved by scrutiny and control of the victim's body and bodily functions (Herman, 1992), with the perpetrator supervising what the victim eats and when the victim sleeps or goes to the toilet (Herman, 1992). Even if a victim's basic physical needs are adequately met, this assault on physical autonomy shames and demoralises the victim (Herman, 1992). In order to overcome the shame and trauma, victims often develop the capacity to voluntarily restrict and suppress their thoughts (James, 1996). This suppression applies especially to any thoughts of the future (Herman, 1992).

This may be because thoughts of the future may stir up such intense yearning and hope that victims find it unbearable, soon learning that such emotions render them vulnerable to disappointment and that disappointment, in turn, may make them desperate (Herman, 1992). They consciously narrow their attention, focusing on extremely limited goals (Herman, 1992). Their future is reduced to a matter of hours or days (James, 1996). This strategy is a coping mechanism in order to control the uncontrollable feelings of being out of control (Herman, 1992).

This lack of control is also evident in a traumatic incident. During the traumatic event victims are often not able to express their humiliated rage to the perpetrator for to do so may jeopardise their survival. Thus, their perception is that the perpetrator controls their emotions and, therefore, their anger. Even after the event victims may continue to fear retribution and may, thus, be reluctant to express rage against the perpetrator (Herman, 1992). In addition, they are often left with a burden of unexpressed rage against all those who remained indifferent to their fate and who failed to help them (Herman, 1992). Occasional outburst of anger may further alienate the survivor from others who are not able to understand the victim's rage and this, in turn, may prevent the restoration of relationships (Herman, 1992). In an effort to control their rage, survivors may withdraw even further from other people, thus perpetuating their isolation (Herman, 1992). For the survivor such isolation is one of the few areas over which they feel they have any control.

All three of the participants related that they felt they had little or no control over their destiny or future. Clearly, the traumatic event had taken away from them their sense of control and destiny. They expressed frustration at situations over which they had previously experienced having control as, after the event, they had lost the feeling that they were able to control either situations or their emotions. This feeling of not being in control results in feelings of hopelessness and powerlessness. The participants related that if they could only gain control over their emotions and their sorrow, they would be able to control their lives and their destiny. However, as long as they had control over their emotions, they had no control over other aspects of their life or their kin.

The participants indicated that the only control they had was in areas of minor importance. For example, Cara's sense of control was in the tablets she took before bedtime. Although there was no real reason for taking them, for her they controlled the "pain" she believed she would experience every night after she went to bed. Another adaptive skill she used was avoiding the dates that reminded her of her grief, for example, her husband's birthday, the date of their wedding anniversary, and the date of his death. In fact, all three of the participants used avoidance and denial as ways of controlling their emotions and feelings.

The participants also used the setting of boundaries as a strategy. They related that they were sometimes seen as "control freaks" or that family members told them that they were controlling. However, they experienced an inability to control their environments as frightening and being out of control. Everything in their lives had its own time and place and they expressed frustration if people did things or took items and did not use them for

their correct purpose or left them lying around. They acknowledged that this was childish but expressed uncontrollable anger if it happened. All three related that it was a matter of immense concern to them if things were not in their place and that this often created friction in their personal and work environments as people thought it was silly. On the other hand, they saw people not doing the “correct” thing correctly as irresponsible and disrespectful.

Another adaptive method used by the participants was the control they exercised over their emotions in relationships. This control was not abusive in the sense of hurting somebody or causing intentional harm, instead it referred to a lack of emotional closeness with people in their environment. They tended to be emotionally cautious to avoid emotional harm or hurt. Even those people whom they allowed into their personal space were kept at a “safe” emotional distance to ensure they “*could not harm or betray me*”. They told about how they often felt alienated and alone but preferred this to mixing with people that they regarded as meddlesome, prying and interfering. They used their loneliness as a barrier in order to control their emotional involvement with people. This was evident in the limited number of acquaintances they had and their scant personal knowledge of the sorrows, joys and pain of these acquaintances. Although they were aware of their acquaintances’ private histories and people often commented on how caring they were, they related that they regarded these acquaintances as passers-by whom they met, listened to and encouraged without giving them any emotional or personal space. It may be said that these encounters represented one-way caring and sharing experiences. The participants related that, although they had a number of acquaintances, they had few, if any, close personal friends who they allowed into their private personal space. Even those people who were allowed into this emotional space were restricted and confined to “safe areas” they were allowed to share. Thus, access to these “safe areas” was restricted and they expressed anger if “friends” intruded into areas into which they had not been invited or were not welcome. In other words, if a friend intruded into their “safe areas”, they regarded this as a betrayal and no longer considered such a person a friend.

In some cases, control takes the form of self-blame, as victims talk themselves into believing that they could have stopped the event if they had chosen to do so (James, 1996). Carol, Ann and Cara all used self-blame as a method of controlling their emotions and feelings and to make sense of the event.

Destructiveness

Victims of trauma sometimes convince themselves that they are totally responsible for the chaos around them or their families. This may lead them to embark on self-destructive behaviour such as suicidal thoughts, heavy smoking, alcohol abuse or neglecting their children, home, work and/or themselves. They often complain of a lack of energy and drive and sometimes experience problems sleeping. This not only affects the individual but also the individual’s environment, and the people in this environment, thus affecting the people in their home and their communities, especially their children who become fretful, unhappy and difficult to manage, thus exacerbating the problem. In some cases, the guilt and self-blame cause anger. This anger may

be directed towards the self through self-hatred (Herman, 1992). People who have internalised this hatred and anger may embark on a course of self-destruction, increasing their alcohol intake, smoking more, taking risks when driving, and/or exhibiting unsafe and risky sexual behaviour. Most trauma survivors indicate that suicide is always on their minds, but as a way of “punishing” themselves and not always as a result of depression. Suicidal tendencies, which sometimes serve as a form of resistance to being out of control or powerless, may persist long after the event even if they no longer serve any adaptive purpose. Victims may carry their self-hatred or their hatred of the perpetrator or abuser with them after the event and re-enact their perpetrator or abusers destructive behaviour (Herman, 1992).

Although Cara related that she despised her father and that she did everything in her power not to be like him, she admitted that she shared some of his destructive traits. She indicated that she was sometimes verbally abusive towards the men in her life. Although she acknowledged that such verbal abuse was “cruel” and recognised her father in her own actions and words, she felt that she could not stop herself from reacting in this way. *“I hurt them and enjoy their emotional pain, I know it is wrong, but I cannot stop myself ... It is a punishment, I don't know who I am punishing, myself or them, or my father. I know it is wrong, but it won't stop me dishing it out”*

In the main, a victim's distress symptoms are well concealed (Herman, 1992), with the socially conforming “false self” disguising the formation of a malignant negative identity, while any psychosomatic symptoms are rarely traced to their source (Herman, 1992). Self-destructive behaviour which is carried out in secret generally goes unnoticed. Although some victims may display such behaviour in aggressive or delinquent behaviour, most victims live their lives with their secret trauma intact (Herman, 1992).

It would appear that Carol's self-destructive behaviour generally went unnoticed. However, throughout her narration her emotional destructiveness was evident. The only relationship she had experienced as positive had been with her younger son who had died. All her relationships with significant others had been emotionally destructive for both her and her partners. Initially, she experienced these relationships as positive and then “they” would start cheating on her. Indeed, her relationships had followed an almost set pattern – meet, move in together, happiness, marriage or another form of official commitment and, within a year, problems. She stated that she did not understand how she, like her mother, always unearthed the rotten fruit and why it took her partners a just a few months or years to show their true colours of dominance and abuse. She stated that she only noticed this after she had committed to them and not before. Her friendships, those that had lasted, are also more destructive than supportive. She perceived the people she regarded as true friends as being few and far between, while not one of them was trustworthy. She perceived friends as people who only wanted to use and abuse her, either financially or emotionally and thus she preferred acquaintances who could not disappoint or hurt her.

In most of her relationships she subconsciously set out to destroy or disrupt them. Her experience with females

was that they were always friendly but stabbed her in the back or, after a few meetings, regarded her as competition or as somebody who flirted with their husbands instead as merely being friendly. Her perception was that women were jealous of her and her looks and they were shallow for thinking that she wanted their “left overs”. Almost all of her relationships had ended in a fight or in her being disappointed in the former friend or lover and feeling betrayed.

Long after their “liberation” people who have been subjected to coercive control still bear the psychological scars. Freedom of body is not freedom of mind. Survivors often state that they feel constrained, even in open spaces. They will avoid confined or small areas and, if they cannot avoid closed areas, they will remain close to the exit or “path of escape”

Confinement, especially confinement that is perceived to be restricting and emotional confinement, leads to perceived fear and anxiety. Survivors relate that they feel anxious in confined spaces but they overcome this by moving to the nearest exit or “escape” route. They relate that, when they enter a building, within seconds they can tell you which area is the best if one needs to escape.

Victims of coercive control suffered not only from a classic posttraumatic syndrome but also from profound alterations in their reactions to God, to other people and to themselves (Herman, 1992). A oft-repeated sentiment was that they suffered as free (captive) individuals in their own homes as a result of what had been inflicted on them during the traumatic event (Herman, 1992). This feeling of confinement was evident in an emotional dimension and not merely in a literal sense. The participants stated that they “hated” clingy people whom they experienced as suffocating and intrusive.

All three of the participants related that they reacted with aggression and anger when they felt smothered or confined, with the feeling of confinement causing them to feel out of control and vulnerable. This trait sometimes even made them rude as they would avoid coming into contact with or speaking to an intrusive person or “jak hulle” (dismiss them).

Victims often do not understand the symptoms that may be secondary complications of the trauma they have experienced, for example substance abuse, eating disorders and other self-destructive behaviours (James, 1996). Ann and Cara spoke about certain destructive habits or symptoms of concern. Their destructive symptoms included drinking an extra cup of tea or coffee when stressed or eating more sweet things or food than usual in times of trouble. In other words, they were emotional eaters. Cara said that she could not sleep if she did not take two painkillers before she went to bed. Although she acknowledged that the tablets were a “foppie” (pacifier), she did use them in order to sleep.

Exploitation by Others

Victims of abuse and trauma often see themselves as vulnerable to exploitation by others. They often complain

that people who request their help never return their acts of kindness. They experience this acceptance of their assistance as ungrateful and superior. *“You help somebody, and, instead of a thank you, they start judging you or became all hoity”*. Cara, Ann and Carol all expressed their frustration at people they considered were ungrateful for any assistance they had given them. It was not that they needed or wanted the other people to be under an emotional or any other obligation to them; they just wanted an acknowledgement that they had done something worthwhile. They related instances where they had helped a friend or family member and, in return, had perceived scorn or contempt. They also all maintained that if they needed help or assistance, they received only *“judgerigheid”* (judgement) and hostility. It would appear that they resented this apparent ungratefulness and, although they did not require any accolades, they would have liked a simple thank you. On the other hand, it is also possible that, because they were so emotionally cautious, they did not recognise or accept help and that they may have perceived accepting “help” as a sign of weakness or that accepting the “help” may have rendered them vulnerable to abuse, or the “price” of the assistance would be too emotionally taxing.

Their experience was that when they were in trouble none of their friends or family members was prepared to offer any assistance. They admitted that they understood that not everybody is able to offer financial assistance but that what they had really needed had been emotional support. However, they had not received any such support and, instead, they had been preached at about why they were in such dire need. This feeling of having being rebuked had created feelings of resentment towards their family members and friends and this, in turn, had at times resulted in the breaking of contact or ruptures in their relationships.

In addition, because control comprised part of their coping skills, they sometimes inadvertently overstepped boundaries and may have offered assistance which was not needed or required and had not been requested. In view of the fact that they perceived control as a way of ensuring safety, in their efforts to control a situation they may have come across as overbearing or as control freaks. This assistance may also have been construed as intrusive in some instances. The suggestion is not that they were exploited solely as a result of their emotional caution but that they had allowed themselves to be exploited in certain situations. This was especially true in respect of family members, close friends or people in their social environment and whom they felt unable to refuse. If they said no, they usually felt guilty because it was also against their principles and society’s norms not to assist others. They expressed the fact that they both needed and wanted to say no but that they felt guilty if they did and, thus, to avoid feeling guilty or that they had let somebody in need down, they always tried to assist. Unfortunately, people who were prepared to exploit other people and abuse their “generosity” often recognise this “weakness” as regards saying no. All three of the participants indicated that they knew such people and that they were aware they could be exploited but that they felt guilty for refusing to offer assisting and, hence, they allowed themselves to be exploited.

The participants also related that they felt that they allowed people to exploit them because they were fearful that, if they said no, other people might judge them for their actions. According to them, in such situations they would experience an emotional struggle with logic being defied. They realised they were being “used” and

provided several reasons why they knew they were being exploited but that, ultimately, they gave in to the exploitation. All three of these participants perceived such behaviour as a weakness and expressed the wish that they could be stronger and refuse these requests. It would appear that they judged their own worth in terms of other people's perceptions of them or rather in terms of the way in which they thought other people would judge them.

Hopelessness

Many victims also use self-blame as an adaptive measure (Herman, 1992). When it is not possible to avoid the reality of the trauma they have experienced, they construct some system of meaning that justifies the event (Herman, 1992) and conclude that something they have done or not done was the cause of the traumatic event (Herman, 1992). They grasp this explanation and adhere to it for it assists them to preserve a sense of meaning, hope and power (Herman, 1992). This hope is then fuelled by illusions of being in control as they perceive that, if they had done either this or that, they could have changed the outcome of the event.

This was reflected in the narrations of both Cara and Ann. They had both experienced a loss of faith. After Ann's sister had been shot and before she was declared dead, Ann related that she had prayed for a miracle. She had stubbornly believed that her sister would survive and that a miracle would save her. Cara expressed experiencing the same hope and disillusionment when her husband died. She had believed so strongly that a miracle would happen that she had made arrangements for when her husband came home. However, arriving at the hospital and hearing the news that he had died that afternoon, without her having had time to say goodbye, had destroyed her hope, belief and faith.

Reality had destroyed both Cara and Ann's sense of hope. This hope had been vested in their prayers that their loved ones would not die and that God would intervene and save them. They had believed a miracle would happen and both expressed their "disappointment" that their prayers had not been sufficient to save the lives of their loved ones. The deaths had destroyed their hopes. Consequently, they both felt disillusioned and had lost all hope that anything good would ever happen to them. In situations similar to the traumatic events they had experienced they related that they felt the same hopelessness and felt that to pray or hope was a waste of time as their prayers and hopes would never be answered and that, if something good happened, it was usually followed by disaster. This sense of hopelessness extended to their children and their future.

Both Cara and Ann expressed the fears that they had about their future or their children's future and that they expected bad news or to hear that one of their children had died or met with misfortune on a daily basis. The arbitrary, random quality of their fate had destroyed their basic human faith in a just or even predictable world order (Herman, 1992) and they had had to reconstruct their shattered beliefs and faith in order to give meaning to what had happened. However, this reconstruction had brought them into conflict with others with whom they had formerly shared the same belief system, as there was such a sharp contrast between what they had

come to believe or see as fair and just and the beliefs of others. Their sense of belonging was, in turn, further destroyed by the rejection of those whom they had trusted. They also indicated that the rejection of their newly reconstructed beliefs sometimes compared to the emotional devastation of the traumatic incident itself. Their new beliefs, explanations and meaning-making did not conform to those of their previous social environment and resulted in conflict in their cognitive, emotional and behavioural responses. The loss of society's support reaffirmed a feeling of self-blame and exacerbated their lack of hope for the future.

Loss and Betrayal

The loss occasioned by trauma, whether the trauma is personal or involved in witnessing a traumatic event, is enormous and is often overlooked by society, which focuses on the dramatic components of trauma. This loss may take the form of a loss in respect of a significant aspect of the trauma victim's world, either in childhood or in adulthood, and may include the loss of a sibling, parent, other significant person, pet, a home or a community. This loss is often in conjunction with other traumatic events. Exposure to involvement in activities that involve pleasure and the perception of attention, even negative attention, is sometimes seen as loss and betrayal by some of the participants (James, 1996). This loss may also take the form of the loss of the attention they received or the loss of a parent, home, friends and/or familiar things. With the loss of a sibling or parent who was suffering from a life-threatening illness, evidence shows that those involved often relate that they experienced a loss of belief in a future, as well as a loss of belief in their own invulnerability.

The participants had been forced to deal with realities for which they were unprepared. In addition, they had either not allowed themselves to grieve or they had been prevented by others from grieving for what they had lost. In addition, if they felt betrayed by a loss of trust, this often disturbed the foundation of their development, not only in terms of trauma victims who had experienced childhood trauma but also those who had experienced a traumatic event in their adult years. If the betrayal had originated with a person who was known or loved, the participants often berated themselves for it: *"I am no good, I don't deserve better, should have known better"*. Their perception was that the world was a fearful and threatening place and that nobody, especially people in their own social world, could be trusted. Accordingly, they focused their energy on trying to hide or control their world or build emotional fortresses. They also tried to avoid contact with people or places which reminded them of their loss. The participants all stated that they had no or little energy for emotions or for their own development. It emerged from their narrations that they expected people to hurt them and that they did not feel people could be trusted. This betrayal was reaffirmed by people whom they perceived as being *"judgerig"*. In addition, they expect to be exploited by others and had, in fact, often been exploited by older children in their childhood or by adults (James, 1996), with this exploitation confirming their belief that people would betray them, as well as their loss of trust in their fellow human beings. They related that they preferred the company of *"animals who are loyal and can be trusted not to hurt you"*. In order to overcome these feelings of betrayal they suppressed their longings and emotional needs, often reacting with rage and frustration when their needs

were not recognised.

The arbitrary, random quality of their fate defies the basic human faith in a just or even predictable world order (Herman, 1992). They had to reconstruct their shattered beliefs and faith, giving meaning to what happened. This reconstruction brought them in opposition to others who had shared their belief system before the trauma happened. When this happens and victims perceive themselves as having been rejected by their culture, social group or environment, they suffer feelings of loss. In addition, they often feel that they have been betrayed, not only by those whom they trusted in their community, but also by the police, social services or whoever they felt were involved in this “betrayal”.

Trauma victims often feel that not only have other people betrayed them, but also that they have betrayed themselves. They find it difficult to understand and explain why something in which they previously believed has proved to be fallible and false. They then question their own judgement and belief systems in a just and fair world. Truths in which they previously believed fail and they are not even able to explain the horror they perceive. This may bring them into conflict with their social environment. They may have lost far more than a few possessions during a robbery as they may also have lost a loved one. The victims of a traumatic event often complain that they feel different or lost or that it appears that somebody had stolen their hearts or their souls, as part of them is no longer present. This emotional loss is depicted in popular literature and art forms, for example in the song from the animated film *Mulan*.

Look at me, you may think you see who I really am, but you'll never know me. Every day it is as if I play a part. Now I see, if I wear a mask, I can fool the world, but I cannot fool my heart. Who is that girl I see staring straight back at me? When will my reflection show who I am inside? I am now in a world where I have to hide my heart, and what I believe in, but somehow, I will show the world what's inside my heart, and be loved for who I am. Who is that girl I see, staring straight back at me? Why is my reflection someone I don't know? Must I pretend that I am someone else for all time? When will my reflection show who I am inside? There's a heart that must be free to fly, that burns with a need to know the reason why. Why must we all conceal what we think, how we feel? Must there be a secret me I'm forced to hide. I won't pretend that I'm someone else for all time. When will my reflection show? Who I am inside? When will my reflection show who I am inside? (Wilder & Zippel, 1998).

The words of this song echoed in the narrations of Ann, Cara and Carol. This was not a matter of transference, but rather a reminder of emotions that had been expressed previously. Although the words of the participants were not as elegant as the words in the song, they also hinted that they were speaking to a stranger in the mirror and that the mirror reflected a face and a body with which they were familiar but that was also a stranger with sorrow-filled eyes. They knew the curves, the lines and the shape but it was as if they were looking at a stranger. They related that the difference was particularly evident in their eyes. Although their eyes were the same colour and shape, they were not looking at their eyes. They felt that, although they were looking at a

familiar person, it was person whom they dimly recalled, a stranger who sometimes frightened them with the pain and sorrow of a damaged, sorrow-filled soul that was reflected through familiar eyes. Just as the words of the song express the loss of self, their narrations reflect the loss of the person they had once known, an intimate self whom they had trusted and on whom they had depended. They all expressed a longing for the comfortable person they had once been. Although the participants had difficulty explaining it, the loss of the self was sometimes more traumatic than the loss of a loved one. This loss of self is often reflected in self-doubt and in questions such as *How could I have prevented it? What could I have done? Why did it happen?* This loss goes far beyond the loss of possessions or even death. It is the loss of trust in a just world, the loss of belief in a deity who cares, the loss of sacred dreams, hopes and expectations, the loss of a feeling of shared belonging to a group that shared its aims, hopes, expectations and norms, and the loss of all that once they held dear. Thus, although their trauma involved the loss of a significant other in their lives, the loss of self was devastating.

All three of the participants expressed a sense of betrayal by their community or society – by the people in whom they had trusted and in whose judgement they had believed and regarded as just. They perceived that these people had turned against them and had behaved in a callous and indifferent way. These trusted and respected people had become judgemental and had used words that not only hurt but also destroyed.

In addition, the participants all expressed a sense of betrayal by the deceased. They questioned whether they had ever really known the deceased and wondered if they had ever been loved. They questioned their own judgement, how they could have been fooled and, above all, why they had not been trusted enough, why they had not been loved enough and why a loved one had not shared with them – the secret of her sister's boyfriend in Ann's case or that her husband had felt unwell in Cara's case. Their narrations all spoke of their disappointment in their loved ones for what they perceived was disloyalty and betrayal.

The fact that they were not able to understand their emotions, feelings and sorrow left them bewildered and fearful. They often wondered whether they were bewitched or cursed. This made them doubt themselves and they perceived this as a betrayal of the self with unfamiliar emotions and feelings being experienced and their once familiar coping skills useless under this onslaught of the bewildering unknowingness. The narrations of all three participants reflected their doubts in their ability to judge accurately or to place (Steyn, 1996) any trust in their judgement. They tended to analyse every aspect of their caring and love and, more often than not, they found it lacking, judging themselves far more harshly than they perceived others were judging them.

They also related being let down by their communities and judged by their religious leaders and that they felt different and alienated in a once-familiar atmosphere of similar beliefs and attitudes. The loss they had suffered went further than the death of a sibling or a husband, as it was also the loss of the trust they had had in their relationships with the deceased. This questioning of their care was evident in Cara's questioning why she had not realised her husband was ill and Ann's questioning whether her sister had trusted her as much as Ann had trusted her sister because, if so, why hadn't her sister told her about the boyfriend and the threats?

Loss of Faith

The profound alterations in the self and in relationships inevitably result in a questioning of the basic tenets of faith. There are people who have strong and secure belief systems and who are able to endure the ordeals of trauma and emerge with their faith intact or even strengthened. However, the majority of trauma victims experience the bitterness of being forsaken by God (Herman, 1992).

Carol indicated that her faith had enabled to survive her ordeals during childhood and also after her son's death. She believed that God had a purpose for her and that it was not for her to question His way. However, this same acceptance was not reflected by either Cara or Ann, with both of them describing their anger and bitterness towards God and their feelings of having been abandoned by Him. They questioned His love and kindness. Their membership of religious groups with certain norms and rules made it difficult for them to express these feelings without feeling alone, guilty and unfaithful for having questioned God and for expressing their feelings of abandonment. Their alienation was evident in their descriptions of having been condemned by religious people who had never suffered a loss as personal as theirs and who belittled them for a lack of belief and trust in God and for not believing He would bring good out of a bad situation. This "sentimental, senseless" talk confused them as they truly felt that they did love God but that they were, nevertheless, bitter at their loss and their abandonment by Him and their loved ones, leaving them alone and alienated. They indicated that they continuously read and reread the Bible trying to find reasons for, answers to or comfort for their pain and sorrow. They felt that their religious communities had also abandoned them because they were not conforming to the norms and guidelines which prescribe that individuals may grieve and mourn but they may never question or talk to God about their pain, as this is seen either as a sign of the Devil in the person or as blasphemy. The silent dismissal of their grief was experienced as uncaring and consequently they perceived their faith as ambiguous. They experienced this attitude as cold and judgemental. Indeed some of the members of the congregation even told them to stop making a fuss and to get on with life as the dead are not able to depart for their heavenly home if those left behind do not stop grieving. Their perception of this message was that God comforts certain people and not others, asking that if this were not true, why they were continuing to grieve and feel abandoned while others in similar situations continued as if nothing had happened. The message they received from their religious communities was that *"If something happens to you, it is your fault for not believing, praying enough, or allowing the devil to weaken your faith and is seen as your just due for being unfaithful and weak in spirit and faith"*.

It is impossible for a trauma survivor to reconstruct the trauma event without including a systematic review of the meaning of the event, both for the victims of the event and the significant people in their environment (Herman, 1992). Thus, a traumatic event challenges a victim to become a theologian, a philosopher and a jurist (Herman, 1992). The deaths of the narrator's loved ones forced them to articulate the values and beliefs that they had had before the event and the trauma they had suffered had destroyed these values and beliefs. Mute with emptiness they had witnessed evil, feeling the insufficiency of any known system of explanation (Herman,

1992). Like all victims, they came to one final question, “Why?” This was then followed by the question “Why me?”

The arbitrary, random quality of their fate had defied their basic human faith in a just and predictable world (Herman, 1992). They had had to examine the moral question of guilt and responsibility and reconstruct a system of belief that incorporated the trauma they had experienced and made sense of their suffering (Herman, 1992). However, this reconstruction brought them into conflict with others in their lives (Herman, 1992). They experienced a sense of rupture in their belonging to a shared system of beliefs and, thus, they had to face the dual task of not only rebuilding their shattered assumptions about meaning, order and justice but also finding a way to resolve their differences with the beliefs they could no longer share (Herman, 1992). Not only were they forced to restore their own sense of worth but they also had to be prepared to sustain this restored sense of worth in the face of critical judgement from others (Herman, 1992).

Naming the Problem

The loss of society’s support reaffirms the trauma victim’s feeling of self-blame as well as the feeling that there is no hope for the future. During trauma treatment, a therapist is called upon to provide a context that is cognitive, emotional and moral. This requires the therapist to normalise the victim’s responses, to facilitate the naming of the problem and the use of language and to share the emotional burden of trauma. The therapist’s most important role is that of validating the client’s feelings, providing education and naming the problem (Herman, 1992).

For most victims the uncertainty they experience is disconcerting. They require an answer or an explanation of what happened and why it happened. Is something wrong with them mentally and why did it happen? The feelings of being out of control and lost and, for some, their helplessness in the face of explaining the changes in their moods and behaviour, create feelings of powerlessness and hopelessness. Both Ann and Cara related that their uncertainty and their not having answers or explanations played a role in their perception of the trauma they had experienced and their symptoms. In addition, not knowing what was “wrong” with them had exacerbated the feeling of being lost. Both of them stated that they felt like strangers to themselves and that sometimes they were angry while, at other times, they would cry for no reason. They often feared that they were going insane or they had a mental disorder. *How could it be normal to cry and be angry and hurt all at once?* They wondered if their unhappiness was their punishment for what they perceived they had previously done wrong or neglected to do.

Both Ann and Cara experienced relief once they were able to find a name for their personal experiences and to understand that what they were experiencing was a normal reaction to trauma. They were relieved that they were not “*losing it*” as they had silently feared that they were “*nuts*” (a slang term used to describe a mental disorder). The realisation that they were experiencing what countless others experience after a traumatic event brought a feeling of calmness and liberation. Since the traumatic event/s they had silently wondered whether

they were bewitched or they were losing their mind. The knowledge and psychological education about trauma and trauma symptoms made them realise that their actions were normal and to be expected when one is dealing with trauma and unresolved emotions.

Powerlessness

The majority of trauma victims are unable to let go of the powerlessness they experienced during the traumatic event and this feeling of powerlessness expands to take over their self-image (James, 1996). A sense of powerlessness results in an inability to act or perform effectively. In the case of a trauma victim this is often the outcome of the victim's concept of him/herself after trauma (James, 1996). The victims' perception of the experience is often that, because they were helpless, they could do nothing to stop the event from happening. This, in turn, results in their perceiving themselves as ineffectual people and responding to situations that serve as a reminder of earlier trauma with feelings of helplessness (James, 1996).

Two of the three narrators expressed a sense of powerlessness. For Ann this powerlessness manifested in certain situations in which she felt cornered and/or unable to react or in which she felt her actions were submissive. Cara also related that she experienced feelings of powerlessness. She remarked that her economic status as the sole financial provider in her household had prevented her from obtaining adequate medical care and assistance for her husband. She also commented that, in view of the inability on the part of her children and her husband to secure permanent employment, the financial burden of providing fell on her and yet she had little or no say with regard to how their income was used. She remarked that if she had had the power to make financial decisions she would have included a hospital plan or medical aid in the household's budget. Although her husband was dead, she continued to refer financial decisions to her sons as they were "the heads of the family".

The inability to access medical care left Cara and Ann feeling angry and powerless. They suggested that, if they had had economic freedom and had been able to access adequate health care, they might not have lost a person close to them. The inadequacy of the medical system and the uncaring behaviour of those involved in it had resulted in their family members not receiving adequate medical assistance and, as a result, they had died prematurely.

Both Cara and Ann feared for the future and happiness of their children, expressing their apprehension that their children might not have a bright future and living in constant dread that their children might die young. They suggested that the traumatic events had had a negative effect on their children which could result in their making wrong decisions.

Although Carol's narration did not suggest feelings of powerlessness, it was evident that, at times and in certain situations, she reacted to a sense of powerlessness. This was particularly evident in situations in which she felt trapped, undermined, dominated and out of control. She expressed on numerous occasions that she was a rebel

at heart and that she found it difficult to take orders or work with people in authority, especially if they were “*dominerende ou toppies*” (domineering old men). Although Carol did not recognise it, it was evident that in her intimate relationships with men, she transferred her anger and resentment to these men. She reflected that “*When I see a part of him that reminds me of my father, I became my father and I lose it, nothing can stop me*”. In all her intimate relationships, she used this as an excuse to end the relationships, marriages or friendships. This behaviour manifested in all she said about her relationships. Although her relationship at the time of the study was stable she stated that she did not love “*Johan and never will, he is only a means to achieving I want – to feel safe, have somebody around, and who will contribute to financial security*”. According to Carol, although she had no feelings of emotional attachment to Johan and they had been together for a number of years, she expected him to start cheating on her or to start to verbally and physical abusing her despite the fact that, up to that point, he had not revealed any such tendencies. “*I expect he will start his tricks soon, most of them do, first couple of years are ok, and then, they start with their cheating, lying and abuse. I am waiting for it, the moment he tries it out, I will chuck him out so fast he won’t even feel the door hitting his behind.*”

Physical Symptoms

As a survival strategy trauma victims attempt to negotiate or reconnect their adult relationships. If the trauma occurred during childhood the psychological defences formed during childhood may become increasingly maladaptive. Doublethink and double self-talk are methods of coping and serve as protection against a climate of coercive control. However, in terms of adult relationships, these methods are useless in a climate of freedom and adult responsibility (Herman, 1992), while they also prevent the development of mutual, intimate relationships and/or the formation of an integrated identity. As the survivor struggles with the task of adulthood, the legacy of childhood becomes extremely burdensome (Herman, 1992). Later in life, the maladjusted defence structure breaks down (Herman, 1992). When and if this breakdown occurs, it may take on symptomatic forms that mimic virtually every category of physical or psychiatric disorder, with victims often fearing that they are going insane or dying (James, 1996).

Victims of trauma sometimes convince themselves that they are responsible for the chaos around them or their families (Herman, 1992). They may embark on self-destructive behaviour or behaviours such as suicidal thoughts, heavy smoking, alcohol abuse and/or neglecting their children or homes, their work and themselves. They often lack energy and drive and sometimes experience problems sleeping. This, in turn, has an effect on the people in their homes and their communities, especially children who may become fretful, unhappy and difficult to manage, thus exacerbating the problem (Herman, 1992). Trauma victims are seldom encouraged to protest or to express feelings of despair (Herman, 1992), with friends and family members inadvertently preventing the victim from going through the necessary grieving process by congratulating the victim on his or her cooperation and for being good and adjusting so swiftly (James, 1996). This may lead to victims blocking their feelings and numbing themselves emotionally because they fear disappointing others, behaving in an ungrateful way or believing something bad may happen (Herman, 1992). Unfortunately, however, emotions

need a vent – a way of escaping. If the heart is not able to release its burden, it will use the body to relieve the tensions or alert the reluctant receiver to the fact that a problem exists and requires attention.

The participants shared that they all experienced physical symptoms with no medical origins. They had sought medical advice for complaints such as headaches, backache and bowel problems. Carol had even consulted a number of specialists but, as with Ann and Cara, neither medication nor medical intervention had relieved the physical “symptoms”. They indicated that their symptoms were more prominent in times of stress and distress. In an effort to deal or cope with these symptoms they would rest for a while, withdrawing from people and their usual activities. After the stress/distress had passed their symptoms would “just vanish”, although they would feel emotionally drained.

The majority of people in the narrators’ social environments possessed little or no knowledge or understanding of the psychological changes caused by trauma, with social opinion tending to be extremely harsh (Herman, 1992). The participants’ apparent depression, somatic complaints and smouldering anger often frustrated those around them and were expressed in certain somatic conditions. In view of the fact that the participants felt that they had been betrayed in their relationships and in terms of community loyalties or moral values, and subjected to condemnation (Herman, 1992), they tended not to express their sorrow, rather it manifested in more socially acceptable ways such as somatic complaints.

Remembering and Mourning

The majority of trauma victims feel that what they have gone through is so traumatic that they will never overcome it. Nevertheless, although it is difficult and they will always retain bad memories about the event, it is possible for healing and adjustment to take place.

Ann related that the memory she has of her sister is one in which she lies bleeding and dying. Many studies have discussed the fact that individuals alter their perceptions to fit their current reality in an effort to make sense of or explain what happened. This is true of Ann as she could not think about or remember her sister as she was before the shooting and she purposefully avoided doing so. When asked about her sister, for example her favourite food, her likes dislikes, Ann struggled to remember any happy incident and any facts about her sister prior to the shooting and her death.

Some trauma victims who lose a loved one in an act of violence and uncertainty experience problems in remembering and mourning the deceased person. Similar to Ann, Cara related that it was difficult for her to remember a loved one or her husband before death and that, even if she recalled a fond memory, it was overshadowed by a sense of loss and grief.

Although Carol did not mention an inability on her part to mourn her son, like Cara and Ann she mentioned having difficulties in “getting over” his death and, as in the case of Cara and Ann, she would become

exceptionally emotional near the anniversaries of his death, his birthday and other special days. Although the traumatic events which the participants had experienced had happened a while before the time of the study, the participants were all still struggling to come to terms with their loss and, on birthdays and special occasions, they experience the loss as if it had happened again or only recently. All three stated that they tried to avoid pain and sorrow by not visiting the sites where their loved ones had died – her son’s accident site for Carol, and for Ann the backyard where her sister was shot. They also stated that they avoided visiting graves or memorials, appealing to the interviewer to forgive them and to understand that it was too painful to visit such places and recall their loss.

Self-Blame and Guilt

Trauma survivors who face the intolerable often analyse every aspect of their relationships with both the trauma victim and the offender. They ask themselves questions such as “Why did this happen?”, “Why didn’t I suspect or prevent it or know about it?”, “Why did I trust him or her?” and “Why was I so easily deceived?”. Their inability to find logical answers to these questions often result in their blaming themselves. They conclude that they must have been blind or stupid to be fooled so easily or to allow the event to happen. In hindsight they also look for ways in which they could have prevented the event from happening. Although they realise that they could not have prevented the incident, they often blame themselves and feel guilty about what happened.

If a child was involved in the event, the parents often feel useless as parents that they were taken in so easily or that they allowed something to happen to their child. This was evident in Carol’s story in which she blamed herself constantly for her son’s death despite the fact that she recognised that she could not have prevented the accident. However, in hindsight she continued to look for ways in which she could have prevented it from happening. She also felt that her son’s death was her punishment for taking another mother’s son from her. Although logically she knew that this belief was not valid she appeared unable to convince herself that her son’s accident was not a justified punishment for her. She had convinced herself that this punishment was the universe’s revenge on her for having caused another mother’s grief. In order to bolster this strongly held belief she justified her self-blame with “facts” or correlations from the two events. For example, both boys had been on their way home from school, both had been “run over by a car” and both drivers had been mothers. Logically, these correlations were unjustified and represented mere coincidences and, although there had been similarities between the two incidences, there were also differences between them such as the ages of the boys and one boy had been walking and the other riding a bike. However, for Carol, a mother intent on self-blame and guilt, it made perfect sense to ignore the differences between the accidents and focus on the similarities as proof that she deserved her pain, loss and sorrow.

In general, all human beings and even animals do their utmost to protect their families and they believe and trust that other people will not harm them and that they are safe. In other words, people do their best to protect

their loved ones, provide their children with an upbringing and the knowledge available to them. To contemplate harm to one's children is unthinkable and may even, in some cases, be seen as wishing harm on one's own. Ann, Cara and Carol all had memories of what they perceived as "warnings" they had received shortly before the deaths of their loved ones. According to them, these "warnings" had been in the form of either a dream or a thought. They all mentioned that, before the deaths, they had either had a dream in which the deceased was dying or had died, or had thought that something terrible was going to happen to the deceased. They all berated themselves for not taking these warnings seriously and believed that, if they had paid attention to these signs, they could have prevented the deaths. They equated their lack of action with the reason why the person had died. Thus, they blamed themselves and felt guilty that they had not taken these "dreams" and "warnings" seriously and that, in this way, they had contributed to the deaths of their loved ones.

If we feel badly about ourselves, a possible defence mechanism is to find a scapegoat for what has happened. Accordingly, as a way of coping with the stress of the traumatic event, trauma victims sometimes blame somebody else for what has happened. Self-blame and guilt often create anxiety and shame and people may hide away to avoid the stares and questions. They may even find themselves crossing the road to avoid contact with their neighbours. This may greatly affect the trauma victim's life, making him or her feel isolated and that life will never return to normal.

Carol blamed the medical services for her husband's death while Ann blamed her sister's boyfriend for the death of her sister. They reasoned that, if they had had proper medical attention, they would not have died. In addition, they blamed themselves for not ensuring that their loved ones had been treated with dignity and respect when they had died. They felt that they were justified in feeling guilty for what they perceived as their negligence towards their deceased loved ones.

This self-blame was clearly embedded in the three participants' cognitive understanding, as well as in their affective, sensory and muscle memory (Herman, 1992). As in cases of molestation and rape by a known person, Carol's self-blame was also evident in her autobiographical recall. Although she did not perceive her father as a good person, she nevertheless believed that she was to blame for her father's bad behaviour and abuse (Herman, 1992). Self-blame was also evident in her childhood memories when she related the trauma she had experienced as physiologically thrilling, indicating that she believed that she had wanted it to happen (Herman, 1992). Her self-blame was also evident in her statement that she was aware that she had not fought back nor had she actively resisted the aggressor. This is linked to her childhood image of her father and her self-blame which allowed her to harbour loving feelings towards both her mother and her father.

In their narrations of traumatic events such as domestic abuse and sexual abuse, the participants all related that they strongly believed in their own guilt and that they blamed themselves for what had happened to them. This is linked to the research conducted by Herman (1992), Dekel (2009) and Schacter (2001), which suggests that the way in which we perceive an event and the way in which our social interaction is related to the event have

an influence on how, in later years, we recall the traumatic event from our autobiographical memory.

It is often the victim and not the perpetrator who feels guilty (Herman, 1992). As we develop and our competence and capacity for initiative increases, this enhances our positive self-image (Herman, 1992). Traumatic events tend to thwart initiative and overwhelm the individual's competence (Herman, 1992). In addition, the knowledge that one has been spared while another person has not often weighs unbearably on the survivor's conscience (Herman, 1992). Ann made a statement to this effect and indicated how this had contributed to her feeling out of control and hopeless. She frequently questioned why she had not been shot or why she had not been home. She reasoned that if she had been present she could have prevented the shooting or, if not, she could have "taken" the bullet for her sister.

After a traumatic event, the victims often review and judge their own conduct, often seeing their actions as lacking. During such an evaluation, the feelings of guilt and inferiority that arise are almost universal (Herman, 1992). The guilt may be seen as an attempt to draw a useful lesson from the event and to regain some sense of power and control, while imagining that you could have done better may be more tolerable than facing the reality of your utter helplessness (Herman, 1992). The guilt tends to be especially severe when an individual has witnessed the death or suffering of other people (Herman, 1992) and may stem from a variety of causes including not having saved someone or not fulfilling a dying wish (Herman, 1992).

All three of the participants found fault with their own behaviour, while they all confessed that they felt guilty for not having acted sooner than they did. Cara repeatedly rebuked herself for not having taken her husband's complaints seriously and for going to work. Ann felt that she had not known enough about her sister's life, nor had she paid enough attention to her sister. She blamed herself for a situation which had, in fact, been beyond her control. Carol felt guilt about an accident even though she could not have prevented it. All three of the narrations highlighted the narrators' guilt and self-blame for events they could not have either predicted or prevented. Their narrations expressed their longing for reassurance that they could have prevented the events from happening. It was almost as if they expected the listener to concur with their judgements of themselves as the person who had been responsible for the incident which had sentenced them to a life of emotional self-imprisonment.

Suicidal Tendencies, Depression and Sadness

Survivors may direct their anger and hatred against themselves (Herman, 1992). Suicidal tendencies, which sometimes serve as a form of resistance, may persist long after the event, even though the resistance no longer serves any adaptive purpose. Depression, sadness and suicidal tendencies are associated with any trauma and loss and are an integral part of the normal grief process (Herman, 1992). A traumatic event changes the lives, perceptions, beliefs, outlook and attitudes of the victim, while it also changes the lives, perceptions, outlook and attitudes of the victim's family and/or friends (Herman, 1992). Close family members may find it difficult to

express their feelings of sadness as they feel it is incumbent on them to be strong and to look after their families (Herman, 1992). However, the erroneous belief that they are supposed to be strong often results in the victim and/or his or her family contributing to the silence and denial of loss and grief (Herman, 1992). Family and friends often believe that supporting the victim is the right thing to do and that their own show of sorrow would let the victim down. However, if their sadness is not reflected or recognised the victim often pretend all is well as a way of complying with what they perceive is expected of them emotionally. This masks the problem which will probably manifest again at some stage (Herman, 1992), usually in response to another stressor or trauma.

These psychological losses may result in an deep state of depression (Herman, 1992), with protracted depression being the most common symptom found in virtually all clinical studies of chronically traumatised people (Herman, 1992). Every aspect of the experience works to aggravate the depressive symptoms. This is what is termed the “survivor triad” of insomnia, nightmares and psychosomatic complaints (Herman, 1992). The dissociative symptoms of the trauma merge with the difficulties with concentration that accompany depression, while the paralysis of initiative resulting from chronic trauma combines with the apathy and helplessness of depression (Herman, 1992). Any disruption of attachment reinforces the isolation of depression (Herman, 1992). The loss of faith suffered because of a traumatic event merges with the hopelessness of depression, while this depression and the feeling that it never will end may lead to suicidal thoughts. In addition, anger also adds to the depressive state in which suicide is contemplated, not as a way of ending one’s life, but as an act of rebellion or of taking back control of one’s life (Herman, 1992).

The narrations of the three participants all reflected a sense of depression and suicidal tendencies. The participants appealed for understanding that this was not a sign of weakness as they had no intention of taking their own lives but that they did sometimes contemplate suicide. However, they stated that this was a thought only and, while they had no intention of carrying out the action, they did see it as a way in which to put an end to the terrible pain and sorrow and a way in which to overcome the burden of sorrow and forced silence. They tended to think of suicide at what they perceived to be the worst times, for example special occasions such as anniversaries, Christmas and birthdays. It was during these times that they felt particularly vulnerable and lonely and they envisaged that the pain would be less if they were reunited with their loved ones who had died.

Trust

A sense of safety in the world or basic trust is acquired in early life in the relationship with the first caregiver (Herman, 1992). Originating with life itself, this sense of trust sustains a person throughout the lifecycle and forms the basis of all systems of relationships and faith (Herman, 1992). The original experience of care makes it possible for human beings to envisage a world in which they belong, a world hospitable to human life (Herman, 1992). Basic trust is the foundation of belief in the continuity of life, in the order of nature, and in the transcendent order of the divine (Herman, 1992). In abusive situations people seek their first source of comfort

and protection and, when this comfort is denied or goes answered, the sense of basic trust is shattered (Herman, 1992). They feel abandoned, alone, cast out of the human and divine systems of care and protection that sustain life (Herman, 1992). Subsequently, a sense of alienation and disconnection pervades every relationship, from the most intimate familial bonds to the most abstract affiliations of community and religion (Herman, 1992). When trust is lost, trauma victims often feel that they belong more to the dead than the living (Herman, 1992).

Ann and Cara had lost trust in people, especially in religious figures whom they saw as fake and condescending. They had retained their trust in a select few only. On the other hand, Carol had learnt from early childhood that to trust was to come to harm. This lack of trust was evident in her adult years. She had an inborn mistrust of people and preferred animals which she perceived as being more loyal, predictable and stable than people. In all her relationships she had both expected and experienced a break of trust. Even in terms of new relationships she expressed “knowing” that the man she was with would disappoint her. This, in turn, meant she was never disappointed because she had expected it to happen. This would also prove to her that she was justified in not trusting anybody and in not allowing any emotional closeness and that she was the only trustworthy person in her life.

Repeated trauma in adulthood erodes the structures of personality which have already been formed. However, in Carol’s case the repeated trauma in childhood had both formed and deformed her personality. Trapped in an abusive environment, she had been tasked with adapting on a daily basis. She had had to find a way of preserving a sense of trust in people who were inherently untrustworthy and finding safety in an unsafe situation. In addition, she had had to try to control a situation that was terrifying and unpredictable, and to find power amidst total helplessness. She had felt that she was unable to protect and take care of herself and so, in an attempt to do this, she had compensated for the failures of adult care and protection in the only way she could – by using an immature system of psychological defences. One of these defences was her ability to deny that “it” had ever happened. A psychological coping mechanism system she transferred to her adult years and relationships as a system of defence and protection against perceived possible physical and psychological harm by others in her environment.

Conclusion

Following the interviews, the researcher identified the themes that emerged from the three narrations. She then unconsciously added colour from her views and perspectives of what she believed she had heard. It should be remembered that other researchers might have interpreted the emergent themes differently and have used other methods or language to explain or infer what was meant. However, she tried not to add to or detract from the richness of the stories. Certain of the themes corresponded with themes that had emerged from previous studies on trauma. However, despite these links it was important to consider these themes within the unique context of each story and memory recall. In addition, despite the links within the contexts of trauma and recall, the reasons for these themes differed in the perceptions of the narrators – how they perceived what happened, how

they believed society had expected them to react and what they truly believed. It is, thus, essential that we take this individual meaning-making into account when dealing with the emerging trauma stories of each individual with whom we interact.

CHAPTER 9

Conclusion

I know it sounds scary; but telling your story will allow you to own it. It will become less and less a horrible thing that happened to you and more and more something you can narrate, take control over. Talking helps, keeping quiet holding it inside not so much (Gardener, 2012)

This chapter evaluates the study and highlights its strengths and limitations. The chapter also contains a brief summary of each participant's story. The chapter concludes with suggestions for clinical practice and/or future research.

Evaluating the Study

This study aimed to give voice to the three participants who saw themselves as voiceless and who also described symptoms similar to those of other trauma victims. This study confirmed that trauma and secrecy often go hand in hand. This is not the result of the trauma or the atrocity of the event but rather the forced silence imposed on trauma victims by their social environments and communities. The purpose of this silence and denial is often to enable societies and families to maintain the internal equilibrium or status quo in order to protect their norms and standards, which are threatened by the traumatic events. Not acknowledging the victims or the events means that the status quo remains and families and societies are able to hold onto their belief that they live in a fair and just world.

It was anticipated that the three narrations would provide unique, rich information about the emotions and perceptions of trauma victims and enhance the understanding of both the way in which victims perceive trauma and the social environmental influences that colour their perceptions, thus altering their reality and truth to accord with accepted societal norms and standards. The researcher implores the reader not to generalise the study findings to a larger population, but rather to see the study as the personal accounts of three individual survivors. These survivors were silenced by their communities and environments and were forced to suppress their stories of loss because they did not fit the norms and acceptable social standards. The hope is that these narrations will give others the opportunity to raise their voices and to be heard; in fact to be listened to rather than just heard.

A study of the history of trauma reveals that trauma is a study of periods of active investigation alternated with periods of oblivion (Herman, 1992). The literature review revealed that the majority of trauma studies are aimed at finding a particular set of reasons and explanations for trauma symptoms and thus to generalise the findings to a larger population, fitting into a westernised psychological system. However, it is not possible for the findings of this study to be generalised to all trauma victims in South Africa, as the diversity of cultures in

the country has its own unique and different history, with trauma and meaning-making being subjected to the unique beliefs and systems in the country. The researcher is of the belief that the aim of the study was accomplished as each participant's story was unique and rich in personal experience and meanings, nourished by the participants' individual and culturally specific belief systems.

The themes that emerged from each story were identified and discussed. A comparative analysis of themes and related findings from the literature review followed. The narrations presented the unique and rich information provided by each narrator. At times the themes which emerged from the narrations overlapped and revealed similarities while, at others, the reasons and explanations were worlds apart and the meaning-making occurred within the context of the participants' own culture, society and community. It is hoped that the findings of the study will stimulate new research into the way in which we, as "outsiders", perceive and respond to both traumatic events and the victims of such events. The researcher suggests that new research could explore the victims' perceptions and meaning-making of traumatic events within their cultural and social environmental context.

The following themes emerged from the three narrations:

- Anger
- Avoiding or denying that the incident happened
- Connection and disconnection
- Control
- Destructiveness
- Exploitation by others
- Hopelessness
- Loss and betrayal
- Loss of faith
- Naming the problem
- Powerlessness
- Physical symptoms
- Remembering and mourning
- Secretiveness
- Self-blame and guilt
- Suicidal tendencies, sadness, and anxiety
- Trust

Each theme was investigated separately, with the way in which the themes manifested in each narration being explored in various contexts and relationships. Although the indicators of the themes were similar, the themes

are not exclusively linked with each other but are rather a specific individual report as told by three separate individuals. A short summary of each narrator's story is provided below to illustrate how the researcher perceived the themes as connecting with each other in each story.

Summary of Ann's Story

Ann grew up in a social environment in which she experienced acceptance, love and belonging. She was part of a group and always met the criteria imposed by her social environment. She experienced a normal childhood with the usual difficulties in school, friendships and adjustment problems relative to the usual teenage progression towards maturity. Her relationship with her mother was positive and, although she perceived her father as more authoritarian than her mother, she loved and respected him. Her husband and her children's father was her first and only love. She sometimes felt lonely and longed to share her feelings and emotions with a special person but she did not allow herself to be held back by this lack of a sense of belonging to somebody special. At the time of the study, she had two adult children and had never experienced any problems with them apart from the usual rebellious, growing pains that most parents experience with their children. They had a close bond and she felt that she could rely on them if necessary. Although Ann had always been fond of her siblings she related that their bond had become more permanent as adults as they were not always in competition with each other, although it appeared that "absence made the heart grow fonder".

She had been particularly close to her youngest sister with whom she had had a special trusting relationship. She had been able to share her private thoughts and dreams with this sister. However, in her narration she questioned her place in her sister's life and pondered why her sister had not shared her worries and discussed her involvement in an abusive relationship. This had left her feeling that she had never known her sister and she questioned whether she had placed too much trust in her sister as it appeared that she had trusted a person who had never trusted her. This, in turn, had caused her to doubt her own judgement and to question whether her perception of and her trust in her sister had been justified. She was perplexed as to whether her sister had withheld information on purpose or whether she had been forced to keep such information a secret. Throughout Ann's life religion was an integral part of her life and a comfort in times of trouble. However, this had changed after her sister's death. She had suddenly found herself at the mercy of "religious zealots" who had condemned her for doubting God's mercy and love. She had experienced their criticism as judgemental and had feared that she would go to hell because of her doubt. Although she still believed in God and His existence, she felt abandoned by Him. She had tried to talk to religious leaders but had found them to be judgemental and they had berated her for her weakness of faith and her disbelief. Thus, alienated from the religious spiritual leaders and her community, she was struggling with her questions about God and His love and mercy on her own. She regarded her alienation as an affirmation of her weakness and unfaithfulness. This belief was reinforced by the people in her social environment who regarded her questions about faith and death as ungrateful and faithless, and as inspired by the devil. In an effort to avoid their scrutiny and judgement, she continued to attend church

but experienced it as shallow and hollow as she felt she was not part of the true believers. In an effort to overcome the burden imposed on her by her social environment, she chose not to truly connect with significant others in her life and avoided emotional conversations with people. However, this, in turn, contributed to her feeling lonely and alienated. She contemplated her perception of God's harshness in silence, not trusting others whom she perceived would only judge her. She expressed anger towards God for not answering her prayers on that day and on the days following and for abandoning her and not offering comfort. She also expressed her anger towards her sister, an emotion that, according to her, she had never revealed to anyone. Ann related that being able to talk about her trauma had given her a sense of starting to take control back and she felt more hopeful about her future.

Summary of Cara Story

Ek wil glo wat ek glo, dat snags, toe ons mekaar se warmte gesoek het, daar nie bedrog in hom geskuil het nie (Steyn, 1996). [*"I want to believe what I believed, that at night, in each other's arms, seeking warmth, in his heart was no betrayal."*]

My perception of Cara was of a friendly, helpful person. When I had approached her on the basis of my knowledge of her loss I had never expected her to provide me with insight into the remarkable rich stories of trauma. The first impression of Cara is that of an ordinary woman. However, when you look closely at her, you become aware of a person who is carrying sadness and loss like a "*karos*" (*cloak*) around her. However, her loss and sadness presented as a gift and not as a burden. You are aware of it lingering on the periphery of your vision, within sight but out of reach and untouchable. Although Cara always smiles, it is possible to see her sorrow in her rich brown eyes. You almost want to break the curse by leaning over and offering her the comfort and acceptance of a hug.

Cara grew up in a home with her parents and thirteen siblings. She self-consciously joked that, if you rang a bell, everybody would run out and that a stranger would mistakenly think that it was a school break. She related that although her father had had a problem with alcohol, his family had loved him. Growing up with an alcoholic father had taught her to avoid him when he was drunk as he would be both physically and verbally abusive. Sometimes they had had to hide in the bushes and she described this as almost impossible because fourteen people had to hide. Although he had been abusive when drunk, mainly over weekends and holidays, when he was sober he had been the best father ever. During the week when he was sober and acted like a father, he was a caring and gentle person who seldom lost his temper. She had had a connection with her mother, for whom she felt pity because of her struggle with a husband who physically abused her and because she had had to live in poverty for most of her life.

Cara had married young. However, her first marriage was not easy as her husband was abusive and drank. She had two children with him. After a number of years she had decided she could not deal with his abuse and had

filed for divorce. She had remarried and, according to her, her second husband had been a kindred spirit. Although they had had their difficulties, in the main she had been happy and they had been able to sort out most of their problems. He had been a minister and she had converted to Christianity against her family's advice. Some of her siblings, although they were not religious, had not been able to accept her conversion and, for a number of years, this had caused tension. However, although her mother did not approve of her conversion, she had not rejected Cara and had been pragmatic about it, stating that she could see the positive effect on Cara. In an effort to address the tension, Cara would celebrate the Christian celebrations and religious days with her husband but, when she was with her siblings, she would participate in some of the Muslim rituals. She explained this as *"keeping the best of both worlds"*.

Throughout her life Cara has been the main source of income in her family. During her first marriage her husband would work for a time, then quit his job or be fired. He had an alcohol problem and had worked only to support his habit. Thus, Cara had had to support her family and had not been able to depend on her husband for financial assistance, even when he was employed. Most of their arguments had been about his drinking and his misuse of their income. Sometimes she and her children would not eat or they would have only a slice of bread to eat because he had used the money to buy alcohol. Divorcing him had meant an escape from the abuse and poverty caused by his drinking. Her second husband had been a minister. Although he had worked as an evangelist, he had seldom if ever received financial aid or an income, but he had believed it was his calling. Although Cara had approved of his calling she had found it difficult to manage on one salary. Her second husband had also been authoritarian and he had made the financial decisions. Although she had not agreed with all his decisions she had accepted that it was his birthright as a father, husband and man to handle the finances. Cara was mature and wise beyond her years. As a result of her independence she had always been in conflict with her social environment that expected a woman to be dependent on her man, bear children and abandon her professional ambitions. Cara had never met these criteria. This had become very evident when her second husband had a stroke and died. Her judgement of the social environment of her actions had prolonged her grief and taught her to deny her emotions and feelings. This secrecy had, in turn, exacerbated her grief, resulting in a delayed reaction to her grief and the suppression of her sorrow. Her perception was that she was judged by her social environment, which prescribed that a woman should always take care of her husband and that he must come first, no matter what. This had created feelings of self-blame and guilt in her for her refusal to uphold these socially acceptable norms for woman. The fact that she was a manager and proud of her work had brought her into conflict with her social calling as a woman, a calling that maintained that a woman is a wife first and then a mother and a homemaker. Her refusal to adhere to the guidelines on what being a woman entailed had brought her into conflict with her social environment and, in return, she had been rejected her for being herself and punished by being alienated for not adhering to the social norms and prescriptions.

This, in addition to what she perceived as her husband's lack of trust for not telling her he was feeling ill, had generated an anger which she directed mainly at herself. However, fearful of further rejection by society she

had kept her anger hidden and had directed this anger towards herself in the form of self-blame and guilt. Nevertheless, acknowledging her anger at society's prescriptions in relation to womanhood and for alienating her because of her not conforming had made her realise that she was strong and that she should be proud of her strength. She perceived both of the religions to which she ascribed as describing God as a harsh and hard God who should at no time be questioned. When she had encountered trauma it had gone against what she had been taught her entire life and what had happened to her had created a conflict for her between belief and faith and reality. When she had voiced this concern, instead of comfort she had received ridicule and judgement and this, in turn, had silenced her voice for ever in her effort to avoid social resistance. Thus, she had been forced to deny or avoid those topics or conversations that might have created tension or alienated her from people and forced to deny her reality, truth and meaning-making. In other words, she had been obliged to accept the norms of grief expected by society even though these norms and her grief were contrary to what she had experienced and what she believed.

However, through her narration and her exploration of her meaning-making, truth and reality, she had started to understand that what had happened could not have prevented her husband's death and that, even if she conformed to society's expectations and beliefs of the way in which a real woman should react after a traumatic event, her husband would still have died and there was nothing she could have done to prevent his death. She also acknowledged her husband's accountability in his death by his ignoring his symptoms. In addition, Cara was able to express her disappointment in religion. The opportunity to express her grief about her feelings of alienation and abandonment allowed her to express and admit her anger towards God, her family and society.

Summary of Carol's Story

Throughout her life, Carol had never experienced a connection or an attachment. Her childhood had been fraught with verbal, physical and sexual abuse. Her father had abused alcohol but, even when sober, he used to abuse the family physically. She related that she did not know which had been worse, the drunken abuser who would forget what he had done or the sober abuser who pretended that he had never done anything wrong. She had experienced her father as a domineering person who insisted on always being right and who, in her opinion, saw himself as being better at playing god than God himself. She had bond with her mother because they had both suffered abuse at her father's hands. As in the case of many abused children who are ambiguous about their love-hate relationships, Carol's love-hate relationship with her mother was one of suppressed anger alongside the love. This ambiguity in her relationships was directed primarily at her mother whom she described as woman who should be pitied. Her relationship with her mother was characterised by both contempt and love. On the one hand, she hated her mother for allowing her father to abuse her sexually while, on the other hand, she pitied her mother who had been forced to stay with her father and witness his physical, verbal and sexual abuse. Her relationship with her father had always been filled with hatred, contempt and anger. Her only regret was that she had not been able to tell him he was an "abusing bastard" before he died.

She carried with her the hope that they would meet one day in the afterlife and that, before he was burnt to death, she would be able to tell him that he was a “filthy pig, a bastard and a dirty thing who deserved to be burnt in hell for eternity”. She continued to experience intense anger and related that, even if she went to hell for not forgiving him, she vowed it was a price she is more than willing to pay for seeing him burn for his sins.

Her detachment was not just in relation to her parents but extended to her siblings and to significant others in her life. She shared the bond of having been abused with her siblings. Her experience of the significant others in her life and also her siblings was that they were not trustworthy and that they needed her only when they wanted something, usually financial help. Although she believed that all of them had been abused and that all her sisters had been sexually abused, they denied that it had ever happened and pretended that their father had been a wonderful person. She expressed her disappointment in them for not acknowledging what he had done and for not being truthful about his sexual abuse.

As a child she had had to control her environment in order to ensure her safety and, in her adult life, she continued with this control. She related that she was a “control freak” and insisted on neatness and tidiness. She recounted that, if she is not able to control her environment, she becomes anxious and often reacts aggressively when she feeling out of control. Carol indicated that she has problems trusting people and that she only trusted herself, stating that she is the only reliable person she can truly trust. Although she prefers interactions with men, her relationships with men have always been and continue to be fraught with disappointment and she has had a number of failed relationships and two failed marriages. She stated that she made friends easily but that she hardly has any real close friends. The majority of friends with whom she felt connected were men with whom she had had relationships or from whom she had been divorced. She perceived woman as competition and as jealous and untrustworthy, promising everything while they plotted to harm her.

Her intimate relationships had followed a destructive pattern. She seldom expected any happiness or good from anyone she encountered. Her expectation that she would always be exploited and hurt was justified by the number of people who, in her experience, had let her down.

Her only true relationship had been with her son although whether this had, in fact, been a true attachment or whether she perceived it as such as a result of his death was unclear. Carol has always lived and continues to live in a reconstructed world of her own in which she has erected barriers and systems to ensure her self-preservation and protection. In an effort to protect her environment and herself she has control systems in place and anybody who, in her perception, violates these controls is perceived as a possible enemy and she reacts with self-destructive vengeance to protect both herself and her environment. However, this reaction is often self-destructive and at her emotional expense.

Strengths of the Study

We often read about studies that have been conducted in laboratories, but seldom do we hear the voices of ordinary people who do not have access to mental health facilities; people excluded because of their economic status. One of the strengths of this study was the fact that it gave three people the opportunity to voice their pain, anger and sorrow and, by giving them the chance to talk about the trauma they had experienced, released them from the forced silence of denial imposed on them by society. This strength is evident in the validity of not being able to generalise or duplicate the research, as the perception, reality and meaning-making of both the narrators and the researcher changed with the interaction which took place during the study.

Traditional schools of psychology and the medical model adopt strong beliefs about trauma and often diagnose trauma according to known diagnoses and symptoms. Although this procedure is correct and provides a guideline for the study of trauma victims and for working with them, the reality is that, despite the fact that these victims may show similar symptoms, the causes of those symptoms may differ. It was evident from the three different stories and also the different backgrounds, religions and culture of the participants that their social environments had contributed to and magnified their trauma symptoms through their exclusion and forced silence.

The use of a social constructionist perspective enabled a co-constructed reality to emerge during the conversations. The personal participation of the researcher in these conversations allowed her to understand, to question certain thoughts or expressions while she engaged and encouraged the breaking of the silence. At the same time, her participation also allowed her to share in the experiences of the participants and to share her own experience in a merging of both the personal and clinical with the narrators. This meant that richer, deeper, personal information than may otherwise have been the case was offered as the narrators started to trust the researcher with their grief, expressing relief that, after years, they were being allowed to talk and be heard.

In certain research studies, the aim and process of the research are hidden from the participants. However, in this study the researcher used a qualitative research approach to obviate any possibility of deception. The participants were fully informed about the aim and purpose of the study, as well as the process of engagement to be used. This allowed the participants to tell their stories in their own words, using their own dialects and languages as they were the experts in their trauma narrations and were best able to express their stories in their own languages and using culturally specific expressions. Although at some points the researcher felt obliged to contribute to the conversations, the participants always had the right to direct the conversations away from topics with which they felt uncomfortable. Despite the fact that it may have been perceived as intrusive, it was with the permission of the narrators from the outset that the researcher contributed to the narrations by asking questions or by clarifying an expression, term or phrase that had been used.

In qualitative research, validity is not achieved in the same way as does a quantitative researcher, who equates

validity with the degree to which they are sure to gain an accurate account of reality or will be able to duplicate the research (Terre Blanche et al., 2006). The use of a qualitative approach allows the researcher to use outside threats and extraneous variables to create the contextual circumstances and to enable in-depth conversations and research of a qualitative and social constructionist nature. This enables the qualitative researcher to produce a credible study with findings that are both convincing and believable (Terre Blanche et al., 2006). The credibility of this study was achieved by continuously describing and explaining the interpretations and conclusions from the personal, individual perspectives of the narrators.

The use of an interpretive and social constructionist framework allowed the qualitative research study to investigate reality as both a changing and personally adapted reality for each of the narrators. Throughout the conversations she did not expect to find the same results or the same answers to similar questions. This means that it would not be possible to duplicate the study or to judge the study as reliable, because the same questions posed to the same participants would not necessarily produce the same answers, as each of the participant would have grown and learnt from their interactions and experiences with the researcher. If a similar question were posed to a participant for a second time, it is possible that the participant could have adopted a new belief or found another reason or explanation for her emotions, as the participants' emotions and perceptions of the world would also have changed through this research process. Therefore, in qualitative research it is more important for the findings to be dependable. Accordingly, this study used three personal narrations of people who had themselves indicated that they had undergone one or more traumatic experience or had been treated for the symptoms of trauma, as these narrations were regarded as reliable and dependable sources for the purpose of the study.

In order to ensure the dependability of the findings the researcher aimed to provide rich and detailed descriptions that showed how certain actions and opinions are rooted in and develop in a social context and through contextual interaction (Terre Blanche et al., 2006). In addition, to ensure that the study was congruent with the narrations of each of the participants, the researcher constantly referred to the interviews and conversations while interpreting and explaining the emergent themes. Although the researcher tried to remain objective and not impose her own reality, values and viewpoints, she acknowledged that this may not always have been possible and that these may have influenced the way in which she interpreted and constructed each participant's story. Although this was clearly not recommended and, in fact, undesirable, it was done unconsciously because she had remained aware throughout the study that her perceptions might influence the outcome of the interpretations she made.

People hurt in different ways and for different reasons. Nonetheless, although there may be similarities as regards the type of trauma experienced, such as the death of a loved one, assault, robbery, molestation, physical abuse, or growing up in an abusive environment, they will probably hurt in different ways and for different reasons. In the three cases studied the researcher noticed that, although there were correlations between some themes and symptoms, there were also noticeable differences between the ways in which each of the

participants had responded and interpreted the traumatic events they had experienced. Despite the fact that they had each experienced more than three traumatic events, in the main their focus was primarily on one particular incident which they were not able to integrate into their lives or their normal memory. From their perception this particular event had destroyed their belief, their confidence and their self. The other traumatic events had been part of their experiences but they did not accord these much significance to these other events. This indicated to the researcher that it is not the type of trauma that should be considered in trauma treatment, rather that it is essential to take into account the meaning-making of the victim in conjunction with the type of trauma in order to understand the victim's reality from his or her point of view. In other words, what for one person may be a bad experience may be perceived by another victim as highly traumatic. Thus, the reaction to a traumatic event may be determined by the victim's beliefs, social standing, culture, environment and history and not the type of event on its own.

In certain scientific circles there may be doubts as to the success of the study and in academic terms it may not be considered as scientific or valid. However, from the point of view of the three participants the study was successful as it gave them the opportunity to voice their pain and to be heard, with their stories being brought into existence because they had a willing listener with whom to share their narrations and meaning-making. In the scientific field it would not be possible to duplicate or generalise the results as these would never be the same because the participants' perceptions and interpretations would have altered the events they had experienced. The success of this study lies in the participation of the three women. Three victims related their stories after struggling for years with traumatic symptoms in the alienation imposed on them and in the socially enforced silence they had to endure. These three narrators were sufficiently trustworthy to be the experts, judges and jury of their own experience. Accordingly, these three experts were given an opportunity to retell their trauma stories as they recalled them, to make sense of their own narrations and to soften their own versions, and not to render them as socially acceptable experience and recall.

Limitations of the Study

One of the criticisms or limitations of the study may be seen in the practical presentation and interpretation of the stories as they were written down and perceived by the researcher. Although she tried not to, it is understandable that at times her own point of view, experience, clinical education and values may have influenced her own perceptions of what she heard. Even if this were intended or deliberate, the conversations were influenced in the way in which they were constructed. In other words, the conversations were a co-constructed version of the researcher and the participants with each contributing to the conversations and interviews from their own perspective. In an attempt to minimise her influence and to remain objective, the researcher tried to limit her own voice and to keep track of the manner in which she spoke and contributed to the conversations.

The same can also be said of the written report of each participant's story and the themes that the researcher

elicited for they were also influenced by her own perceptions and clinical point of view. This may, in turn, mean that other researchers may have highlighted different themes and/or include either more or fewer themes than did the researcher. Their interpretations and explanations of the conversations may have differed from those of the researcher as each person's reality is formed by that person's own experience, meaning and reality.

The researcher understands and acknowledges that it is not possible to consider the outcome of this study as an absolute truth for all trauma victims or even the participants themselves. The product of this study is the co-constructed reality and perceptions of the researcher's personal sources of information, which included her own life experience, clinical and academic experience, the academic sources she consulted and the three expert sources, who knew their own stories and needed a voice and a willing listener only.

This study involved the nonnumerical assessment of the observations that resulted from the participant observation, content analysis and in-depth interviews. Although such research is an art as much as a science, it has its own logic and techniques (Babbie, 2005). The use of qualitative methods enabled the researcher to make sense of social observations without converting the data acquired into a numerical format (Babbie, 2005). Qualitative research is a popular and useful approach used by social scientists (Babbie, 2005), with its purpose being to discover the underlying meanings in relationships and the patterns between such relationships (Babbie, 2005). It may thus be argued that from both an empirical and a quantitative point of view, in terms of the field of psychology, that it would not be possible to generalise the study findings to a larger population. However, if more empirical and quantitative research had been conducted than was the case the richness of the three separate narrations would have been lost or not uncovered. The small group of participants meant that the in-depth conversations could focus specifically on certain themes or narratives. If the quantitative approach had been followed, these personal accounts and meaning-making would have been lost. Although there were similarities in cognitive, emotional and other areas between the narrations and the participants' experiences of trauma there were also variances. These differences were in the ways in which each participant perceived what had happened and the meaning they had made of the events in question – their reality as it had made sense to them and as it continued to make sense to them. Exploring this meaning-making provided insights into the reasoning and perceptions of each of the participants while, for each of the participant, their explanations and perceptions differed at times and had also been similar at times.

This study did not involve individuals who had been clinically diagnosed according to the classification of the DSM-IV-TR classification system. The participants who volunteered to take part in the study were ordinary people who had experienced a number of traumatic events and who had classified themselves as having experienced a traumatic event, thus constructing themselves as having experienced a traumatic event. This may, however, be criticised as not meeting the diagnostic classification of trauma and thus not constituting a true reflection of trauma. The question remains as to whether all people who have experienced trauma consult a health professional and, if they do not consult a health professional or are not diagnosed with trauma and trauma-related symptoms, does this mean they did not experience a traumatic event? What constitutes a truly

traumatic event? Should a traumatic event meet certain criteria only and, if it does not meet one or all of these criteria, should the own meaning-making of the event be discarded?

It is important to bear in mind that this study was intended to discover the personal meanings attached to a traumatic incident by people who had constructed themselves as having experienced such an event and to discover whether the different meanings attached to the event by the participants, from within the framework of their cultural and own perceptions, were an indication of the individual and personal nature of the trauma they had experienced. It is not possible for this meaning-making to be generalised to all trauma victims as it is a personal individual reality. It is clearly essential that the social norms, culture and individual histories of trauma victims be taken into account when dealing with trauma and during trauma treatment.

Language conveys a message and translation may distort that meaning. The interviews were conducted primarily in each narrator's language of choice. English was the second language of all the participants and Afrikaans their first language. The participants used a mixture of the two languages to tell their stories, sometimes using particular terms or culturally specific sayings from their mother tongue. Although the researcher did her best to ensure that the true and correct meanings of the culturally specific sayings were understood and captured correctly, it is nevertheless possible that some of the meaning-making may have been lost in the translation and explanations of the narrations. In addition, although the researcher tried to ensure that the personal, rich information as it emerged from the interviews was retained in the report, it was not always possible to translate the conversation in such a way so as to convey the intended meaning. For example, the direct translation of the word "jongenkies" is "young ones". However, in the dialect and culture of the narrators the word means young men who are entering or are in early adulthood but who are not yet mature; young men who are still experimenting with alcohol, drugs and sex. It is a term used to indicate young men who are mischievous but without criminal intent. The exact meaning of this culturally specific saying was lost in the translation although in the report the term was understood in the context in which it had been used.

It may be argued that another limitation of the study was the focus on one or more trauma-related subject. All three of the participants had experienced a number of traumatic incidents that included robbery, hijacking, rape, assault and battery and being held hostage. The narrators were given the opportunity to relate their stories and they chose to talk either about all the traumatic events they had experienced or a specific event they had perceived as traumatic. The other traumatic events were also investigated and explored but, when it became clear that they wanted to focus on one particular event and discuss that event, the researcher would comply as this event was part of their story and history and it was usually a story which they felt had not been heard or that their voices had been silenced.

Trauma involves an distance of routine, familiarity and generality of automatic daily actions, as it usually involves an event that leaves the victims with no understanding of what happened, or why it happened, while the event often destroys all the victim believed in, trusted in and had faith in. The nature of this study meant

that the participants were asked to share personal and sensitive information although the researcher took every precaution to ensure confidentiality and not to inflict harm on the participants during the conversations. The researcher attempted to remain sensitive to each participant and, by using clinical observation, gave the participants the opportunity to regain their composure if necessary. The researcher also made sure that the participants were at ease with the intensity and degree of exploration of the sensitive information they were sharing. Before each conversation, the process, nature and types of question and the purpose of the questions were explained to the participants. The participants were informed that if they felt overwhelmed they were to indicate to the researcher that they felt uncomfortable and that they either wanted to stop or they needed a respite during the interviews. They were assured that their participation in the study was voluntary and that they were free to withdraw from the study without an explanation and at any time. After each interview the researcher spent some time with each of the participants, allowing them to ask questions and reflect on the interview process. They were encouraged to share personal gains, worries and difficulties they had experienced during the conversations. As regards the reflecting on the process which was followed during the conversations, the researcher believes that she to the best of her knowledge and ability remained within the ethical boundaries. In addition, she remained true to the purpose of the study, and allowed her participants to tell their stories in their own words and at their own pace, while she attempted to remain sensitive to the personal and ethical issues involved.

A final criticism which may be levelled against the study is that it was not possible for it to reflect the participants' emotions, including their pain, anger and frustration of being ostracised by society and their communities. The bewilderment of an traumatic event had left them fearful with regard to all that they believed in, had altered their faith, and had required them to explore new rules to judge by. They were clearly all finding that they could not trust either themselves or the emotions that they were experiencing, emotions that were new and strange to them. It is not possible for a report to convey these emotions in their entirety, as the written scientific words cannot reflect the tears, the pain-filled eyes, the need for reassurance, the plea for acceptance in the eyes, the silence of a remembered painful memory, the hush of guilt and the silent, unspoken request to "please believe me and not judge me". Words cannot convey what the heart and the eyes perceive, nor the nonverbal language of the body.

It is not possible for a report to convey the emotions that accompany a particular word or culturally specific saying. For example, the word "judgerig" is a term that combines the words, "judge" and "*afjakerig*". The term often conveys sarcasm and scorn for the person referred to "wat hulle mond vol het, maar geen tanne het nie", thus referring to someone who judges and dismisses others despite having little or no knowledge about the another person's circumstances.

Nor is it possible for a report to convey the feeling and contempt behind the term "*ou toppies*", as it was used in the context of the narration . The literal meaning of the term is "old men" but, in the context of the narrator, it meant "old perverted, impotent, disgusting and dirty men", with little reference to age but rather to behaviour or

actions.

It was clearly not possible to convey the emotions that were captured in the words used during the conversations and thus the rich, personal insights into the narrators' pain could not be reflected in their intensity, nor could the emotions and heartache encapsulated in the listener's memory and the narrator's voice and body. The stories which were told in the words and the body language and which were reflected in the eyes could not be duplicated or generalised on paper.

Areas of Focus in Clinical Practice and Future Research

In Clinical Research

In society few people have any knowledge or understanding of the psychological changes brought about by trauma. In addition, after the trauma itself the social judgement of traumatised people tends to be extremely harsh (James, 1996), particularly once the socially accepted adjustment time in which it is expected that the victim will have come to terms with the emotional effects of the trauma or the trauma itself has expired. The victim's apparent depression, somatic complaints and smouldering anger often frustrate those in the victim's social environment. If the victim's symptoms conflict with the norms, standards and/or moral values of society, they are often subjected to condemnation (James, 1996). In addition, after a certain "mourning" period the victims are seldom encouraged to protest or to express feelings of despair (Herman, 1992). Friends and family members sometimes inadvertently prevent the victim from going through the necessary grieving process by congratulating them on their cooperation, for being good and for their swift adjustment (Herman, 1992). This may cause the victim to suppress their feelings and numb themselves emotionally because they fear disappointing others, behaving in an ungrateful way or believing something bad may happen (Herman, 1992). This was evident in the narrations of Ann, Cara and Carol.

Although the symptoms manifested by the victims in some trauma cases may overlap or be similar, they differ in the meaning the victim gives to the event or incident. The victim's meaning-making of the event is influenced by the victim's personal and individual history before, during and after the event. This history includes the victim's childhood, parental attachments, social environment and religion. In the three cases used in this study, these phenomena were clearly evident. The participants suggested that, in some cases, their adjustment to their alienation by society and society's dismissal of the trauma that they had experienced were far more difficult than the actual traumatic event. It is hoped that the role that society and/or the environment play in trauma perception and adjustment will be investigated as its influence is greatly underestimated.

The researcher believes that if a person's story or recall of a story are ignored or the victim is silenced by society's inability to deal with the atrocity, society alienates the victim in order to prevent them from talking about the event. It may be worthwhile exploring why societies react to trauma in the way that they do and in so doing alienate the victim.

This alienation creates a forced silence for victims who are struggling with the bewildering effects of the events to their beliefs, trust, judgement and faith. In an effort to adhere to the norms and morals of society, a victim may then “keep” the secret. Unfortunately, however, the “secret” needs to be told because, if not, the victims may start manifesting physical signs or symptoms, which resemble the trauma. These symptoms may, in some cases, be masked by somatic problems which become worse in times of stress. These somatic symptoms were evident in the narrations of all three of the participants. Clearly, trauma treatment could benefit from exploring possible reasons for such somatic symptoms, as an investigation of physical symptoms as indicators of trauma may benefit trauma research and assist trauma victims to acknowledge their trauma-related symptoms.

Victims of traumatic events challenge the researcher or therapist to reconnect fragments, to reconstruct history and to make meaning of their present symptoms in the light of past events (Herman, 1992). This implies that both society and psychology should acknowledge the impact that society has on the perception of trauma and trauma victims’ recall of the event. Trauma treatment should include meaning-making and a perception of the event from the point of view of the victims’ own personal experience and not necessarily in terms of academic or diagnostic criteria alone but perhaps a combination of the two.

It should be recognised that the most important factor in trauma treatment and research should be breaking the silence. Despite the fact that the atrocities are often heart-breaking and emotional, it is essential that the victims are allowed to talk about them and, if they are unable to talk about them, to write about them and/or draw them and even to sing about the loss, betrayal and sorrow they have suffered (Herman, 1992). It is, thus, imperative that victims are allowed to be heard and that they feel validated by the willingness of society to share in their burden, to acknowledge the harm done to them and not to alienate or judge them.

In Future Research

In light of the above it is suggested that future research should include research into the influence of society on trauma and that studies be undertaken to explore the relationship between a person’s reaction to trauma and the need for society to acknowledge the trauma without silencing the victim’s voice. Research could also explore the awareness of the victims with regard to society’s attempt to silence their voices. In addition, studies could investigate the relationship between the attempts by others to prevent them from telling their story or the contexts in which this occurs.

The victims of trauma are faced with keeping the secret and fitting in with a particular social structure or norm, as dictated by their social environment and thereby accepting the forced silence in an effort to belong, thus rejecting their own emotions for the good of society. Alternatively, they may reject this forced silence that sentences them to voicelessness although, in so doing, they risk alienation and physical isolation within a particular societal structure. This, in turn, creates conflict between what society upholds as norms and the victim’s newly formed structures of belief and meaning-making. Victims are, thus, torn between their need to

regain contact with others and their responsibility towards society and its norms and the risk of alienation. It is therefore suggested that research be undertaken into ways in which to assist victims to overcome this alienation and to face opposition, as victims could benefit from information about skills and knowledge that could help to alleviate the symptoms of trauma.

Future research could also include an exploration of connectedness after a trauma within the victim's social environment without the victim having to sacrifice his or her own history and story is an attempt to be accepted in a socially constructed environment. In addition, it is suggested that future research investigate ways in which to give victims a voice and to help those victims who do not have access to mental health facilities to break the forced silence, thus perhaps helping to create an awareness of the consequences for families and victims who are silenced.

Conclusion

How do you know mental illness is not some kind of diarrhoea of the brain, big man? Something goes haywire and the body has a thousand different ways of letting you know something's wrong. The body's got integrity and you've got to listen to it (Conroy, *The Prince of Tides*, 1987).

The reconstruction of memory, especially in trauma, is not as uncommon as is often believed. Victims often adapt and change their autobiographical memory. This is done for various reasons of which some were explored in this study. Memory and recall are altered to transform the traumatic event into a more socially acceptable form with people who find themselves alienated and ostracised by society changing their autobiographical memory into a more socially acceptable form (Herman, 1992). They implore the listener to share the burden of pain, the engagement with the traumatic event and, above all, to share in their act of remembering without rejecting either them or their reality. Because victims in communities are required to *forget*, a curtain is drawn over the unpleasant and painful events (Herman, 1992) and victims are taught to deny that an event ever happened or that it had had an emotional effect on their perception of whom they were and are. This, in turn, often results in altered or changed autobiographical memory recall.

During this study the researcher experienced the narrators' alienation and also their reconstruction of their autobiographical memory because their reality and the truth was so difficult to face and also to render the traumatic events they had experienced acceptable, thus denying that they had happened. Relevant academic literature acknowledges this alienation and reconstruction, as does popular literature. In *The General's Daughter*, Ann, the general's daughter, is raped by her squadron. After her rape and brutalisation, her father visits her in hospital but, instead of offering sympathy and comfort, he commands her to deny her reality, telling her "It never happened" (DeMille, 1992). This is the start of psychosis for Ann, with the silence in order to keep the secret and pretend that nothing had happened being forced on her by her father and the military code prescribed by her society eventually leading to her suicide. In order to escape accountability, her father, the

military and the perpetrators did everything in their power to promote forgetting (Herman, 1992). As in the majority of trauma cases, secrecy and silence were used as the first line of defence against her reality and trauma story (Herman, 1992). When Ann would not keep quiet or be silenced, her credibility, like that of so many other victims, was attacked. Cara had experienced this first-hand after her husband's death when she had tried to make sense of her meaning-making and new reality and this had brought her into conflict with her spiritual community. Her spiritual community had then reacted by alienating her for not conforming to its norm and standards.

Using an impressive array of arguments, from denial to secrets, both society and the perpetrators will force the trauma victim to avoid talking about the event or to deny that it ever happened. This is especially effective if victims feels devalued and discover that the traumatic events of their lives have taken place outside of the realm of socially validated reality and their experiences become unspeakable (Herman, 1992). For Carol, as in the case of the general's daughter, the forced silence and denial in respect of the rape and sexual abuse had a profound impact. For Ann, the general's daughter, suicide was a final effort to make her voice heard and to proclaim publicly what she had had to endure but which she had been forced to deny in order to be accepted back in the force and, thus, she claimed her right to be heard through her death. Carol's narration, her forced silence and the reconstruction of her memory are all evidence of the reality of this truth as related in *The General's Daughter*. Carol had had to keep her molestation and later rape a "secret" to make these events "disappear" and to uphold the family loyalty. Family loyalty, keeping the secret and her forced silence had made her "commit suicide" in a socially acceptable form by becoming destructive and not being able to connect with other people in her life. This self-destruction was evident in the failure of her relationships in all spheres of her life. In addition, her trust issues had ensured her alienation and continued disconnection from others, reinforcing what she had learnt as a young child, namely, that the only person on whom she could depend and who she could trust was Carol.

This alienation is also evident in the memories of Tom Wingo in Pat Conroy's *The Prince of Tides* (Conroy, *The Prince of Tides*, 1987). The silencing and denial of voices demanded by family in the interests of family were evident in Carol's story. Silence is demanded from within the family and the secret is denied in an effort to maintain the illusion of a normal family existence, family loyalty and acceptance by society. Here it is from within the family that silence is demanded and the sacrifice of a safe environment, trust and belonging in order to keep the family's secret and to ensure inclusion in society. This also constitutes a warning as to how parents, their trauma and a social environment may destroy a child's psyche and impact negatively on adulthood. This phenomenon was also evident in Carol's narration. Her efforts to pretend and fit in with others in her world while, in actual fact, her reality was colliding with that of her peers and with society's was obvious throughout her narration. This was also evidenced in her mother's silence and her denial that she had witnessed the sexual abuse of Carol, as well as in the denial of her sisters that the sexual abuse had ever happened.

Carol, Cara and Ann all knew the direction in which their memories had to be altered to ensure that they would

be accepted by the society and they knew they were playing tricks with reality, but they convinced themselves that their reality was not being violated (Herman, 1992). This may explain why they had used, *inter alia*, avoidance and self-blame in order to overcome their burden of guilt and loss (Herman, 1992). They had all recreated their autobiographical memory to deal with an unbearable burden. This is congruent with the thought processes of traumatised people of all ages, who search for faults in their own behaviour in an effort to make sense out of what has happened (Herman, 1992).

In line with the social constructionist view, it is important to view the communities and context in which people live as an indicator of the attitudes and meanings they attribute to reality (Stanton, 2005). If a number of observers agree with each another about their observations, they come to a co-construction of reality. When a group of people agree on a set of rules or norms for their society, this may be termed a socially constructed reality (Stanton, 2005). This group's decision-making, family loyalty and their community's beliefs and reasoning had influenced the stories of the three narrators and their recall of the traumatic events they had experienced (Stanton, 2005). Studies have shown that the purpose of these socially constructed norms is to protect the reality of the group, society or majority in question. This co-construction may occur at various levels and in different shapes (Stanton, 2005). These shapes or levels may be family norms, as in Carol's case, or religious or culturally structured norms as in Cara and Ann's narrations (Stanton, 2005). They mutually influence each other within a larger societal context (Stanton, 2005).

According to the social constructionist's point of view, meaning-making on the part of human beings originates from socially shared constructions. It was the aim of this research study to locate the meaning in an understanding of the way in which the narrations, ideas and attitudes of the participants had developed over time and within their communities and social contexts (Stanton, 2005). In an effort to understand and gain knowledge the researcher had each of the participants explain what trauma had meant for them and how it had influenced their autobiographical memory (Stanton, 2005). This study should be evaluated in line with the view that the mind in social constructionism is seen as a social construct and that a person's beliefs, memories and thoughts are understood as socially constituted phenomena which are driven not by nature, but are a result of the active cooperation of people in relationships with their communities, society and/or groups (Stanton, 2005). In this light, it should be understood that the verbal accounts of the three narrators should not be viewed on their own as the external expression of their internal cognitive processes but rather as an expression of their relationships in a social, professional or religious context (Stanton, 2005). This study took into account that knowledge is a process of symbolic interaction and exchange within the social groups rather than in the minds of individuals. Thus, in this study it must be borne in mind that the modernist and traditional views that tend to focus on the mind or individual have been superseded by the social constructionist world of intersubjectivity and shared meaning-making (Becvar & Becvar, 2006).

For the purposes of this study, the researcher had to fit in with the reality that had been co-constructed in the three narrators' social and unique reality (Fourie, 1998). In order to do this the researcher had to guard against

imposing her account of reality on the narrators or her account of reality within their system during the exchange of realities. Thus, this research study became an exchange of reality within each other's reality (Stanton, 2005).

As to Ann's, Cara's and Carol's recall of their autobiographical memory of the trauma events they had experienced, they were left with the choice of the truth or a reconstruction of their autobiographical memory. However, because the truth was too difficult to face, the participants reconstructed their stories into a more socially acceptable version or narration, with this version often including the avoidance or denial of their reality. Denial of reality may make them feel as if they were going crazy but it appeared that acceptance of the reality was more than they could bear (Herman, 1992). In order to realise this a space was created which allowed the narrators to voice their reality in their own constructed view (Stanton, 2005). Their narrations indicated how participants told and believed and how this linked with their subjective meanings and language. It revealed how, through their own history, they had constructed their realities which had led them to adjust existing coping strategies or form new coping strategies to ensure social acceptability. However, in doing this, they lost their reality, truth, history, faith, voice and belonging, silenced by the traumatic events they had experienced and burdened by society with a sentence of forced forgetting for a crime they had never committed.

Traumatic memory, unlike a normal memory, does not fade and the perception is that it becomes increasingly vivid and emotionally charged. Unlike normal memory which integrates and fades with time, the autobiographical memory of the trauma is not integrated and accepted as part of the individual's personal past (Van der Kolk et al., 1996; Goldstein, 2005). A traumatic recall develops a life of its own, and exists independently of previous life experiences. The main factor that makes an event traumatic is the assessment the victim makes on how threatened and helpless they felt, with the meaning that they attach to the event being as important as the traumatic event itself (Van der Kolk et al., 1996). An individual's reaction is influenced by the individual's developmental stage, age, past experiences, previous beliefs about the world, culture, attitude, recalls aroused from the autobiographical memory of a similar event (Van der Kolk et al., 1996; Schacter, 2001) and what the individual perceives as reality (Leydesdorff et al., 1999). Human beings are influenced by socialisation, which involves processes, both implicit and explicit, in order to learn appropriate behaviour and the knowledge, reasoning or thinking which are consistent with a particular social group. For most individuals this socialisation occurs in the context of the family while formal socialisation takes place in school (Becvar & Becvar, 2006). In both the family and the school environment, we are taught the rules that are accepted and which help us become productive members of society. Trauma distorts our belief and alters our behaviour and reaction to such an event. It changes how we see our world and our society, and sometimes it destroys former beliefs about our society and the role we fulfil in that society. As related in the three trauma stories, we see that how they perceived they were judged or excluded by their society contributed to their perceptions and symptoms of trauma. Being alienated through enforced silence and denying their emotions made the three participants feel like outcasts, strangers in a once familiar society that did not comprehend their sorrow and

pain. This not being understood broke the norms of their society and denied them the comfort of society's support.

Based on a social constructionist point of view of socially shared constructions, and the fact that these meanings need to be taken into account in psychology, this research study aimed to locate meaning in an understanding of how the narrations, ideas and attitudes of the participants had developed over time within their community and their social context (Stanton, 2005). In order to obtain an understanding of this, the researcher explored what trauma meant for each of the participants and how it had influenced their life contexts.

In conclusion of this research, the researcher wishes to express a THANK YOU to the three courageous women who shared their stories. It took courage to acknowledge their pain and grief and to reveal their insecurities, anger and feelings of injustice. My hope for these three incredibly brave women is that they never allow any man, woman or society to rob them of their voice again, that by telling their story they have broken the silence and taken back control of their world, not as a shattered fearful place, but as survivors and queens of their destiny. My thanks again for allowing me into your private and sacred world.

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