STORIES OF SURVIVAL IN THE WAKE OF VIOLENCE AND ABUSE ON THE CAPE FLATS

by

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ABSTRACT

The Cape Flats is characterised by widespread poverty, unemployment and frequent incidents of domestic and gang related violence. The presence of gangs in and around many of the schools in this area poses a serious problem for the community and the Western Cape Education Department. Schools are disrupted, while principals, teachers and learners are in constant fear and danger of gangsters' bullets. Families in these communities are exposed to chronic traumatisation from both gang and domestic violence. This qualitative study was concerned with exploring a narrative pastoral therapy approach to trauma counselling in schools. It focused specifically on crisis counselling as well as counselling with regard to loss and abuse. Informed by contextual and feminist theology, an action research model was used in this study. I documented my own developing practice by telling the stories of adults and children struggling against the trauma threatening to overwhelm their lives.

KEY TERMS

trauma, abuse, gang violence, traumatic loss, school based counselling, crisis counselling, spiritual counselling, narrative pastoral therapy, action research, feminist theology
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CHAPTER 1
BACKGROUND AND METHODS

1.1 Introduction

1.1.1 Working context
When the Cape Technikon took over the Cape Town College of Education where I had been lecturing for four years, I found myself back with the Western Cape Education Department (WCED). I had no position to go to but because I was doing a masters in pastoral therapy, I was very keen to be able to work somewhere where I could continue to develop my skill as a therapist. By expressing this desire I ended up being seconded to the Safe Schools Programme (SSP) of the WCED.

The SSP was initiated by the WCED in 1997, initially as a pilot project, shortly after the shooting of Howard Mackenzie, a grade ten learner of Sithembele Matiso High School. Twenty youths had already died as a result of ongoing gang related violence in Gugulethu (Safe Schools [2001]). There was a general recognition that gangs operating on the Cape Flats were having a negative impact on the quality of teaching at many schools in these areas. The project aimed to develop schools into centres of excellence with an emphasis on quality teaching and learning, strong community links and effective governance and management. In so doing it was hoped to combat the root causes of crime and violence affecting those schools (Safe Schools [2001]).

In 2000 the project became a programme, which meant that the staff were no longer seconded to the project but were given permanent positions. In order to create safe, effective learning environments, the programme used a three-pronged strategy. One strategy focused on the school environment and aimed to alter or protect the physical structure of the school using fences, alarms, mesh/razor wire and signs. Another strategy focused on behavioural aspects. It aimed to support, modify or influence the behaviour of parents, teachers and learners at school. This was done by using conflict management training, applying behaviour modification strategies, implementing a human rights curriculum, providing peer counselling programmes, entrepreneurial training, sports and cultural activities. Learners at risk were identified and trauma counselling was offered.

The last strategy focused on changing the school system. This was done through leadership and management training, training in organisational development, building community relationships and
effective governance. Innovative curriculum changes were encouraged and learners at risk were identified and given assistance (Safe Schools [2001]).

The SSP staff consists of a manager and seven co-ordinators, each operating in one of the Education Management and Development Centres (EMDCs). They are each responsible for servicing schools in their particular school district. The programme also has a Call Centre which uses a toll free number and is dedicated to crisis intervention at schools in the Western Cape. The Call Centre operates between 8 am and 4.30 pm, five days a week. The function of the Call Centre is to:

- assist callers in emergencies such as gang related violence, assault, hijackings, bomb scares, rape and abuse by referring them to appropriate service providers
- report and record vandalism, theft, arson, fights, bullying and abuse
- provide advice and information on a range of issues including AIDS, drug abuse and rape
- to record and analyse data throughout the province for the purpose of research (Safe Schools [2000]).

My secondment to the SSP was not to fill a specific role or position. Instead I saw myself as an added resource for the programme. I was generally described as the trauma debriefer or counsellor and was asked to work in schools in Mitchell’s Plain. My initial involvement in schools was part of the Safe Schools Truancy Reduction Project. My main function was to assess and address learners at risk, particularly those who had been absent from school for more than 7 days or who had been absent from lessons. I was also on call to the Call Centre to do trauma debriefing in crisis situations.

1.1.2 Background to problem statement

At the time of writing this report I was working on a regular basis in two primary schools and two high schools which were part of the Truancy Reduction Project which had been initiated partly in response to the fact that many high schools, particularly in low income neighbourhoods, had lost the post of guidance teacher (Joint Framework Document [1999]:53). Consequently there was no-one to monitor and follow up on absenteeism and its related problems. The project had been running in thirty schools, fifteen in Mitchell’s Plain and fifteen in Khayelitsha, and had been due to be terminated at the end of April 2002. Because there was such strong support for the work the Learning Support Officers (LSOs) did at schools, every effort was made to try and continue the project. Due to lack of funding, it finally came to an official close at the end of July 2002. However, some of the LSOs continued to work at their schools. In some cases schools were able to offer them some financial assistance, in others they worked on a voluntary basis. The aims of the project had been to reduce truancy and thereby prevent delinquency among school going youths. The duties of the LSOs included identifying truants and at risk
learners. They were also expected to investigate reasons for absenteeism from classes and to follow up allegations of truancy with home visits. Initially it was suggested that I select five schools in a particular cluster of schools in Mitchell’s Plain in which to work. Two schools from one particular cluster were identified for me to start with, a high school and a primary school. Both bordered on Tafelsig, an area notorious for gang violence and conflict. Both schools had a history of being troubled by gang activity — either gangs came onto school premises or they would engage in shootouts in nearby streets, traumatising and endangering learners on their way to and from school. In the course of the study, I dropped one of the schools as the LSO proved to be a very competent counsellor and did not require as much assistance as at other schools.

When the LSOs from two different schools, (a primary school and a high school), approached me and requested assistance, I added them to the list of schools I visited regularly. The fifth school was one that I had got involved with while on study leave early in February. The Call Centre had asked me to intervene with a learner who had attempted suicide at the school. After an initial conversation with the girl, I visited the school twice more during my study leave. During one of these visits, I had what seemed to me a significant conversation with the LSO, Mustaqeem, who had originally called for assistance. He told me very clearly that I did not understand how things worked in his community because I was an outsider. I was not at all defensive and admitted to being an outsider and told him I was there to learn as much as I could and to support wherever possible. He began to trust me, telling me about the shocking things he was witnessing on a daily basis. He gave me some of my first insights into how gangs recruited learners. He also told me how sad he was about his people (Coloured people) who were once proud but were now killing each other. I was very moved as he continued to speak about issues related to the apartheid legacy. Having just attended a workshop on outsider witnessing by Kaethe Weingarten, I was able to listen to his pain respectfully without any sense of needing to hurry to a more comfortable place. We ended up having a very thoughtful conversation about his committed return to Islam. He spoke about what hard work it was to keep practising as a devout Muslim. I believe I listened to him attentively, with patience and curiosity, in a way that gave him voice - voice being contingent on who listens with what attention and attunement (Weingarten, 2000:392). Having gained his trust through respectful listening, he invited me to see other young people at his school. My relationship with Mustaqeem greatly enriched my counselling work. He was always willing to answer my questions about his faith and he helped me to gain a little understanding of the religious practices of Muslims. Waldegrave (1990:8,20) speaks of ‘the cultural partnership’ which he says is central to ‘working with people from other cultures, significantly different’ from one’s own. He suggests that
therapists should be ‘required to defer to key people from those cultures.’ I saw Mustaqeem as my cultural advisor with regard to Muslims.

I was in a situation where learners who were generally seen to be at risk were being referred to me at the schools I worked at on a regular basis. Some of these learners had been identified as being truants, others were seen to have behaviour problems and still others were identified as withdrawn. This did not surprise me considering the general level of community and domestic violence experienced by many children living on the Cape Flats. Garbarino (1992:59) noted, ‘Children exposed to chronic violence often develop problems related to school performance and intellectual development….In order to deal with fears of violence, the children employed defences that were manifested as learning disabilities in the classroom.’

I soon discovered that many of the children and adolescents referred to me struggled academically and the majority of them had experienced some form of trauma. Many of the people who consulted me were subjected to either physical or emotional abuse in their homes. Others had experienced loss in relation to death. These deaths were often as a result of violence, some of which had been witnessed. Some deaths were accidental or as a result of illness, however all these experiences of death were usually related specifically to the loss of a loved one. As mentioned earlier, I was also on call for trauma debriefing and counselling in crisis situations when there had been an incident of violence (often gang related), a death, a suicide or an attempted suicide which involved learners or teachers. Because I had had no formal training in trauma counselling, I used my skills, particularly those gained from a narrative pastoral therapy approach, to do the debriefing. It was the feedback I received from a Safe Schools co-ordinator who witnessed a debriefing of a teacher who had been held up at gunpoint while teaching a class, that initially gave me the courage to pursue my personal way of debriefing. She said that she had never seen a debriefing done like that before, but thought I had done an excellent job. This incident in particular helped me to realise that I had sufficient skills to help people who had experienced trauma. However, I believed that I could do a lot more to develop these skills in a way that was both helpful and respectful to trauma victims.

1.1.3 Problem statement

In relation to the experience I had gained, I came to realise that each time I was confronted with a new situation I was adapting and developing my skills. This led me to ask the following question: How could narrative pastoral therapy practices be used to debrief and counsel teachers, learners and parents who were exposed to trauma and violence at schools in the Western Cape?
1.1.4 Aim of the study
Initially I had considered examining the practice of other trauma counsellors as well as my own. However, as my own knowledge and experience developed, I felt less need to draw comparisons. This idea, together with the added advice of my supervisor, made me decide to reduce the focus of the study to the following aims:

- explore a narrative pastoral therapy approach\(^1\) to trauma counselling regarding gang violence, loss and abuse;
- document my own learning process in this regard;
- empower trauma victims to separate themselves from the trauma and challenge its effects.

1.1.5 Significance of the study
By documenting the process of my own developing practice of trauma debriefing and counselling, I believe I was able to explain the application of a narrative pastoral therapy approach to trauma debriefing and counselling.

1.1.6 Limitations of the study
While I undertook to include the counselling of those who had been abused, I deliberately limited the stories in this study to those who had been physically, verbally or emotionally abused. I took a conscious decision to exclude the stories of mostly young girls (but also young boys) who had been sexually abused or raped. I excluded them because I felt that I could not do justice to their stories in this study. I firmly believed that the subject of sexual abuse and rape deserved to be a study on its own.

This study was also limited to the learners, parents and teachers specifically referred to me within my capacity with the SSP. In the case of crisis counselling or trauma debriefing, the Call Centre approached psychologists or social workers from the relevant EMDCs first. If, however, they were not available, the Call Centre would then approach me to go to relevant schools. Sometimes, I was also approached directly by the Safe Schools manager or one of the Safe Schools co-ordinators. In cases of counselling, LSOs or principals would either refer directly to me, or in some cases, only when the school psychologist from the clinic was unavailable. The study was further limited by time constraints as

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\(^1\) By 'narrative pastoral therapy' I refer to therapy that uses an approach practised by narrative therapists such as Michael White and David Epston, but which also includes a spiritual dimension, i.e. specifically making spaces for conversations about clients' spiritual practices.
I will submit my final thesis by the end of November. The implication of this was that I only included stories collected between February and August 2002.

1.2 Research Methodology

1.2.1 Research approach
Because of the exploratory nature of this study, I chose to do the research within a qualitative and action research framework. Qualitative research is based philosophically on a phenomenological position which claims that knowledge is socially constructed and that the knower is part of the knowledge and can therefore never be totally objective (Maykut & Moorehouse 1994). Qualitative researchers value the context in which the research is done and endeavour to gain understanding of particular situations and environments (Maykut & Moorehouse 1994:13). Postmodernist thinking ‘...requires us to consider meaning in terms of relations of struggle embodied in everyday practice, and it demands that we view our actions in local contexts related in specific ways to historical conjectures’ (Jennings & Graham 1996:171).

Mitchell’s Plain was developed on the Cape Flats, in part to accommodate people who had been forcibly removed from so-called White urban areas during the apartheid era. Large parts of Mitchell’s Plain are characterised by poverty, unemployment and high levels of violence. Violence exists in respect of physical and sexual abuse in families and shootings and killings in respect of gang activities. There is also a high incidence of drug and alcohol abuse within these communities. All these factors have had an influence on the lives of young people in schools, with the result that school violence is shifting in severity as fists are replaced with knives and firearms and in some areas, alcohol and mandrax are replaced by crack. (Clacherty 1998, cited in Joint Framework Document [1999]:8). I believed that I needed to be mindful of the broad historical context of the lives of many of these learners. Thus, by developing some understanding of this context, I hoped to be more sensitive to the particular issues that confronted them.

According to Tuckman (1988), qualitative research is characterised by attempts to firstly describe and secondly to examine. It is as much concerned with process as with outcome. In this study I therefore attempted to describe my interaction with learners, parents and teachers and then I reflected critically on the processes to gain understanding as well as to inform changes in the way I was practising narrative pastoral therapy. This particular aspect indicated that the research also had an action content. According to Winter (1996:14), action research links self-evaluation with professional development. This
was done firstly through the process of reflection, i.e. the development of understanding, and secondly through the process of change in practice which lead to professional development. Reinharz (1992:260) points out that ‘because of the widespread acceptance of the personal starting point for feminist research, some people have come to almost expect a link between the personal experience of the researcher and the research project in which she is engaged.’ While professional development would seem to have been aimed only at my own personal benefit, I do believe that this process also led to improved practice which benefited the people who participated in this study. Kotze (2002:27) reminds us that ‘We cannot know for people what is good for them. We also have to know with them.’ He goes on to say, ‘To be ethical, the participation of people about whom we do research is of primary importance at all levels of our research.’ I believe I sought participation throughout our conversations, when I asked people who consulted with me for permission to use their stories and also when I took the stories I had written back to them and invited them to comment and make changes.

In keeping with critical action research, I also endeavoured to expose discursive practices as well as the ideological underpinnings of belief systems inherent in my own practice as well as in the stories I was sharing (Jennings & Graham 1996:171-172). I believed that this research could also have been described as emancipatory action research, only from the aspect that it intended to be, a ‘...collaborative, critical and self critical inquiry by [myself] into an issue of concern in [my] own practice’ (Zuber-Skerritt 1996:84). Through learning and changing as a researcher, I also resonated with Reinharz’s (1992:194) ideas on feminist research. According to her, a consequence of doing research is that the researcher learns and changes on three levels: herself; the subject matter under study and how to conduct research. I will reflect on these in the last chapter.

1.2.1 Strategies for collecting material

In keeping with an action research framework, Winter (1996) suggests that material collection:

Involves gathering information that will tell us more than, as practitioners, we usually know – for example, making systematic records where we are content with spontaneous impressions, making permanent records instead of relying upon memory, and collecting detailed statements from people whose general opinions we usually take for granted.

For the purposes of this study, I kept detailed process notes of the conversations I had with those I counselled. I also received regular supervision of my therapeutic work, and made detailed notes of these meetings. I attempted to record feedback from those who benefited from or witnessed my counselling. In addition, I kept a detailed diary (Winter 1996:15) or research journal (Hall 1996:45-46). Like Hall I used the journal ‘to clarify my thoughts’ and ‘help map my path of understanding and provide
a way of maintaining a sense of control over my own learning process.' I therefore recorded my own impressions of therapeutic conversations with clients as well as my understanding of my ongoing development as a narrative pastoral therapist.

1.2.3 Strategies for reflecting on material
According to Denzin and Lincoln (1994:15), qualitative research is endlessly creative and interpretative. 'Simply observing and interviewing does not ensure that research is qualitative, for the qualitative researcher must also interpret the beliefs and behaviours of participants' (Janesick 1994:213). Bearing in mind that interpretations are constructed and that there are multiple possibilities for interpretation, I intended to interpret 'seeking to describe, explain and make understandable the familiar in a contextual, personal, and passionate way' (Janesick 1994:217).

1.2.4 Ethical considerations
I endeavoured to follow some of the principles outlined by Winter (1996) for action researchers by:

- Forwarding my research proposal to the WCED and asking their permission to conduct this research in their schools.
- Collaborating with and gaining written permission from participants whose personal stories I used in this research (Appendix A). I also collaborated by explaining the nature and aims of the research (Appendix B) and by giving them a draft of their stories and asking them to make comments and suggest changes. In addition I asked participants to choose pseudonyms for themselves and family and friends in order to give them anonymity. A couple, however, specifically asked me to use their own names.
- I made my research visible by informing principals at schools of my intentions and also by asking their permissions to use certain material and permission to interview learners. I also believe I was open to suggestions from my supervisors.
- I accepted responsibility for maintaining the confidentiality of my clients by removing or changing any identifying names of places and people.

I was also guided by feminist ethics in writing a personal account of my own developing practice. According to Brison (1999:204), 'Feminist ethics, in accepting subjective accounts as legitimate knowledge, has made it more academically acceptable to write in the personal voice.' She goes on to say 'feminist ethics relies on the actual experiences of concrete individuals, paying special attention to formerly neglected experiences of women and other marginalized groups.' I believe the stories I have told represent stories of women and children as well as men who have previously been marginalised. I
hoped that in the telling of my own story as well as those of the people who consulted me, I have made it possible for others to share our experiences. 'Feminist theorists increasingly look to first person accounts to gain imaginative access to other's experiences' (Brison 1999:204).

1.3 Research Report

I have already explained how clients were referred to me and that I kept careful notes of all sessions as part of my practice as a therapist. I also explained that I kept a research journal and sought regular supervision in respect of my counselling. When I got to the stage of writing up the research report I knew I could not include an account of all the clients I had counselled with regard to trauma and I therefore had to make a selection of whose stories I would tell.

1.3.1 Making a selection of stories

I narrowed down the field of possibilities firstly by broad themes that were in keeping with the focus of the study. I started with a number of ideas such as: short and long term counselling, suicides, abusive fathers and abusive mothers, gang violence, truancy and loss. I then reduced these to two main themes, and selected three focus areas. The first was crisis counselling with a focus on gang violence. The second was pastoral counselling with a focus on loss and abuse. I still could not include the stories of all the clients I saw whose stories fell into these categories because I had limitations in relation to the length of the report, so I selected those that had been most meaningful to me personally as well as most illustrative of my developing practice as a narrative pastoral therapist.

Once I made my selection, I then wrote up these clients' stories, using my memory as well as my case notes and my research journal. I tried to write their stories with honesty and in a way that was respectful to them. In keeping with the ethical and collaborative aims of the study, I had to make appointments to see all of them, firstly to gain permission and secondly to ask for comment or changes.

1.3.2 Getting permission and comment from the clients

I found this task daunting. It was particularly difficult with clients I had seen for trauma debriefing. The nature of our interaction had been intense but the relationship felt tenuous as I had only seen some of them on one occasion. It also meant re-establishing contact with some schools that I had only visited once or maybe twice, months before. I had no way of knowing how clients would respond to me or whether they would in fact give me permission to use their stories. It was a little easier making appointments to see clients at schools where I worked regularly, except in two particular cases. In one
situation the client had left school but I eventually managed to make a home visit. In the other case, I was not able to see the client but I did manage to get verbal permission from her to use her story.

The first few clients I saw were adults and I gave them their stories to read. In most cases I watched them read with intense expressions, occasionally nodding, I think in acknowledgement of some forgotten aspect of the story. From their expressions, I guessed that the content of what they were reading was very meaningful to them and they confirmed this in the discussions that followed. I then saw a few young children. I read their stories to them, except in one case when I translated rather than read because the child was Afrikaans-speaking. Even though I had read and reread these stories dozens of times, I was surprised by the effect the stories had on me hearing the story out loud in my own voice. It was as if I was hearing it for the first time with all the nuances and tentativeness that I had intended. I decided to read all the rest of the stories aloud myself to clients, irrespective of their age or reading ability. I did offer them the opportunity to read them again on their own, but they all declined. I discovered that hearing the stories read aloud by me seemed to have a more powerful impact on clients than when they had read them on their own. All the clients readily signed the consent forms. One or two suggested minor changes and one or two asked me to include some incident or point I had omitted. I had not anticipated the effect of these follow-up sessions on either the client or myself. In nearly every situation they turned out to be extremely meaningful. I will say more about this in Chapters Four and Five.

1.3.3 Rewriting stories
Once I had gained permission from the people who consulted with me, I went ahead with writing up the final account of these stories. Having made the changes requested and corrected any omissions, I also changed all the names, using the pseudonyms they had asked for, except where they specifically requested I use their own name. I then also wrote accounts of the follow-up sessions and proceeded to weave the application of theory into these stories.

1.3.4 Chapter outline
In Chapters Two and Three I will attempt to discuss the theoretical aspects that informed this study. In Chapter Two I cover what I saw as the overarching theories that guided my practice, namely social construction discourse, contextual and feminist theology, spiritual counselling and narrative therapy practice. In Chapter Three I address the broad topic of trauma, focusing on issues such as post-traumatic stress disorder, interventions, specifically debriefing, traumatic loss and vicarious trauma. I
also discuss issues related to chronic violence, namely abuse with regard to domestic violence and gansterism with regard to community violence.

In Chapter Four I focus on crisis counselling. I will tell the stories of teachers who were threatened by gangsters: Emmy held up at gunpoint while teaching, Ivan who was threatened by a youth and John who was both threatened and assaulted. I will give an account of debriefing the staff at a primary school after their school was held under siege when two rival gangs literally went to war. Lastly, I will focus on stories of children who were caught in the crossfire of gangsters' bullets. Here I tell the stories of Michelle, a nine year old frightened by gangsters on her way to school; Celine, a sixteen year old who lived with constant fear after gangsters targeted her home with their bullets; and Anthea, who lost her best friend to a stray bullet from a gangster's gun.

Chapter Five will deal with regular counselling as apposed to crisis counselling. In this chapter I have selected stories that fall into two categories, those related to loss of a loved one and those related to abuse. I will tell the story of Uhuru, who lost her entire immediate family in one year, and Maseiso, who witnessed the violent deaths of her two cousins. I will then go on to tell the courageous stories of Martin, a young boy whose mother physically abused him, and of Margaret and Alice, a mother and daughter who stood up to abuse. Finally, I will tell of conversations with Lucinda and Natalie who lived with abusive fathers.

In Chapter Six I will reflect on and draw conclusions about the research process especially with regard to what I learned about how to conduct research, about trauma counselling on the Cape Flats and about myself as a narrative pastoral therapist.
CHAPTER 2
OVERARCHING THEORIES

2.1 Introduction

My work on the Cape Flats consisted of assessing, debriefing and counselling of both children/youths and adults (teachers and parents). I will limit the discussion in this chapter, however, to general counselling. In Chapter Three I will discuss debriefing and specifically, trauma counselling, in more detail. In conducting this study I positioned my work in relation to the following theoretical frameworks.

2.2 Social construction discourse

The first framework is a postmodern, social constructionist epistemology. Postmodernism questions the notion of absolute truths or undisputed reality, instead putting forward the idea of multiple realities. It 'rejects the notion that social change is a matter of discovering and altering the underlying structures of social life through application of grand theory or meta narrative' (Burr 1995:12). Postmodernism has other characteristics that I regard as significant for this study:

- It makes space for previously marginalised voices (Mason [1996]). In this study people who consulted me were for the most part women and children and most of them were poor. I believe they were marginalised by their poverty and also by the position they held in, what seemed to me to be, a predominately patriarchal social structure operating on the Cape Flats.

- It celebrates difference, diversity and plurality (Mason [1996]). I counselled learners and parents who were chiefly Coloured but also Black people. They were all of either Christian or Muslim faith. Resonating with a postmodern discourse, Knitter (1985:166) argues that religious plurality should be free from mutually exclusive truth claims therefore enabling me as counsellor to acknowledge and embrace religious pluralism.

- It focuses on the local rather than the universal. Toumin, cited in Brueggermann (1993:6), puts forward an argument with regard to a postmodern approach to theology, to move from 'written to oral, universal to particular, general to local and timeless to timely.' Here the local context of the study needs to be noted because of the prevalence of gangs as well as the high levels of violence and abuse within these communities that impacted directly on the lives of the learners, parents and teachers I counselled.

Social constructionist ideas were particularly relevant to my work as a narrative pastoral counsellor. 'Ideas, concepts and memories [are seen] as arising from social interchange and are mediated through
language' (Hoffman 1992:8). Freedman and Combs (1996:22) expand on this by saying firstly, that 'realities are socially constructed.' They explain that 'a central tenet of the postmodern worldview in which we base our approach to therapy is that beliefs, laws, social customs, habits of dress and diet – all things that make up the psychological fabric of "reality" – arise through social interaction over time. In other words, people, together, construct their realities as they live them.' These ideas impacted directly on how I approached people who talked to me about their lives which they sometimes described as overwhelmingly hopeless. The approach of Freedman and Combs helped me to deal with problems from different perspectives and thereby to look for alternative or multiple realities in clients' lives.

Secondly, Freedman and Combs (1996:27) say 'realities are constituted through language.' This means, 'to postmodernists, the only worlds that people can know are the worlds we share in language, and language is an interactive process, not a passive receiving of pre-existing truths.' I gained an understanding of the lives of the people who consulted me by privileging their language, and by accepting and trying to understand their particular linguistic descriptions. I counselled in both English and Afrikaans. I felt that it was important for me to engage with the particular forms of these languages as they are used on the Cape Flats. I therefore tried to use some of the same terms or phrases that were familiar to the people I had therapeutic conversations with, for example, the Afrikaans word 'skel' was used interchangeably in both languages to describe verbal abuse and so was 'Deddy', referring to father. Since language constitutes reality, the narrative therapy practice of using externalised language (White & Epston 1990) during therapeutic conversations is particularly relevant for creating a different reality, one that gives people the opportunity to see something like debilitating fear as being outside of themselves. For example, I would always speak to a person about 'fear' or 'the fear' rather than 'your fear'. By doing this I hoped to provide opportunities for more agency by regarding the 'fear' as the problem, rather than them being the problem as a fearful person.²

Thirdly, Freedman and Combs (1996:29) remind us that 'realities are organised and maintained through narrative.' White (1992:123) says that it is the narrative or story that provides the framework for us to interpret and make meaning of the experiences that are constitutive of our lives 'through narratives or the stories that persons have about their own lives and the lives of others that they make sense of their experience.' I also believed that I created a space for people to tell the particular aspect of their stories that they chose to give expression to in our session. At the same time, I tried to maintain 'a curiosity in

² The premise that the 'problem is the problem' as opposed to the person being the problem (ascribed to Michael White) is the inspiration for the concept of externalization, one of the underlying principles of narrative therapy.
regard to those alternative versions of who people might be ... a curiosity about that which falls outside of the totalizing stories that persons have about their lives‘ (White 1992:146). It was through listening and asking questions that I created opportunities for the process of ‘re-storying’ their narratives with them, that is, by telling and retelling an alternative story to the problem-saturated one that they brought to therapy in order to create a different reality of their lives.

The postmodern, social constructionist epistemology that informed this study also forms the basis of narrative therapy. I will now highlight some of the key ideas that pertain to this form of therapy.

2.3 Narrative therapy

Narrative therapy can be described as one of the constructionist-based therapies in which ‘the concept of narrative or story telling is key to the way we make ourselves understandable to each other’ (Gergen 1999). I will present some of the basic concepts of narrative therapy which was introduced by ‘the ground breaking work’ of Michael White and David Epston (Gergen 1999:172).

In describing a narrative therapy conversation with a client, Epston points out what is expected essentially of the therapist, that is, that he or she:

1. Privileges the person’s lived experience.
2. Encourages a perception that change is always possible and occurring through linking lived experience across a temporal dimension.
3. Encourages multiple perspectives and acts to deconstruct claims of ‘expert knowledge’.
4. Encourages the carnival of possible futures through the reconstruction and re-remembering of alternative stories.
5. Invites a reflective posture and demand that therapists be accountable for their therapeutic stance.
6. Acknowledges that stories are co-produced and endeavours to make the client the privileged author of their own experiences.
7. Believes that persons are multistoried. (Epston 1998:132)

Morgan (2000:4) adds to my understanding of the ideas expressed by Epston when she describes what are in essence, narrative ways of working:

- Narrative therapy seeks to be a respectful, non-blaming approach to counselling and community work, which centres people as experts in their own lives.
- It views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to change their relationship with problems in their lives.
- Curiosity and willingness to ask questions to which we genuinely don’t know the answers are important principles of this work.
- There are many possible directions that any conversation can take (there is no single correct direction).
- The person consulting the therapist plays a significant part in determining the directions that are taken.

I will give a very brief summary of the narrative therapy process. In narrative therapy therapists have conversations with clients in which we listen to their stories which are usually dominated by the problem. White and Epston (1990:16) refer to these as 'problem saturated stories'. Therapists then unpack, in detail, the effects of the problem on the client, seeking to understand how the problem has influenced their clients' lives. All the while, the therapist uses externalising language with regard to the problem. White and Epston (1990:42) refer to this process as 'mapping the influence of the problem' which aims to encourage the client to separate from the problem and thereby creating a space to grow the alternative story. The therapists are continuously listening for a 'unique outcomes' (White & Epston 1990:15), a term which refers to times when the problem has less or has no influence on the client's life. Through a process of asking what White (1995:31) calls 'landscape of action' and 'landscape of meaning' questions, the alternative story is mapped out in detail and enriched. This is the process referred to as re-authoring, it is seen to be a collaborative process between the therapist and the client. The alternative story that emerges then represents the preferred reality of the client.

I have attempted to describe some of the key features of narrative therapy. I will now discuss the theories of contextual and feminist theology that also underpinned my work as a narrative pastoral therapist.

2.4 Contextual theology and feminist theology

Elements of both contextual and feminist theology guided this work, particularly from the point of view of transformation and inclusivity. Both theologies seek to be critically reflective of the status quo and from there, would advocate transformation or change. Both theologies adhere to an inclusive approach, one which supports diversity and endeavours to include people rather than exclude them because of their differences. This approach then might encompass the idea of religious pluralism.

2.4.1 Contextual theology

Contextual theology is a theology from below focusing on the poor or the culturally marginalized (Bosch 1991:423). It supports a strong social conscience and seeks to change situations or to transform society. Contextual theology is also concerned with 'critical reflection on Christian praxis in the light of the Word' (Gutierrez 1988, cited in De Gruchy 1994:11). In considering context, we need to include people's lived experiences in their communities, that is, 'What people are feeling, what they are undergoing, how they perceive this, how they are responding' (Cochrane, De Gruchy & Petersen
1991:17). Brison (1991:211) adds a feminist perspective when she refers to Culler's (1988:xiv) critique of the concept of context '...context is not fundamentally different from what it contextualises; context is not given but produced; what belongs to a context is determined by interpretative strategies; contexts are just as much in need of elucidation as events; and the meaning of a context is determined by events.' I believe that all the points above are relevant to the specific context in which I work, where there is such widespread unemployment, poverty and crime. For me, a strong focus on context has meant that I needed to connect very powerfully with people in their current situations. It meant I tried to help them to find meaning and worth in the situations they found themselves in, 'what one knows and sees depends upon where one stands or sits' (Brueggemann 1993:8). It also meant that at times I needed to question some of their beliefs, for example where a women sees it as part of her Christian duty to stay in an abusive relationship because she believes she is expected to respect his husband no matter what. Challenging or questioning was done through deconstruction. Parker and Shotter (1990) speak of different ways in which deconstruction can be used. They refers to a Derridian form of deconstruction which seeks to expose the hidden, internal contradictions or absent and repressed meanings, and a Foucauldian form which seeks to uncover (like a geologist) the layered workings of disciplines. They says that 'both can be used to make visible the otherwise "hidden" social and political processes' (Shotter 1990:4). Griffith and Griffith (2002:152) wrote the following of deconstructing religious beliefs:

Deconstruction can help a person to understand better his or her relationship to a particular belief, because a belief is often stated as if it were an objective fact, its historical and discursive context forgotten. Deconstruction is not intended to and should not destroy the belief, but rather enrich understanding and provide choice as to the role the belief ought to play in a person's life. The meaning and influence of the belief can be transformed once a person understands its historical and social context. With this shift, new openings often appear for resolving old problems.

Contextual theology also claims to be inclusive by being accessible to all people. In a country like South Africa where religious pluralism is evident, Petersen (1994:226) argues for a shift from a Christian-centred to a God-centred model of universal faiths. He goes on to say that other faiths have authentic understandings of God and that while 'Jesus is the embodiment of the reality of the universal Christ ... he is not the only saviour.' He calls for all religions, including Christianity, to give up the claim to being universal. Bons-Storm (1996:125) supports this idea when she questions how dominant theologies claim universal truth. She says 'dominant theologies are "particular" and contextual for they are the theologies of the dominant group and its position and interests.' As I have already said, the ideas of transformation and inclusivity seen in contextual theology are also shared by feminist theology.
2.4.2 Feminist theology

My work was most strongly guided by principles of feminist theology and praxis, some of which are captured by Graham (1998:141), who describes a critical and reconstructive practical theology that 'starts with experience, attempts to place an individual story in a social or collective context, locates the personal story in relation to stories of faith (both historical and contemporary). I believe that the particular histories and cultures of people in this study were significant because people living on the Cape Flats, predominantly Coloured but also Black people, were previously marginalised by the apartheid regime when they were forced to move to these areas that were generally undeveloped and isolated with regard to shops, their places of work and access to public transport. Couture (2000:114) adds to this, saying 'To fulfil its culture-creating function, pastoral care needs to regain a historical consciousness. History is the cultural memory of society, just as individual memory is and family tradition help us understand what shaped individuals and families.'

The idea of 'a hermeneutic of healing' spoken about by Ackermann (1998:80-84) also influenced my practice. She speaks of social healing that 'is inseparable from political healing because the very politics which shattered so many lives and had such dire effects on the social fabric of South African society, were not only practices of political oppression but were also iniquitous attempts at social engineering.' I believe the work I am currently doing is an attempt to show compassion and care which may for a few serve to heal some of the pain of the injustice of forced removals of people to the Cape Flats from District Six and Woodstock, which although poor, were once vibrant, cohesive communities.

I identified very strongly with what Ackermann (1998:83) adds to the idea of a healing praxis, when she says 'it can come from those who have privilege and power, provided they too understand its genesis in the hope for a restored creation and are willing to hear the pain and suffering of "the others" and to act in response.' Couture (2000:114) writes, 'Persons who have practised effective pastoral care and counselling are masters at understanding the private epistemology and rhetorical worlds of those who are different from themselves.' Ackermann (1998:86) also claims that 'the capacity to truly hear these different stories and to understand their implications, requires an openness of spirit and a willingness to be aware and vulnerable.' I believe I showed these qualities in my practice in the way I went to schools, offered my services and was willing to counsel anyone in need. I sometimes counselled in very inappropriate physical spaces or at personal risk. All the time I was aware of myself as an outsider and also acutely aware of the dire straights some people who consulted me were living in.
'Feminism and feminist theology want to engage in a critique of traditional politics and theology in order to trigger a process of investigation, rethinking, change and ultimate transformation within patriarchal society and religious institutions' (Isherwood & McEwan 1993:16). Feminist theology therefore seeks to transform the hierarchical structures inherent in the patriarchal system of the Christian church where reality is seen from a man’s perspective, by including women's experience as a key to understanding women’s spirituality (Ackermann 1994:200).

Transformation is also supported by feminists’ challenge of the use of language which images God as a male. Graham (1998:146) says ‘inclusive language is one means of enabling worshippers to envision new models of divine agency.’ Feminist theology is practised by women in world religions such as Judaism, Islam and Hinduism (Ackermann 1994:197), which means it supports inclusivity. In this study I noted that the effects of patriarchy, particularly with regard to women who remained in abusive relationships, were equally relevant to women of both Christian and Muslim faith.

2.4.3 Pastoral Care

Within the framework of contextual and feminist theologies, I also practised pastoral care. Lyall (2001:7) points out that pastoral care is difficult to define. He says that ‘in days gone by there was a clearer understanding of what pastoral care was all about.’ He says it can be seen simply as a way of helping people to know love as something that can be both given and received. I also see pastoral care in more simple terms, such as a caring action of going out to people and spending time listening to their stories with compassion and interest and also sometimes helping them in practical ways. For example, taking and fetching someone from hospital, as I did with a young woman who was brought to me to counsel after being raped.

In the context in which I worked, acts of violence and abuse are an everyday occurrence and I believe I needed and wanted to practise pastoral care. As a narrative pastoral therapist I was also engaged with the practice of pastoral care with learners who came from ‘fragile’ families. Couture (2000:24, 50 & 97) describes fragile families as those who live in conditions of poverty, ‘the material poverty and the poverty of tenuous connections.’ She also notes that ‘much of the time children who live in poverty of tenuous connections have flourished because one or more adults took an interest in them.’ Apfel (cited in Joint Framework Document [1999]:33) maintains that ‘one supportive person can provide the guidance required for a child to choose an alternative to violence.’
I was also counselling or caring with women and children who found themselves in abusive relationships. The kind of practice I wanted to develop is best described by Graham (1998:141):

...pastoral care embraces more than personal counselling or support and that the process of giving and receiving care is about building relationships of mutuality and empowerment, of presence at the cutting edge of social change, of solidarity with the marginalized and of the provision of symbolic, ritual and theological resources by which people can make sense of their lives.

Lyall (2001:12) also offers the following more complex definition:

Pastoral care involves the establishment of a relationship or relationships whose purpose may encompass support in time of trouble and personal and/or spiritual growth through deeper understanding of oneself, others and/or God. Pastoral care will have at its heart the affirmation of meaning and worth of persons and will endeavour to strengthen their ability to respond creatively to whatever life brings.

I believe my work as a narrative pastoral therapist also resonates with this definition which includes making space for conversations about people’s understanding of their God.

2.5 Spiritual counselling

Religion and spirituality are sometimes used interchangeably. I would agree with Walsh’s (1999:5) definition of religion. She defines it ‘as an organised belief system that includes shared and usually institutionalised, moral values, beliefs about God or a Higher Power, and involvement in a faith community.’ I am not a Christian nor do I belong to any faith community, yet in terms of Christianity I would describe myself as ‘non-participating but nevertheless religiously sympathetic’ (Graham 1998:135).

Although not religious, I would definitely describe myself as someone who embraces spirituality. I would see spirituality as more inclusive than religion or as ‘an overarching construct, [which] refers more generally to transcendent beliefs and practices’ (Walsh 1999:6, referring to an earlier work, 1998). She goes on to refer to Elkins (1990): ‘Spirituality can be experienced either within or outside formal religious structures, and is both broader and more personal.’ I experience my own spirituality in the way I connect with people and nature. I can identify most strongly with the following definition of spirituality:

Spirituality is a commitment to choose, as the primary context for understanding and acting, one’s relatedness with all that is. With this commitment, one attempts to stay focused on relationships between oneself and other people, the physical environment, one’s heritage and traditions, one’s body, one’s ancestors, saints, Higher Power or God. It places relationships at the centre of awareness, whether they are interpersonal relationships with the world or other people, or intrapersonal relationships with God or other nonmaterial beings.

(Griffith & Griffith 2002:15).
I believe that because I do not personally subscribe to a religion, I have a neutrality to all religions which means I am open enough to speak to people who consulted me about their beliefs no matter what their personal religion might be. However, De Gruchy (1994:12) would argue that to ‘do theology’ you need to be part of a Christian community. He says doing theology ‘can never be a neutral exercise, nor can it be a substitute for faith and commitment. It assumes faith, and it requires commitment.’ I believe I have faith and commitment to spirituality which puts me in an ideal position to do spiritual counselling in the context of this study, where there is plurality of faith practices amongst the people I counselled.

In order to understand the complexity of counselling in a spiritual or pastoral context, we need to broaden our horizons to encompass a view that includes counselling not only within the Church but within other religious traditions, as well as in the context of a more general spiritual quest on the part of humankind.

(Lyall 1995:30).

Spirituality from a feminist perspective 'involves the awareness of women's own power from within, of a new empowerment which can be nurtured to effect personal, social and political changes' (King 1996:219). According to King, 'women are now discovering the rich spiritual heritage in different world religions.' She explains that feminist spirituality 'can be understood in a wider sense as the spiritual quest and creativity of contemporary women, pursued in diverse traditional and non-traditional ways, or in a more specific sense as a new movement outside traditional religion altogether' (King 1996:220).

Roberts (1999:257) states that 'a person who is familiar with various beliefs and religious groups may be able to work with clients quite differently than someone without.' Although not raised in a religious context, I attended an Anglican Church school and was confirmed in the Anglican Church. Even though I spent the best part of my adult life in a secular world, I believe I can still engage with people who are committed Christians. As many of the children and adults I consult with are also Muslims, I have made it my business to gain some knowledge of their faith. Walsh (1999:49), referring to McGoldick and Giordano (1996), stresses that:

... culturally sensitive practice begins with awareness of the profound influence of core beliefs and an openness to learn from our clients. As in dealing with issues of ethnicity, we need to be openhearted in listening to and exploring religious and spiritual questions and beliefs that have profound implications for their lives.

Whatever the limitations in my understanding of people's particular religious beliefs, I believe I made up for it by an alertness, openness and a willingness to engage. Perry and Rolland (1999:275) write, 'when people are spiritually alert and alive, they discover (recover) themselves not fundamentally apart and
isolated but as essentially connected and engaged.’ On many occasions I experienced a deep level of connectedness and engagement with my clients.

In relation to the context of this study where I mostly consult with adults and children who have experienced trauma, I believe that for many, it was at times the conversations about spirituality that sustained them most. ‘For many, belief in a personal relationship with God strengthens them through their darkest hours’ (Griffith, cited in Walsh 1999:22). Walsh (1999:38), referring to an earlier work, adds to this by saying ‘...spiritual beliefs and practices strengthen the ability to withstand and transcend adversity. Such keys to resilience as meaning-making, hope, courage, perseverance, and connectedness are all enhanced by spirituality.’ Finally, I tried to incorporate the following ideas into the spiritual counselling I did as a narrative pastoral therapist:

As therapists, we, as well as our clients, need courage to question constraining beliefs or destructive actions; to support client’s attempts to move from despair and reach for hopes and dreams; to learn from their mistakes and act on their best intentions. When our clients lose hope, our faith in their potential can restore their faith. When we believe in the worth of our clients, they are better able to rise to meet their challenges with confidence and competence. Valuing human connection, we help our clients to seek reconciliation to heal wounded relationships and encourage them to forge more meaningful personal and spiritual bonds.


In this chapter I have outlined the overarching theories that inform my practice. Under the umbrella of postmodern discourses, I discussed social constructionist discourse and the particular form of therapy that is based on social constructionist ideas, namely narrative therapy. I also discussed the relevance of contextual and feminist theologies to my work and how the notion of inclusivity led me to see spiritual counselling in its broadest terms. In the next chapter I will explore trauma and violence from a theoretical point of view.
CHAPTER 3
A THEORETICAL VIEW OF TRAUMA AND VIOLENCE

3.1 Introduction

I am working in a context where poverty, abuse and violence are prominent in the lives of many of the children I consult with. In the many conversations I have had with parents and children I have pieced together a picture of overcrowding, unemployment and of families living in dire straights. Children sometimes explain that they live with their family or extended family in a ‘wendy house’ or ‘bungalow’ at the back of someone else’s house and from what I have seen, the properties are very small.

Extended families can consist of grandparents, parents, older siblings and their spouses and children, as well as cousins and uncles all living under one roof. I hear stories of families where three or four older siblings in their twenties are still living at home but do not work. In some households there is no wage earner, the family survives on the disability grant of one member of the family. I hear of children going off to school with no food who might be lucky if there is bread on the table when they come home, but there might be little else to eat. I hear of wives who do not work and are divorced from their husbands who get no financial support for themselves or their three or four children. I hear of husbands and wives abusing alcohol or husbands and sons being ‘op gerook’, stoned on dagga and mandrax most of the time. One grade seven boy I spoke to works after school selling fruit and vegetables on ‘The Plain’ to help support his family. This picture gives some sense of the backdrop against which I will be exploring trauma and violence and their effects on the children and adults who consult me.

3.2 Trauma

It is not always easy to distinguish between what is considered stressful or traumatic, or what is described as a crisis or a trauma. Trauma has been defined as ‘a psychological event outside the range of usual human experience’ (American Psychiatric Society 1987, cited in Mitchell and Everly 1997:7). Stated differently, Monohan (1993:1) writes: ‘By its very nature, trauma is the occurrence of the unthinkable.’ She elaborates by describing it as ‘a sudden, extraordinary, external event [which] overwhelms an individual’s capacity to cope and master feelings aroused by the event.’ Kleber et al (1995:11) offer a more comprehensive picture of trauma by describing traumatic events as ‘serious life conditions that confront an individual with powerlessness, disruption, and death, as in acts of violence, human-made and natural disaster, combat, human rights violations and the sudden loss of loved ones.’
In this study I will be focusing on disruption and death that result from human-made acts of violence and also the sudden loss of a loved one. I will also be writing about ongoing, repeated or chronic trauma. Lewis (1999:9-10) uses the term ‘continuous traumatic stress’ to describe the situation where people are exposed to ongoing trauma. She refers specifically to, ‘[m]any South African children, particularly black children who live in townships with high levels of violence and have been traumatised repeatedly.’ The children living on the Cape Flats, like Black township children, are exposed to high levels of violence and are also repeatedly traumatised.

3.2.1 Post-traumatic Stress Disorder

According to Kleber et al (1995:11) ‘trauma has become a very popular concept in psychology, psychiatry and the social sciences and its popularity is still growing rapidly.’ The reason they give for this was the introduction of the diagnostic concept of post-traumatic stress disorder (PTSD) in 1980. It seems clear from the literature (Bourne & Oliver 1998; Lewis 1999; Scott & Strading 1992; Van der Kolk; Van der Hart & Burbridge 1995; Van der Kolk & McFarlane 1996) that post-traumatic stress is seen to be a normal response to the exposure to trauma. However, some people get stuck in these responses and the symptoms of traumatic stress become more and more intrusive into their lives. It is my understanding that these are the people struggle with the effects of PTSD in their lives. Van der Kolk and McFarlane (1996:5) write: ‘Most people who have been exposed to traumatic stressors are somehow able to go on with their lives without becoming haunted by the memories of what happened to them.’ They explain that intrusive memories are part of a normal way of responding, they maintain that it helps to modify the emotions and creates a tolerance for the memories. However, some people do not get past this initial response to the trauma.

[They] are unable to integrate the awful experience and start developing the specific patterns of avoidance and hyperarousal that are associated with PTSD. What distinguishes people who develop PTSD from people who are merely temporarily stressed is that they start organising their lives around the trauma. Thus it is the persistence of intrusive and distressing recollections, and not the direct experience of the traumatic event itself, that actually drives the biological and psychological dimensions of PTSD.


Much has been written about PTSD and a great deal of research has been done into its causes, identification, diagnosis and treatment. I am unable to do justice to this vast topic in this study. I will therefore only highlight some of the more general issues, which I have found useful in relation to the context in which I work and for developing my own practice.
Van der Kolk and McFarlane (1996:9) explain the symptoms of PTSD in terms of information processing and offer the following six critical issues that affect the lives of people suffering from PTSD:

1. They experience persistent intrusions of memories related to the trauma, which interfere with attending to other incoming information.
2. They sometimes compulsively expose themselves to situations reminiscent of the trauma.
3. They actively attempt to avoid specific triggers of trauma-related emotions, and experience generalised numbing of responsiveness.
4. They lose the ability to modulate their psychological responses to stress in general, which leads to a decreased capacity to utilise bodily signals as guides for action.
5. They suffer from generalised problems with attention and distractibility, and stimulus discrimination.
6. They have alterations in their psychological defence mechanisms and in personality identity.

Children may also suffer the effects of PTSD. Pynoos, Steinberg and Goenjian (1996:333) remind us, in this regard, of the following:

1. Children experience the full range of posttraumatic stress symptoms.
2. Level of exposure is strongly associated with severity and course of posttraumatic stress reactions.
3. Grief, posttraumatic stress, depression and separation anxiety reactions are independent and interrelated with one another.
4. Positive correlation are to be expected between parent and child distress in response to shared traumatic experience.

This last point was evident in the stress reactions Celine shared with her mother after their home had been targeted by gangster's bullets as discussed in Chapter Four (see section 4.4.2).

From the point of view of this study, where I have a limited short term perspective due to time frames and due to lack of continuity with clients, I have for the most part been unable to assess the long term effects of their exposure to trauma. However, I have witnessed that some of the teachers I have encountered struggle with PTSD. For some of them, who have been teaching in areas where there is a high incidence of gang violence for many years, where they personally feel in danger or witness trauma repeatedly through the stories their learners tell them sometimes daily, something finally gives. I believe it is the repeated exposure to violence that finally takes its toll on their coping mechanisms and pushes them into a situation where they can no longer withstand the effects of repeated incidents. Many have to take time off work and seek professional help to address their stress. Ester, the teacher I write about in Chapter Four, was a case in point. She had been teaching for twenty odd years in the area and until the specific incident when she believed she would lose her life, she had always been seen to be one of the 'strong' teachers who was able to cope and support others on the staff. Since that particular incident, she suffered a setback every time there was renewed violence in the area. She told me how one morning when she arrived at school, she heard a loud bang which turned out to be a car backfiring.
but she froze. She found herself unable to move, she said she re-experienced the terror she had felt in the previous incident when her life was threatened. This response is typical of someone who is struggling with the effects of post traumatic stress in their lives.

Teachers I have spoken to constantly comment on children’s poor academic performance and point out that many of the children referred to me lack the ability to concentrate in class, while others also struggle with inappropriate behaviour. Van der Kolk, Van der Hart and Burbridge (1995) explain how the physiological effects of hyperarousal, triggered by trauma-related stimuli, can interfere with peoples’ ability to concentrate and learn, and produces symptoms of attention deficit disorder. Many of the children I have counselled have told me how they struggle to concentrate on their work, some experienced flashbacks long after the initial incident. A fourteen year old girl was referred to me when she suddenly broke down in class. She had been raped when she was twelve. In our conversation she told me how she often had flashbacks of the incident. Another boy who had been sodomised told me how he thought he was going to be expelled from school because he was not keeping up with his school work. He explained that, however hard he tried to concentrate on his work in class, thoughts of the abuse would come into his head and interfere with his ability to work. I believe that many children and teachers in schools may well be suffering from PTSD that goes unrecognised and is thus not being treated.

3.2.2 Trauma debriefing and counselling

While there are treatment approaches to PTSD, such as medication, Cognitive Behavioural Therapy or Counselling (CBT or CBC), Exposure Therapy, Eye Movement Desensitisation and Reprocessing (EMDR) therapy and many others, I am going to focus here on Critical Incidence Stress Debriefing (CISD) because I used some of the structure as a basis for crisis counselling and for developing my own narrative pastoral therapy approach.

3.2.2.1 Critical Incidence Stress Debriefing

Crisis counselling or debriefing is seen to be a short term intervention that focuses on helping clients deal with the immediate effects of trauma. Manton and Talbot (1991, cited in Joseph, Williams and Yule 1997:117) see debriefing as a means of ‘providing comfort, defusing the frightening situation, allowing expression of anxieties and normalising reactions.’

Litz and Gray ([2001]:8) describe the overarching goals of CISD as follows: ‘(a) to educate individuals about stress reactions and ways of coping adaptively with them, (b) to instil messages about the
normality of reactions to potentially traumatising events, (c) to promote emotional processing and sharing of the event, and (d) to provide information about, and opportunity for further trauma-related intervention if it is requested by participants.'

While I would agree with these aims, I included two aspects of my pastoral narrative practice, namely meaning-making and focusing on the alternative story (White 1992), which, in many of the cases of trauma that I discuss in Chapter Four, usually means ways of surviving the violence. I will say more about this in the course of this discussion.

Mitchell and Everly (1997) (also referred to by Litz and Gray [2001]) describe a seven-phase process for CISP. What follows is a very brief description of the phases:

1. The introduction phase, when the process is explained, including things like confidentiality and when initial questions are responded to.
2. The fact phase, during which participants are asked to describe what happened during the event.
3. The thought phase, focused on thoughts, and acts as a bridge from the cognitive domain to the affective domain.
4. The reaction phase shifts the focus to the participant's emotional responses during the event and what they are currently experiencing.
5. The symptom phase is when the counsellor discusses the typical stress reactions and answers participants' questions and addresses their concerns.
6. The teaching phase follows naturally when one attempts to find out what the participant already knows about stress management strategies and also offer suggestions.
7. Re-entry phase basically is the process of summing up the process.

This process offered a very clear protocol and a basic structure which I found useful to support narrative pastoral practices. Mostly, I did not separate phases 2, 3 and 4, instead I followed the lead of the client. I saw these three phases in combination, as the most important part of a debriefing conversation.

I agree with Bisson et al (2000) (cited in Litz & Gray [2001]), who are critical of psychological debriefing (PD), when they say 'the "one-size-fits-all" framework of PD fails to acknowledge the personal and social resources that, in most cases, promote recovery.' In my practice I looked for personal and social resources, I focused on the meaning-making and the alternative story which could be seen to be taking small steps of resistance to the violence (Wade 1996). As participants describe what happened, I would listen for hints of personal agency in their survival and I also ask questions to show my genuine interest as well as to clarify my understanding.
Van der Kolk, Van der Hart and Burbridge (1995:10) support the idea of meaning-making of such senseless incidents or terrifying realities, saying that ‘As we develop we organize our world according to a personal theory of reality, some of which may be conscious, but much of which is unconscious integration of accumulated experience.’ In this regard I also draw on clients’ spiritual or religious beliefs to do this. McFarlane and Van der Kolk (1996:25) believe that, ‘Religion fulfils the critical function of providing a sense of purpose in the face of terrifying realities by placing suffering in a larger context and by affirming the commonality of suffering across generations, often time, and space.’ I do not entirely agree that this understanding is necessarily so for all who adhere to a religion. I prefer to explore their meaning-making in relation to clients’ personal spiritual or religious beliefs as a way of doing hope with them. I would, however, feel the need to challenge some religious discourses that appeared unhelpful, for example the perception of God as vengeful or as a God of wrath which results in clients interpreting a trauma as personal punishment from God. Within the Muslim faith where trauma is seen to be the will of Allah but where it is also accepted that no-one is given a burden they cannot carry, I would ask questions such as ‘What do you think Allah knows about you that he thinks you are strong enough to carry this burden?’ I agree, however, with McFarlane and Van der Kolk (1996:44) when they caution that ‘therapists who claim that treatment of trauma victims is easily accomplished with standard protocols run the danger of minimizing the profound personal, social, and biological disruption caused by trauma.’

In recent years there has been much debate around the efficacy of CISD. Some would argue that it runs the risk of re-traumatising people, and that it does little to prevent the development of PTSD. Litz and Gray ([2001]:21) argue that while it has no therapeutic or preventive function, they acknowledge that ‘there is consensus, however, that providing comfort, information, support, and meeting people’s immediate practical and emotional needs play useful roles in one’s immediate coping with a highly stressful event.’ I believe that by infusing narrative therapy practices into CISD there are possibilities to achieve more than ‘psychological first aid’ (Litz & Gray [2001]).

3.2.3 Traumatic loss

Like trauma, the subject of loss is an enormous field of research. In this study, however, I plan to focus mostly on the traumatic loss of a loved one from the perspective of a child. It can be argued that for a child the loss of a loved one is always traumatic, especially in circumstances when death is unexpected and when the child has not had a chance to prepare for the loss nor the opportunity to say goodbye. Many of the children I see have the added burden of coping with violent deaths. In these circumstances it is more appropriate to describe the loss as traumatic. Traumatic loss can thus be defined in the same
way as traumatic bereavement, a term used by Lewis (1999:148), which refers 'to situations where death is sudden, violent and unexpected.' Monahon (1993) believes that 'Traumatic losses...leave a child totally overwhelmed and unable to cope due to the specific aspects of the death.' She speaks of children having to deal with the dual challenge of coming to terms with the loss and also the trauma related to the loss. Lewis (1999:147) claims, 'As with any trauma, the effects of bereavement seem to be worse when children are not helped to understand and resolve their loss.' In referring to the work of Bowlby, she writes:

[A] child can resolve loss successfully if the child has enjoyed a reasonable secure relationship with parents before the loss, timeously received information about what has happened and is allowed to ask all kinds of questions, takes part in the grieving rituals of the family (including the funeral), and has a constant, reliable, comforting presence of parent or adult whom the child trusts.

(Lewis 1999:147).

Some of the children I have counselled experience very little of what is described above. I get the impression when talking to these children that they and their families experience life as a fight for survival. When someone dies, albeit violently, it is viewed as a fact of life and little is spoken about the event and little or no attempt is made by adults in the child's life to make any sense of the loss.

I have focused briefly on the effects of loss where someone has died. I need to draw attention to other aspects of loss that I have encountered. Walsh and McGoldrick (1991:2) note that death is not the only loss, they conclude that, 'marital separation or divorce, displacement from a job or a home, diminished functioning in chronic illness, or having a disabled child also involve losses including the loss of our dreams and expectations.' Many children that I have spoken to in the context of my work on the Cape Flats have experienced the loss of a loved one that is not due to death. Some children's parents get divorced or separated and (mostly) fathers move away. One young girl was struggling with depression as a result of her father being sentenced to a term in jail. Other children I have counselled, were separated from a parent, often a mother, when the mother was hospitalised for psychiatric treatment following a breakdown. One particular young girl whose mother had returned home after hospitalisation, still experienced the loss of her mother even though her mother was physically present. Although home again, her mother was heavily medicated and still struggling with the effects of severe depression. This girl mourned the loss of the mother who had once taken care of her and washed and plaited her hair. She now had to take care of her mother who was unable to look after herself or her family. In Chapter Five I will tell the story of Uhuru, who has lost three members of her family to death and also lost her surrogate mother when she left the country.
3.3 Chronic violence

'Community violence is becoming a source of chronic trauma for our most vulnerable children whose exposure to violence is too frequently paired with the deprivation of growing up in poverty' (Monahon 1993:13). This is pretty much how I view life for many on the Cape Flats. There is such widespread domestic and community violence (which I will discuss separately) on an ongoing and relentless basis that I see the violence as chronic. Garbarino et al (1992:56) point out the following outcomes for children living with chronic community violence:

1. Difficulty concentrating, because of lack of sleep and intrusive imagery.
2. Memory impairment, because of avoidance of intrusive thoughts.
3. Anxious attachment with their mothers, being fearful of leaving them or of sleeping alone.
4. Aggressive play including imitating behaviours they have seen, as well as showing a desperate effort to protect themselves.
5. Tough actions to hide their fears.
6. Uncaring behaviour resulting from experiencing hurt and loss.
7. Severe constriction in activities, exploration, and thinking, for fear of re-experiencing the traumatic event.

3.3.1 Domestic Violence

The plight of women and children exposed to the trauma caused by domestic violence has become a more prominent research issue in the last ten years, according to Jaffe et al (2000). As I have already stated elsewhere, there is a high incidence of domestic violence on the Cape Flats. Many children I counsel speak of witnessing their mothers being beaten by their fathers, and sometimes the children are also beaten.

Research on children who witness physical abuse 'found that boys who grew up in abusive homes were more likely to be physically abusive towards their own wives' (Straus, Gelles, and Steinmetze 1980; cited in Dutton 2000:61). Pepler, Catallo and Moore (2002) speak of other effects that witnessing abuse have on children. They explain that children's aggressive behaviour may be learnt because the child may see violence as an acceptable way of getting what one wants. They also highlight the fact that these children often fall behind in their school work due to poor attendance and inability to concentrate because they may be worrying about their mothers' safety. They remind us that some children may act out their anger at school and be labelled 'behaviour problems', others may be withdrawn and go unnoticed by their teachers.

In a compelling article, Berman compares the experiences of children who witness war with children who witness woman abuse. She writes the following of domestic violence:
The 'private wars' in the home unfold in a different manner. Like war, domestic violence has also been going on for centuries. But unlike war, woman abuse is not publicly declared, nor is it publicly fought. There are no rules of 'fair play', there are no bodies set up to monitor the conduct of men who abuse their intimate female partners, particularly if the woman is successful at keeping it hidden.


Berman goes on to say this of the children of battered women that she interviewed:

For the children of battered women, there was no formal acknowledgement of war. Instead, they bore silent and unacknowledged witness to their own suffering. While much of what they heard and saw was remarkably similar to what the children of war heard and saw, these children were forced to endure their pain and sorrow in secrecy and silence, isolated and alone.


Wife battering is very widespread in the communities in which I work. Because it happens so much, I think there is a degree of acceptance about it, particularly if it is perceived to be deserved. One mother I spoke to said categorically that her husband did not abuse her, yet further in the conversation she told me how he had threatened to hit her mouth closed if she spoke out of turn. In spite of the apparent acceptance of certain levels of abuse, I believe many children suffer in secrecy and silence, feeling too ashamed to tell their teachers about what is really happening at home between their parents. The abuse in families is not confined to husbands beating wives. Fathers sometimes also beat their children and so do mothers. In my experience, many of the mothers who abuse their children are usually also being beaten by their husbands or boyfriends.

3.3.1.1 Child abuse

In response to a high prevalence of child abuse in communities and educational institutions, the WCED introduced a new policy document in 2000 to deal with this serious problem (Western Cape Education Department 2001). Since then schools have been invited to workshops and given a booklet and a video, called ‘Abuse No More’, outlining the correct procedure to follow in all cases of abuse. The booklet defines child abuse as 'any action or inaction which is detrimental to the physical, emotional and developmental wellbeing of the child. It includes (but is not limited to) neglect, emotional abuse, physical abuse, sexual harassment and sexual abuse' (Western Cape Education Department 2001:7). Garbarino and Eckenrode (1997) prefer an umbrella term 'maltreatment', which would incorporate four main areas of abuse, namely physical abuse, emotional abuse (which also includes verbal abuse), sexual abuse and neglect. As already stated, only the first two will be highlighted in this study.
Garbarino and Eckenrode (1997:6) draw attention to the fact that although defining abuse is difficult it should not be a reason not to examine some of the problems. They highlight four elements which should be considered when defining abuse: ‘1) the intention of the actor, 2) the effect upon the recipient, 3) an observer’s value judgement about the act, and 4) the source of the standard for that judgement.’ One of the issues they question is the standard of judgement in relation to child-rearing practices based on custom. This issue is particularly pertinent in the context of this study when looking at physical abuse. I believe questions of definition are raised in a community where the dominant child-rearing practices so strongly support physical punishment, and where parents see giving hidings as a reasonable way of disciplining their children. The WCED have a protocol, which requires one to report all incidents of child abuse to the head of the EMDC and further involves informing various agencies, for example the child protection unit or the police or welfare agencies, to investigate the incident. I needed to grapple with this particular issue with regard to how I defined physical abuse. The booklet gives a broad definition of physical abuse: ‘any act or threatened act of physical violence which may cause injury or even death to a learner’ (Western Cape Education Department 2001:9). This definition does not define ‘injury’ nor does it address the question of hidings/beatings given by parents. One young girl who was referred to me because of suicide attempts, drew a clear distinction between the way her mother hit her when she did something wrong, and when she seemed to hit her excessively out of sheer anger and frustration. Although going against my own personal standards, I found it expedient to explain to the girl just mentioned (whose mother I believe was abusive) that what her mother was doing was using excessive punishment rather than physical abuse. Firstly, to avoid following the whole abuse protocol, and secondly because I believed it would be more helpful as an initial response to invite the mother into conversation with me and her daughter, where she could gain some understanding of her daughter’s unhappiness and together we could address ways which could be supportive to both mother and daughter.

3.3.2 Community violence

Community violence on the Cape Flats affects deeply the lives of many, many children and adolescents, who either witness or are victims of terrifying incidents of real danger involving shooting, stabbing, beating and rape.

‘Community violence puts young children in jeopardy. It threatens the very core of what they need to make a go of their lives.’ (Garbarino et al 1992:1,2). They go on to say that ‘for young children already at risk because of personal or family problems, community violence may be the last straw.’ Manahon (1993:13) describes the experience of living in high-crime districts as ‘not unlike living in a war zone’. In
the case of this study, there are times when areas such as Mitchell’s Plain, Heideveld and Hanover Park could be described as war zones. Much of the community violence that directly affects the lives of the children I come in contact with on the Cape Flats is gang-related.

3.3.2.1 Gangsterism
Gangs may be described as ‘defined organisations, [with] group-determined membership and initiation criteria, neighbourhood boundaries, racial and ethnic solidarity, allegiance to common goals, and in many cases, entrepreneurial opportunities’ (Padilla 1992, cited in Doucette-Gates 1999:60) or further defined as ‘highly structured organisations that place demands on their members (i.e. require that they follow social codes of the group, hold the personal agendas in abeyance in deference to the group’s plan, and often require members to participate in illegal acts)’ (Branch 1999:192).

My understanding is that gangs have been part of society for a very long time. In the Western Cape gangs were an integral part of the community in District Six until 1966 when it was declared a White group area and the community was destroyed. Sixty thousand people were removed to the Cape Flats over the next fifteen years. It was there that gangs grew in power, partly because there were no longer the strong ties of close-knit communities to contain them. Sarah van Gelder (cited in Pinnock 1997:5) aptly describes how gangs take root in communities that have been uprooted.

The result of this uprooting and neglect is that the solid core of contributing adult members crumbles, and the institutions that provide the foundations of community fall apart. The community safety-net is left in tatters. Parents, exhausted by long hours required to make ends meet or demoralised by their inability to cope with hardships of poverty, may turn to drugs and alcohol. Kids are left on their own in ... adultless communities.

After writing this, the sense of communities being uprooted and dislocated all made much more sense when I had an opportunity to visit the District Six Museum with a friend visiting from the United Kingdom. I would like to include an extract from my research journal I wrote after that visit.

Thursday 11 July 2002
Today I went to the District Six museum. I wasn’t prepared for the profound impact it would have on me. I had difficulty fighting back the tears as I walked around. In my mind I was struggling with conflicting images, my images of Mitchell’s Plain and Hanover Park, that I have been collecting over the past six months, and these images of District Six, a once vibrant community, which were flooding me as I walked around, looking and reading pieces of text. I really began to grasp, at a gut level, the enormity of the injustice that had been done to these people. Now, I find myself wondering could I possibly be meeting the children and grandchildren, of people who once lived in District Six, in my work on the Cape Flats. I keep thinking about the children with seemingly tenuous connections that I so often speak to. I wonder if any parent or grandparent has taken time, in their struggle to survive life on the Flats, to tell them the stories about better times and
about their rich heritage? Would the stories help to give their lives meaning, give them a sense of connectedness?

Dixon and Johns (2001:2) broaden the picture of how gangs took hold on the Cape Flats:

The origins of gangsterism, drug-dealing and violence on the Cape Flats lie in the unique social structure of the Western Cape. Forced removals and other apartheid policies provide the partial but by no means complete explanation for the violence. The history of the people expelled from the inner city and Cape Town’s southern suburbs to Manenberg, Hanover Park and Mitchells Plain did not begin or end with the removals. On the contrary, the removals and the creation of new coloured ghettos on the Cape Flats has to be seen in the context of the ‘skollie’ (young hooligan or law-breaker) tradition of areas such as District Six and the impact, post apartheid, of globalisation and neo-liberalism on the economy, culture and social structure of the Western Cape.

Adolescence is generally viewed as a time when young people grapple with issues of identity (Branch 1999). There are a number of theories about why and how adolescents become involved with gangs. According to Springhall & Collins (1995, cited in Branch 1999:200): ‘it has been suggested by some scholars that the proliferation of gangs is the result of fewer satisfactory relationships in family, school, and community. The need for psychological validation is expressed within the group. The bond among gang members is sometimes viewed as a substitute for the close, protective relationships previously associated with families.’ Both Pinnock (1997) and Branch (1999) argue that, at one level, the joining of gangs fulfils a normal developmental process of moving from adolescence into adulthood. Branch (1997:202) explains this in terms of ‘[b]eing a part of gang ... seems to make adolescents who are in transition (i.e. from nuclear family identification to a sense of independence and autonomy) feel that they have arrived at an identity.’ Pinnock (1997:10) claims that ‘there is a conscious recognition that adolescence involves a process, a becoming, a transformation. It is a time filled both with danger and enormous potential for growth.’ He goes on to explain the joining of gangs as a ‘rite of passage’ in this transition, ‘what may have started as a need for ritual orientation in a period of adolescent crisis has developed into a greased pole of deviance. Life is [then] defined by violence which knows no limits or regrets.’ (Pinnock 1997:51-52). Selikow, Zulu and Cedas (2001) argue for a historical analysis to understand violence within a youth culture in South Africa. They highlight the following factors for consideration: the depoliticisation of youth since the 1980s; a culture of consumerism which emphasises material belongings; a culture of crime and violence: socio-economic marginalisation which means that many youth still live in poverty and have little hope for employment opportunities; erosion of socialising structures and a culture of patriarchy which means men define their power by their ability to dominate women, often with acts of violence. I would regard these factors as possible explanations for youth in some communities to join gangs.
Recurring gang violence affects many schools on the Cape Flats. These schools are usually geographically situated next to the ‘turf’ or territory of a prominent gang. Pinnock (1997:42) explains, “Turf” is a powerful way of bonding the group. These territories often cover no more than a hundred metre strip of residence blocks or four to five streets. Territory clearly defines to the community who belongs to the group and who owns a particular neighbourhood or street corner.” A school may even be situated in the middle of two territories, with two different gangs operating on either side of them. One of the primary schools I visit is in this position. This means that children from one side of the school, where one gang operates, cannot go and play after school with children from the other side of the school, where a different gang operates. This unspoken rule applies even in the case of children whose family members are not gangsters or even associated with a gang. Children may, however, play with each other at school because the school grounds are seen as neutral territory. Pinnock (1997:43) writes, ‘Territoriality leads to certain expectations, particularly that the boys who grow up in the gang’s territory will become a part of their gang. Conversely, a child living in an enemy's territory is marked out as an enemy.’

In my conversations with people I have heard about a number of powerful well- known gangs, for example, the ‘Americans’, Junky Funky Kids (JFKs) and the ‘Hard Livings’, as well as many smaller ones such as the Mongrels, the Boston Boys and the Laughings now known as the Talibans. I understand that smaller gangs usually owe their allegiance to one of the big gangs. Some parts of Mitchell’s Plain as well as Lavender Hill, Manenberg, Hanover Park and other sections of the Cape Flats are seen to be high risk areas where there is constant gang activity. The activity that most directly affects schools usually involves guns and shooting but also drugs. Shooting is usually the result of rival gangs fighting over ‘turf’ or seeking revenge when one of their members has been targeted. In one area where I worked, the contested ‘turf’ was protection of taxi drivers and their routes. I was told that if a particular gang ‘owned’ a taxi route, they would have the right to step onto any taxi on that particular route and demand money from the driver and passengers in exchange for their ‘protection’.

Driving around the Cape Flats in the course of my work, as an outsider I am always on the alert for possible danger. I have often been warned that these are dangerous areas that I work in. I see groups of young men and wonder if they are gangsters. When I ask how do you identify a gangster, teachers or learners look at me a little surprised, as if to say how come you don’t know, it is so obvious? When I pursue the question, they say it is easy, it is the way they act, dress and talk. Pinnock (1997:31-37) describes some of these features such as ‘hanging out on their turf, prowling around and displaying themselves to the community. These displays of belonging are affected performances to appear tough,
hard, and dangerous and the street corner is the site of public display.' He says they generally dress in 'American' style with the latest Nikes or Reeboks, baseball caps, sweatshirts, baggy pants and leather jackets' which he explains are not particularly distinctive between gangs. The features that may identify specific gangs are 'hidden tattoos on their necks and arm, or simply the territory they come from. Each gang has had its special rules, its own mottoes.'

Pinnock (1997:36) also speaks about their distinctive language which uses a particular slang. He says stories of gang fights are a popular topic and central to this, is the language of the gun. 'Young gangsters talk about how they love the sound of guns, how they like to make people run and how all they want to do is go out and shoot someone....'

3.4 Vicarious trauma

Vicarious trauma, also known as compassion fatigue or secondary traumatic stress, are all terms used to describe the effects of bearing witness to or hearing about the trauma of others. Although family, friends, neighbours or colleagues of trauma victims may experience vicarious trauma, I wish to focus here on how it is experienced by people in the helping professions.

Treatments and other helpers in the field of trauma may develop some of the same reactions as the post-traumatic stress symptoms that are experienced by their clients. The National Centre for Post Traumatic Stress Disorder [s a] website provides a useful list of common stress reactions likely to be experienced by those working with trauma. The list is divided into four categories. I include these symptoms, many of which I have experienced personally during the course of this study. Firstly, emotional reactions such as 'shock, anger, disbelief, terror, guilt, grief, irritability [and] helplessness.' Secondly, cognitive reactions such as 'impaired concentration, confusion, distortion, self-blame, intrusive thoughts [and] decreased self esteem.' Thirdly, biological reactions such as 'fatigue, insomnia, nightmares, hyperarousal, somatic complaints [and] startle response.' Finally, psychosocial reactions such as, 'alienation, social withdrawal, increased stress within relationships, substance abuse [and] vocational impairment.'

Nelson [s a:1] offers a more personal description of vicarious trauma, with which I strongly identified.

As we listen to our clients tell about their trauma of incest, rape, domestic violence, alcoholic families or memories of childhood abuse, we bear witness to their victimisation. We listen, we support and we validate their feelings and their experience. We offer opportunities to let go of some of their burden. As witnesses and healers, we can't help but to take in some of the emotional pain they have left with us. As clients release some of the pain, we take it in. By the
end of the day, we've collected bits and pieces of accounts of trauma. We have pictures in our mind or intense feelings running through our body. We have become witness to rape, child abuse, domestic violence and death...

Figley and Kleber (1995:92-93) propose two explanations for secondary traumatic stress (vicarious trauma). One explanation has to do with the notion of burnout, where the helping professional provides so much support that they eventually become exhausted and overwhelmed, they call this the 'energy depleted perspective'. The other explanation is that in working closely with trauma victims, helpers eventually experience the same psychological characteristics as the victims, either through 'a kind of contagion' or 'a form of empathy'. This means their 'assumptions of invulnerability' may be shattered and they experience 'intense feelings of powerlessness and disruption.' I believe that what I have experienced had more to do with the first explanation than the second, although I have also, to a degree, experienced a sense of powerlessness and disruption in my own life.

Figley and Kleber (1995:91) as well as Joseph, Williams and Yule (1997:135) cite the work of McCann and Pearlman (1990) who advocate that therapists should strive for balance between their professional and personal lives and that they should ensure that they themselves have a wide support network to help them deal with the effects of working with trauma. Nelson [s a:2] says: 'For persons who work with trauma survivors, the most important part of coping with the intensity of the work is to acknowledge that it will affect you.' She suggests 'peer consultation about difficult cases' and also advocates creating a balance between personal and professional life. She says that professionals should 'recognise the warning signs and be prepared to care for their own needs to cope with vicarious trauma.' I have tried to balance my own personal and professional life. The practice of doing Tai Chi, a meditative internal martial art, has helped for the most part, to keep me energised and balanced. Saakvitne and Pearlman (1996) offer a list of life balancing activities (see appendix B) under the headings, physical, psychological, emotional and spiritual self care. I pasted these up in my bathroom and looked at them from time to time. They were helpful in reassuring me about what I was already doing for myself as well as reminding me of the things I could still try to do. There have, however, been times when I have felt overwhelmed by the trauma clients suffer. At these times I have found it helpful to write in my research journal as well as make an appointment to receive supervision.

In this chapter I attempted to address some of the theory on trauma, highlighting issues that were relevant to the context and subject matter of this study. In the second part of the chapter I specifically discussed some of the literature related to issues of chronic violence and focused specifically on abuse and gang violence. In Chapter Four I will tell the stories of clients who were traumatised by their
exposure to gang violence, highlighting aspects of our interaction that demonstrate specifically my developing practice as a narrative pastoral therapist.
CHAPTER 4
PASTORAL COUNSELLING WITH REFERENCE TO THE EFFECTS OF GANG VIOLENCE

4.1 Introduction
In my capacity as a trauma counsellor specialising in pastoral care and counselling, I am on call to do debriefing in crisis situations. For the most part, crisis situations involve gang violence.

4.2 Threats to teachers
In areas where gang related incidents are frequent, both teachers and learners are at risk because of random acts of violence. Teachers are often not prepared to confront relatives of their learners, who are known gangsters, for fear of retaliation. Sometimes teachers are personally targeted by members of the community because they disagree with a teacher’s handling of a situation.

4.2.1 Held up at gun point
The first time I was asked to intervene in a crisis situation was related to an incident at a high school where a so-called gangster had walked into a grade ten classroom waving a gun. I was asked to debrief the teacher and the class who were all very traumatised by the incident. I was quite anxious about this as I had been given this role with no formal training in trauma debriefing.

When I arrived at the school, it was like entering a fortress. I was confronted by a high fence, with razor wire along the top. There was a double gate that was locked with a chain and the single gate that led to the entrance was also locked by a chain. It was a little while before someone noticed me and summoned a caretaker to come and unlock the gate. At the time I felt that the whole environment was very hostile and threatening. I realise now, looking back, that it has become the norm for me to expect that all the schools I visit, are locked and have high fences and razor wire to keep transgressors out. This is because the schools I visit are all on the Cape Flats and most are threatened either by gangsterism, burglaries or vandalism (gangsters may also be responsible for the latter). One of the roles of the SSP is to provide the funding to secure schools and keep teachers and learners safe.

When I got into the actual school building I was shown into the principal’s office. The principal, the Safe Schools co-ordinator (who had called me), the teacher and her husband were all sitting waiting for me. I
proceeded to have a conversation with the teacher and her husband while two other people witnessed the conversation.

Initially I focused on the teacher, Emmy, and asked if she minded telling me what had happened. She explained that a young man waving a gun had walked into her classroom while she was teaching the grade tens. She described her outrage at his action, and how she waited for him to get closer. She said she thought she would grab the gun away from him. I think she said that at that particular point, she was not aware of being scared; she just felt outraged. She then described how she had fallen over a table as he came closer and ended up lying on the floor with some of the children. She lay there with her arms over them, protecting them like a mother hen. The man grabbed her bag and left. She was surprised that he did not pick up her cell phone which had fallen out of the bag. She said she remembers shouting threats at him as he left the room.

In the continuing conversation with Emmy, I wondered what would have happened if she had not fallen over the table? What would have happened if she had tried to grab the gun? She said that the outcome could have been very different and maybe it was a good thing that she fell. Sensing that this might be a unique outcome, I asked whether it could be that someone was watching over her? She had already told me that she had had a strong premonition at home that morning that something was going to happen to her that day. She told me how earlier that day she had been to the ‘ladies’ at school and while she was there she heard another person come in and go to the toilet, but when she came out, there was no sign of anyone there. She explained that she believed it was the spirit of a teacher from the school who she had been particularly close to, who had died. She said there had been other times when she had felt aware of this teacher’s presence. It made sense to her now that hearing this teacher’s presence in the toilet was the teacher’s way of warning her to be careful and vigilant. She felt it might also possibly be this same presence watching over her when she fell. It was through this teacher’s presence that she experienced God’s watchfulness and protection. I asked more questions to help her find meaning in the trauma she had experienced as well as to help her to hold on to the spiritual protection she experienced. Walsh (1999:30) writes that ‘we best respect our clients not by avoiding discussion of spirituality altogether but by demonstrating active interest in exploring and understanding their values and practices.’ Taking a lesson from Griffith (1995) who says that ‘if I think I

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3 A unique outcome is anything that does not fit the dominant problem story, an exception so to speak. According to Morgan (2000:52) it ‘may be a plan, action, feeling, statement, quality, desire, dream, thought, belief, ability or commitment’. However, it can only be called a unique outcome if it has particular significance for the client.
know" the basic story of someone's experience with God, I am probably beginning to close off therapeutic possibilities', I took great care not to question her interpretation of her spirituality and the 'guardian angel' she experienced as supporting her through this difficult time. She also told me how much she loved being at the school and how much she valued her colleagues who supported her at work.

I then spoke to Emmy's husband and asked him what this incident had meant to him. At first I was a little taken aback by the anger with which he responded, but I listened to him intently as he unloaded his anger and frustration towards the injustice of what had happened to his wife and the general circumstances in which they found themselves living. He explained how angry he was that his wife should be exposed to risks every time she came to this school. He was also tired of the violence that plagued this particular community and he wanted his wife to stop teaching at that school. I tried to facilitate a discussion that allowed space for his negative feelings about his wife's work but at the same time tried to keep her story, of her love for her job, her commitment to teaching these particular children and her spirituality, alive in the conversation. She explained that she had in fact decided that she had made enough of a contribution to teaching and had applied for a post in correctional services.

I felt this conversation had been helpful to Emmy and her husband. I believe I was successful largely because I approached the situation, not as an expert but from a genuine 'not knowing' position in relation to the client's experience. At the same time I tried to keep my professional and personal knowledge in the background. Anderson and Goolishian (1992:28-29) talk about the importance of the therapist taking a 'not-knowing' position: 'Not-knowing requires that our understandings, explanations and interpretations in therapy not be limited to prior experiences or theoretically formed truths, and knowledge.'

The next step was debriefing the learners. Debriefing a class of 40 odd teenagers was something I was totally unprepared for. They all filed into the staff room and sat there waiting expectantly for me to respond. I told them what I knew of the incident from what their teacher had told me and asked for their comments. I heard how some of them managed to get out of the room and go for help. I also heard how others lay on the floor, some huddled together in groups, some shouting, some crying and some praying quietly. I realised that while some of them were very happy to engage with me and describe their own responses, particularly those who were showing a certain amount of bravado, others were very silent. Many more were not able to participate freely and I wondered what feelings they were experiencing?
I talked a little about how everyone responds differently in crises, in the hope of reassuring those who were more traumatised and unable to share their own experience. Sensing that some kind of unexpected bond may have been formed between some of these youngsters, I asked them to look around the room for the classmates who they had been close to in the classroom during the incident. There was quiet as they dutifully looked around and made eye contact with one another. I also asked them how it would be to be particularly alert to each others’ needs for the next couple of days and to be sensitive to anyone who still needed help by informing their teacher or principal. They agreed that this would be a good thing to do. I also asked them what positive aspect they were left with after this incident, or something along those lines. One or two responded with the idea of their ‘togetherness’. Some elaborated a bit on this concept and they came up with the idea that they were a class that would be known for their togetherness and that they would go forward ‘together’ to matriculate in two years time. Emmy, who was also in the room, spoke at this point saying that she believed that togetherness was something that this class would achieve and that they would all matriculate because she saw them as particularly hard working and conscientious.

All the time, as I looked around at their faces, I was acutely aware that although a number of them volunteered to talk, many were quiet and I had no way of knowing how they were. In this group of about forty, the only way I could think of reaching each one, was to make eye contact with them and ask if they were okay for now? At the time, the idea to look at each one, one by one, seemed to come spontaneously. It was fostered by a feeling of helplessness and a desperate need on my part to connect with each one of them. I amazed myself by attempting this. Afterwards, I recognised that the inspiration to do what I had done came from a workshop on witnessing trauma that I had attended a month or so before. I had watched Kaethe Weingarten do something similar when she made eye contact with each one of the hundred-odd delegates who attended the workshop. I personally had been very moved by the experience and was in awe of its power to bond people in such a big group. I was also surprised at how easy it was to do. Everyone waited patiently for me to reach them with my eyes and acknowledged with a gesture or a word or two that they were okay. One boy however said he was angry and I came back to him to explore the angry feelings before ending the session. I do not remember what I actually said to him with regard to his feelings but I would like to believe I used externalising language (White and Epston 1990).

On reflection, it might have been more helpful if I had asked them to write down on a piece of paper some of their feelings and ideas in relation to the incident. This might have given those who were less
verbal an opportunity to express themselves without being so exposed. For the same reason, I think I might have asked to see them in smaller groups which would have given more individuals an opportunity to participate.

4.2.2 Threatened by a youth and his gang members

My involvement with the school where a teacher was threatened by gangsters started with a lengthy telephone conversation with the principal. He explained how after many phone calls the previous day and only getting voice messages, as a last resort he had phoned the Safe Schools Call Centre, where to his relief the phone was answered and he was finally able to talk to someone.

The principal told me about the incident which involved one of his teachers who had been threatened by a sixteen year old known gangster because the teacher had reprimanded his sister in class. She had run to her nearby home to complain to her brother. He then arrived at the school a short while later in a ‘bakkie’ and was pushed into the school in a wheelchair by about eight of his gang members. The reason he was in a wheelchair was that he had a bullet lodged in his shoulder. Although he was supposed to be in police custody pending his trial, he had been treated in hospital and for some reason released. The principal explained how he had tried to waylay the youth and get him into his office to calm him down. All this was at his own personal risk. He described how uncontrollably angry the youth was, leaping up from his chair raging and threatening, even though he had tubes and bags attached to him. He also needed to explain to me why he hadn’t called the police, which he would have done in any other circumstances, as he knew the youth and his family history. He had felt it would put himself and the school at further risk if he called the police. His main concerns were for the safety of the teacher and his staff. He also spoke a great deal about the shock of discovering just how vulnerable they were. The school had felt safe and untroubled for a while. He and his staff were convinced that their school was different and gang incidents only troubled other schools in the vicinity. He asked me to come and see the teacher involved in the incident.

When Ivan walked into the principal’s office and sat down I could see his distress. He seemed shattered by the experience of the previous day. Throughout our conversation, he was close to tears. He also talked about how the knowledge of this particular youth stopped him from calling the police and laying a charge. He also spoke of vengeance, explaining that there were possibilities open to him to react in the same way. I understood that he had gangster friends whom he could call on for support, but he said he did not want to take this route. He needed to tell me that he was not personally afraid of this youngster
but he feared for the safety of his family. He had a wife and two children at the school and his eldest daughter was at a nearby high school.

Ivan, like many of the teachers I have spoken to, said he grew up in difficult circumstances where gangs were a part of daily life. He explained that he had had a tough time as a youngster but was now able to live in an area which felt safe for his children to grow up in. He, like most teachers I come into contact with, no longer lives in the area where he teaches but comes to school daily as an ‘outsider’.

I felt quite overwhelmed by the fear and distress that seemed to be so powerful in his story. I pointed out that the ‘what if’ questions he kept asking himself seemed to be strengthening the fear and asked if that wasn’t what was causing him so much distress? I asked if it was possible to shrink the fear of the ‘what if’ by looking at what decisions he had made and actions he had taken to defuse the situation and to protect his family and keep them safe. When we engaged in this conversation he appeared visibly calmer. However the ‘what if’ kept creeping back into the conversation and threatened to get the better of me as well. As we were coming to the end of the conversation, the principal came in and said that he had just got word that the youth had been arrested because of an incident the night before. This news also helped to keep fear at bay for the time being as it removed some of the immediate physical threat to him and his family.

After my conversation with Ivan I had a further conversation with the principal. Here too, I tried to strengthen the story of decisions made and actions taken. The principal went on to tell me how unsupported he felt by the powers that be, meaning his superiors in the department such as the circuit manager and head of the EMDC. He had really wanted some advice the day before and had only encountered voice messages. When I got home I phoned the manager of Safe Schools to tell her the story of the day’s events and of the courageous stand the principal and teacher had taken. At the same time I explained that I thought it might be helpful in the present circumstances for her to call the principal and perhaps for the head of the EMDC to demonstrate support for him. In doing this, I hoped to create in a small way a community of concern[4] that would help to sustain him and his staff at a particularly difficult time. Freedman and Combs (1996:257) say:

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[4] In narrative therapy, the therapist and client co-author the client’s preferred story. Freedman and Combs (1996) say that if people constitute their preferred selves by performing their preferred stories, then there needs to be an audience for the story. By inviting people from outside the therapy room to act as an audience to the new story, one is creating communities of concern.
Sometimes a therapist is in an ideal position to circulate an emerging story to people in other professions, institutions, or organisations. Such people can serve as audience members only if someone makes the story accessible to them.

My conversations with the principal and Ivan had required very intense listening. I listened ‘...with focused attention, patience, and curiosity while building a relationship of mutual trust and respect’ (Freedman & Combs 1996:44). I also realised that fear had been a prominent part in these conversations. In trying to deconstruct the origin of the fear for myself, it seemed centred around the unpredictability of gangsters. The principal and others have said to me that gangs are different now from how they used to be. What I understand from this is that the substances used by gangsters now, (no longer just alcohol and dagga but mandrax and crack), make their behaviour much more unstable. Because of this, many principals feel that they are unable to reason with gangsters when they are under the influence of hard drugs. When I arrived home it was not surprising that I could feel the physical effects of being a witness to their trauma. I include here two extracts from my research journal. The first was written immediately after this particular incident and the second, at the end of that week. It was a week in which I was asked to debrief at three separate schools after gang violence.

**Wednesday 17 April 2002**

*It was only when I walked into my house and started relaxing did I realise what a toll the three days had taken on my body. I decided to go to Tai Chi even though I wanted to spend time with my friend Floss who was staying with me. Later as I watched TV, I realised that my whole body was sore almost as if I was bruised or very stiff from a strenuous walk.*

**Friday 19 April 2002**

*I was really looking forward to seeing Elize (a psychologist who had agreed to supervise my counselling practice) because I realised how much I needed to unload some of the week’s happenings. After my early morning meeting I found myself wandering around unable to settle to anything. I was quite shocked to recognise my complete inability to concentrate. I realised that besides my body having expressed the effects of witnessing so much trauma, my mind was doing the same. I remembered my friend Floss saying I needed to take time off and to make sure that I gave myself enough of this time to process the stuff I was experiencing, otherwise I would burn out. It was such a relief to see Elize, and as I started to talk, all I could say initially as the tears flowed was that I was feeling completely overwhelmed. I promised Elize I would sit down quietly and write up what I gained from our conversation but I am still too tired to do this, maybe tomorrow?*

The effects of that particular week convinced me in a very real sense of what is meant by secondary traumatic stress, also known as vicarious trauma or compassion fatigue which I referred to in Chapter Three. I do believe that in general I have experienced many of the symptoms of traumatic stress, and in this particular instance I believe that I was experiencing 'energy depletion', as mentioned in Chapter Three, a state one reaches when worn down physically and emotionally and when one becomes exhausted and overwhelmed in an effort to provide support (Figley & Kleber 1995:93).
4.2.3 Assaulted by a learner's relative

In this story a teacher reprimanded a learner who ran home to complain and a few minutes later, a relative responded by storming into the school demanding to see the teacher. The teacher was called to the office where the relative immediately started making angry accusations, but before the teacher could respond, the man assaulted the teacher. He punched the teacher with three blows to the head, one knocking off his glasses. The teacher, John, was very shaken by the incident and I was asked by the principal to counsel him.

When I met with John, he told me what had happened. He said 'it's the first time in my life someone mess in my face'. He spoke about the 'what ifs', what if he had been more seriously injured, what if his glasses had smashed or gone into his eye, what if he had hit back? He also explained how he had managed to stay calm and thanked God for the fact. I was reminded that '[f]or many, belief in a personal relationship with God strengthens them through their darkest hours' (Walsh 1999:22). I wondered if this was so for John and made a mental note to ask him about his relationship with his God.

John told me of his commitment to the learners and to the community over the years. He explained that he had worked with hardened gangsters in the past. He seemed to be asking, 'how come this happened to me, I didn't deserve it.' I focused on the non-violent aspect of his action, and asked him what else he could have done at the time and what the consequences might have been of different actions. Freedman and Combs (1996:57) describe deconstructing an idea, (in this case, John's idea about his life in relation to the incident) as a way to 'unpack it or to offer the possibility of considering it from a different perspective.' In this way, we were able to answer some of the questions he asked and strengthen his preferred way of being, that of a non-violent man. I also asked who had influenced his life to be the kind of man and teacher he had become? He told me a very moving story about his father. He spoke with such pride and admiration when he talked about the wisdom of this man who had brought up ten children. He explained how his father had left school after sub B (grade two) and had become a very devout man who was active in the Dutch Reformed Mission Church, first as a deacon and then as an elder.

John told me of his family's practice of 'aand se Godsiens' (evening prayers) when his mother and the children would read from the Bible. Being illiterate, his father was unable to share in the reading. He explained that his father had decided that he wanted to be able to read verses from the bible, to his family and to the people he supported in his community, rather than just recite them from memory.
Consequently he went to night school to learn to read and write as a mature adult. His father completed his grade six when John was in grade eight. It was clear from the way John spoke, that his father had been an inspiration in his life. In spite of financial hardships, he had made it possible for John to continue his schooling. He had encouraged his son to work hard at school and John got a good matriculation pass. His father then encouraged him to leave home and helped him to find work outside the small Boland town where they lived. John told me how he had worked at Coloured Affairs for ten years until he had saved enough money to go to college full time to train as a teacher.

Pastoral care and counselling also involved speaking about his faith and what meaning John made of this incident when he had been physically assaulted. He explained that his father did not give him hidings. He said he had always managed to resolve conflicts with his brothers without getting physical. He told me this was the first time in his life he was involved in a fight of this nature. I wondered if God had perhaps wanted him to know that even if he was physically attacked he (John) could still stay true to his ideas about non violence? He replied that he had also wondered about what God had wanted him to learn from this and thought that maybe I was right.

I believe that the outcome of this conversation was a very positive one for John. I had asked what White (1991) calls landscape of action and landscape of consciousness (identity) questions. In this way we focused on the alternative story and we were able re-author his story. This meant re-telling it in a way that brought forward his preferred way of being. Instead of a story of fear, cowardice and retaliation, it became a story of courage, faith and commitment.

4.3 Schools under siege

There are schools on the Cape Flats that have been identified by Safe Schools as ‘high risk’ either because they are situated close to a gang’s territory, or between the territories of two or more opposing gangs. Both teachers and learners at these schools are regularly exposed to danger.

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5 Landscape of action questions provide details about the unique outcome, they are questions of Who? What? When? Where? How? Landscape of consciousness (or identity) questions are ones that explore the meaning the client gives to the unique outcome. These questions explore the person’s hopes, desires, preferences, beliefs etc. By weaving between these two kinds of questions, the alternative story is created (Morgan 2000).
4.3.1 Group debriefing

I have had to visit one particular school a couple of times because of incidents where opposing gangs started shooting at each other from different directions, literally trapping the school and children on their way to school in the crossfire of the bullets. The first shooting was sparked off by an event in which a rival gang had supposedly interrupted the funeral service of an opposing gang member by tipping his body out of the coffin and firing eight bullets into the corpse. As I understand, this action was seen to be a declaration of war with little respect for the religious customs of victims and their families, whether they be Muslim or Christian. It is not uncommon for burial services to be the site of gang retaliation. At another school the principal explained how he had been forced to negotiate with the community, the priest and imam to change the customary time of ‘gang funerals’ so that they did not end at the same time as the children were leaving from school. He said there would nearly always be retaliatory shooting from an opposing gang at or after the funeral service. However, in this case the war started on Monday morning as children and teachers were on their way to school. The principal phoned the Call Centre and I was asked to go and assess the situation and support where I could.

When I arrived at the school, police were already present outside the school. Things were quiet but very tense. I found out from the principal that besides having to manage the immediate safety of the staff and children, she also had to contend with the fact that there was no water. The school had been vandalised over the weekend and all the taps had been stolen. That day also happened to be very hot. The principal explained to me which gangs were operating in the area and took me out into one of the passages to show me from where they were operating. She pointed out small groups of young men milling around in the open recreational area opposite the school. She explained that as soon as the police arrived, they broke up into these smaller groups and covered up their T-shirts, which identified their gang, with another over shirt. A young teacher pointed out an exchange between two small groups where something was being passed between them wrapped in a cloth or shirt. He explained that that was how they passed guns to one another.

As I had come to debrief the staff, the teachers were asked to come to the staff room. At first there was some confusion as some of them were anxious about the children, so it was agreed that everyone would go and settle their classes and then return. Like the teachers, I felt a conflict of interests. My instructions were to support the teachers and I wondered how many children also needed support? The next day a psychologist from one of school clinics came to assist with debriefing children.
After reflecting on my first group debriefing experience involving the class of grade ten learners (see section 4.2.1), I decided to come armed with paper and pens to this debriefing session. I put up two large sheets of paper on the wall and once again I was faced with a sea of faces. I asked someone to tell me something of what had happened. I realised that some teachers were experiencing being in the firing line of gangsters’ bullets for the first time while others had experienced it many times over the years.

An older teacher spoke angrily, with despair, questioning what they were doing, teaching these children only to have them come back and visit the school in wheelchairs. I assumed he was referring to youngsters who joined gangs but he explained that he meant the youngsters who are victims of gang shootings. Earlier in the morning he had told me that he had been jailed during ‘the struggle’ against apartheid. Again he said angrily, ‘We fought so hard and achieved so much but what for, so that gangsters could come and ruin everything?’

The young sports teacher used some bravado to manage the fear. He said he was not scared because he knew from first hand experience how the gangs worked. I asked a teacher who was silent but looking very anxious, how she felt. She explained that it was her first day at the school, she had come to do relief teaching. I wondered if she would return the next day after this experience? She said she would, because she had sensed such support among the staff.

Many of the teachers spoke about concern for their own safety, but all of them were also worried for the children. They recognised the fact that they could leave the school and return to their own homes which were usually in safer areas. What concerned them deeply was the reality that the children went home in many cases to more violence. Many of the children had fathers, uncles or brothers that were involved with gangs.

I was particularly moved, as were the rest of the staff, when a young teacher stood up to acknowledge the dedication of the other teachers. She spoke of growing up in the area and attending the school. She explained how she had left the area only to return after eight years. She told the staff how much it had meant to her as a young girl to come to the art classes of Ester, one of the teachers present, and also acknowledged the importance of other teachers who had taught her in her young life. From the reaction of some of the teachers and the hushed silence that followed, I believe her words strengthened them and highlighted the story of their dedication and commitment. This opportunity for the young teacher to publicly acknowledge the teacher who had meant so much to her, is what White (1997) calls ‘taking it
back practice.' When reflecting on what I had done during that debriefing, I wrote the following in my research journal:

Friday 17 April 2002
Some of the things I think I did:
- Listened attentively to each response
- Checked out my understanding by asking for clarity or elaboration. Sometimes using landscape of action and meaning questions. I realise I do this now without always recognising what it is I am doing.
- As people spoke I wrote up key ideas - on the one page like the unfairness, the unpredictability, the anger and frustration, fear of being separated. I was using externalising language. On the other page I wrote things like having experience, being prepared, supporting one another etc.
- I tried to link ideas, for example, I asked did experience and preparedness stand against the unpredictability?

That particular day had felt chaotic and I was exhausted by it. I had also had the opportunity to have individual conversations with the principal and some of the staff. When it was time for me to leave, I was definitely apprehensive - somehow it felt safer to be in the school than to venture outside. Outside the school was still so unpredictable and a little scary.

I was asked to come back and counsel the staff again, but unfortunately it was postponed for a couple of weeks. In the meantime I had prepared handouts (Appendix C) on common reactions to trauma (including among children and adolescents), with suggestions on what to do to relieve some of the symptoms of traumatic stress. In Critical Incident Stress Debriefing (CISD) it is suggested that one attempts to, 'educate individuals about stress reactions and ways of coping adaptively with them and to instil messages of normality of reactions to potentially traumatising events' (Litz & Gray [2001]). I hoped that by giving them this information it would allow them to recognise some of the symptoms they might be experiencing as normal reactions to stress and thereby avoid ideas of weakness, not coping or pathology.

In this second session, there was an air of calmness at the school. I tried to take things more slowly with the staff. In a previous experience with a different, very big staff who were very angry about the influence of gang violence in their lives, I had been a little overwhelmed by the anger, to me it felt something like a teacher trying to manage an out of control class. I had written in my research journal:

25 April 2002
I really need to remind myself that one of my strengths has been that I am a good listener and that is what people are needing initially, I know I do listen for the alternate story but maybe I am putting too much pressure on myself to bring it forth. I can just hear Elize's voice saying taking it really slowly and respectfully.
Firstly I explained that I was going to give everyone an opportunity to speak but if anyone chose not to, that was fine, they could just pass. Many teachers seemed reluctant to talk, I soon realised that they had not chosen to be there but had been told they must attend. I realised that I had not made it clear to the principal that while it was important to encourage all members to attend a debriefing, it was best that it should be voluntary (Mitchell & Everly 1997:15). In time, some teachers who had not spoken on the previous occasion took the opportunity to speak. One teacher spoke at length about the effects of the shooting. She explained that she was living with uncertainty and the fear all the time. She also believed that many of the children were still traumatised. She explained that she needed to create space daily for the children to talk about the effects of violence in their communities and their homes. I was able to ask her what sustained her and kept her coming to school with such dedication? She explained that one of the ways she dealt with the stress was to walk on the beach and another was her strong faith in Allah which sustained her. Allah is the Muslim word for God and Islam is the religion followed by Muslims. Besides being a religion of peace, mercy, and forgiveness, it is also seen as a way of life.

According to Smith (1994:160), 'More than other religions, Islam claims to detail the way of life it proposes, spelling it out in explicit directives. Every major type of action is classified on a sliding scale from forbidden, through the indifferent, to the obligatory.' These directives or guidelines are spelled out in the Koran (or Quran) and are known as 'the Five pillars of Wisdom, the principles that regulate the private lives of Muslims in their dealings with God.' These five pillars which form the framework of Muslim life are: faith, prayer, concern for the needy, self-purification and the pilgrimage to Mecca or Makkah for those who are able. The first, faith, is contained in a single sentence, 'There is no god but Allah, and Muhammed is His Prophet' (Smith 1994:160). The second, prayer. 'Salat' is the name for the obligatory prayers which are performed five times a day, at dawn, noon, mid-afternoon, sunset and nightfall. I was told that as a devout Muslim man you are obliged to go to mosque if you hear the call of the Imam for prayers. If you do not hear the call you are permitted to say prayers in your home or place of work. In the past the Imam would only use his voice which did not carry so far, but now the Imam calls the men to prayers on a broadcasting system, which means few men have the excuse that they did not hear the call. The third, is 'Zakat' a form of charity. Each Muslim works out their own zakat which traditionally means that they must give two and a half percent of their annual earnings or capital to the poor and needy. The fourth, is the fast. Every year in the month of Ramadan Muslims fast from first light until sundown. Cutting oneself off from worldly comforts for a period of time enables Muslims to gain true sympathy with those who go hungry and add to their own spiritual growth. The fifth is 'Hajj', the annual pilgrimage to Mecca or Makkah, the birthplace of Muhammed, which every Muslim aspires to do.
once in a life time. I wanted to get some understanding of how Muslims might perceive or make sense of trauma in their lives, so asked a Muslim friend. I was again reminded of Waldegrave's (1990) suggestion for therapists to defer to a cultural advisor. She explained that it would be seen as the will of Allah and therefore would not to be questioned. She said that based on a verse in the Koran, there was a common understanding that Allah would not give anyone a burden that they could not carry.

I have come to realise how important it is to always try and create space for teachers or learners to talk about their religion, beliefs or spirituality because these sustain them in these often life-threatening situations and foster resilience. 'Spiritual beliefs and practices strengthens the ability to withstand and transcend adversity....meaning-making, hope, courage, perseverance, and connectedness are all enhanced by spirituality' (Walsh 1999:38, cited in an earlier work 1998c).

A week later I was at the school again. After a brief period of quiet, the school was under siege again, this time worse than before. Although all was quiet when I arrived, the shooting started up again while I was there. I wrote in my research journal: '17 May 2002: it all felt a bit unreal and I was unusually calm. I couldn't really take in the notion that I might be in physical danger myself.' I just got involved by responding to peoples' needs and ended up on the floor of the principal's office with a group of learners who were struggling with fear. It did not feel as though I was being particularly courageous, I just felt as though I was doing this work out of a strong sense of commitment and because it felt like the right thing to do. In this situation I might have been guided by what Welch (1990:20) calls an ethic of risk which is 'characterized by three elements, each of which is essential to maintain resistance in the face of overwhelming odds: a redefinition of responsible action, grounding in community and strategic risk-taking.'

The next day was even worse. A policeman was shot at the school during the continuing gun battle between the two rival gangs. The school was literally littered with spent bullet shells. I was not there that day, but was shocked to hear about the events. I wrote the following in my research journal. '17 May 2002: It left me wondering how I would have reacted if I had been there. Would I still have been so calm or would the fear have got to me, being exposed for a second day in a row?'

After this second week of shooting at the school, the staff and pupils were further traumatised when in the same week, an eight year old learner from the school died as a result of gang violence. On the Wednesday evening, a bullet had come through the front door of his home and hit him in the chest. The school was allowed to close for a few days and teachers from the school were all granted three days'
leave which they had to take on a rotational basis. They were also given the opportunity to go for an individual debriefing session. I believe I learned a great deal about myself and about the effects of trauma from my interaction with this school, the principal, staff and learners.

One of the things I realised was that more could have and should have been done for the staff and learners, not by me but by us as professionals. I believe my intervention just addressed the tip of the iceberg. If resources were available, a whole team of counsellors should have visited this school during this period of crisis and also offered ongoing emotional support.

4.4 Caught in crossfire

I have on occasion been asked to debrief individual learners who have been exposed to some form of gang violence. Some of them have literally been caught in the crossfire of two gangs on their way to school, others have been threatened and sometimes robbed by a gangster with a gun. As part of the Safe Schools programme, learners in most Cape Flats schools have been drilled in emergency safety procedures for when there is shooting near the school or on the school premises. Children are encouraged to stop, drop and roll when they hear gunfire close by, the rationale for this being that bullets are rarely fired into the ground. When bullets are flying, teachers and children are safest lying on the ground.

4.4.1 Michelle, walking alone

At the school which I described as 'under siege' (see section 4.3.1), I was asked to counsel a little girl who had arrived at school very shaken because of her encounter with a gangster.

She was crying when she came into the principal's office. I sat her down next to me and asked her if she minded telling me what had happened. Through her tears she explained how her mother had told her not to walk to school alone. On that particular morning her brother had gone ahead of her with a friend so she had obeyed her mother's instructions, by walking with a strange woman and her child but after a little while, the woman and child got into a taxi, leaving her alone. She said she came across a young man shouting and she thought he had a gun and he was turning around towards her. She told me how she had crept in a gateway and lay down. She said she was sure he was wondering 'where that girl had got to' when he couldn't see her. She lay there until he was gone and then she ran to school. I asked landscape of identity and action questions (White 1992) about how she knew to lie
down, what made her think of hiding, how fast did she run, how strong were her legs, what would her mother think of what she did, and so on.

By the time we finished she was telling me about her pink cheeks and how her grade one teacher loved to pinch them and her little feet were swinging backwards and forwards. She came back a little later with two friends to tell me their story. Once again with Michelle I had focused on the alternative story,\(^6\) which in the case of violence, is almost always the story of survival. In her case it had seemed relatively easy in that one conversation to help her overcome the effects of her encounter with the gangster. I have often wondered though if that was enough or if she still felt afraid to come to school. Recently I visited the school again and was delighted when a little girl waved shyly to me from a distance. I recognised Michelle and called her. She came with the same two friends from before and when I asked her how she was doing, she said she was fine.

4.4.2 Celine, crossing battlefields and living with fear

The first time I met Celine it was with two other girls, the mother of one of the girls and Celine’s parents. I was asked by the principal to see these three girls after an incident at the school where a gangster’s bullet had shattered one of the windows of the classroom where the girls were. Two weeks before, a stray bullet had hit a young girl in the head during assembly at the same school. Since then the school had been in a state of turmoil.

As I listened to these girls’ stories, I soon discovered that it was not just the bullet hitting the classroom window and the ensuing panic that led to their being traumatised. In the case of each one, there were other incidents prior to this one that were affecting their lives. One girl, Nadine, had been terrified when she had come across a group of gangsters on her way to school for the first time. Another, Tamsin, was upset because her brother was one of the gangsters involved in the shootings at the school that day. She was concerned for his safety because she had heard of another gang member’s threat to kill him. She briefly told me how her brother had been initiated into the gang when they shot him in the leg and said ‘now you are one of us’.

\(^6\) The alternative story, also spoken of as the counter plot, is the story that stands against the plot or problem saturated story. It emerges from any unique outcome, by asking landscape of action and identity questions, as a richly described story that represents the client’s struggle ‘to separate from the dominant or totalising’ stories that are constitutive of their lives’ (White 1992:127).
Pinnock (1997:46) explains that body mutilations, whether ‘bullet wounds, stab wounds or teeth damage ... are a visible sign of a youth’s allegiance to his new “deviant” group and a warning to others.’ Tamsin explained that her brother was very concerned for her and her mother’s general safety and was desperate to get out of the gang but felt trapped. Pinnock (1997:48) describes how ‘many gang youths who leave gangs have later been found dead in the gutter – either at the hand of former comrades or because they have forfeited gang protection and are now fair game for other gangs.’ The third girl, Celine, whose story I chose to write about in more detail, had her home targeted by gangsters. The reason for choosing her story is that it best illustrates the effects of chronic danger. Pynoos, Steinberg and Goenjian (1996:339) explain:

Traumatic experience is often multilayered. Worry about the safety of a family member or friend, whether in the next room or at a different location, add an additional source to extreme stress. The danger may also remind a child of a previous situation, renewing prior fears and anxieties that influence the immediate appraisal of threat and exacerbate physiological and psychological responses.

When the bullet hit the classroom window, it triggered fears of previous dangers in Celine.

Between Celine and her parents, they told me how gangsters had indiscriminately fired bullets into the living room of their home. They explained that there had been shooting in the ‘courts’ (the local name used for two or three storied blocks of flats that are a feature of low cost housing on the Cape Flats) where they live. A group of gangsters had come up to their flat, broken the windows, stuck their hands through the windows and fired into the living room, leaving it looking like a battle zone. Celine, her mother, siblings and grandchildren had had to take cover in one of the bedrooms, lying on the floor. When the father came home, he couldn’t believe the devastation. He said he had to go and replace something like seven panes of glass that evening. Celine and her mom jokingly spoke about how relieved he was that the gunmen had missed the television set. I wondered if humour was a strategy this family used to help them deal with difficult situations. Barnard, Morland and Nagy (1999:22) say ‘that humour works because it is comforting; yet it can also be subversive, in that it helps us cope with injustices and pain by challenging conventional views.’

Celine’s mother spoke about how shaken she still felt after the incident, describing typical symptoms of post-traumatic stress. When I asked how they had made sense of their house being targeted like that, they explained that because no-one in their family had any connection to gangs, they guessed that a particular gang must have mistakenly thought a member from the opposing gang had run into their flat during the earlier shooting. By firing indiscriminately into their home they presumably hoped to either kill him or frighten him.
During this first session, I mostly listened to their stories. It was all I could really do with six people. However, I asked the three girls if they would like another session with me on their own. I was fully aware that Celine’s mother too needed some counselling but did not feel in a position to offer it. I was expected to work directly with learners and refer parents to social services. To offer a parent counselling on a regular basis would be seen to be going outside of my working brief with the education department.

The next time I saw Celine she was able to tell me, on her own, about her experience of living with fear. She described how she had to cross two ‘battlefields’ everyday to and from school. These ‘battlefields’ were open lots that were used by the gangs to shoot at each other. She explained that each day she had to walk across these spaces she was frightened because she never knew when the shooting would start. I asked her how she did manage to cross them? She said that she first had to steel herself, then she walked quickly and she also prayed to get across safely. She went on to say ‘I am scared all the time’. She said that she never really felt safe. She explained that shooting could just start at any stage while the children were playing outside, so she was constantly fearful about their safety and her own.

She spoke of the fear that threatened to overwhelm her life and I asked if there were any times when the scaredness was less present. Morgan (2000:34-37) refers to this kind of questioning as ‘relative influencing questioning.’ Morgan explains that questions which highlight greater or lesser influence of the problem help one to trace the history of the problem. She adds: ‘Externalising conversations that trace the history of the problem over time contribute to the person further separating from the problem as they place the problem in a longer term context.’ Celine told me about times with her family like Sundays and at night when they ate, talked and made jokes. There where also times when she was with her friends, when they would just talk and sometimes joke about the fear, and also when they went to clubs together. She explained that there were also times when she was alone in her room, doing homework or listening to music, when fear did not take over. As she spoke of the times when fear was less present, her whole demeanour changed and she appeared to relax a little. Until then, she had been looking very pale and tense with her hands clasped firmly in her lap.

She also told me of a time when gangsters had confronted her asking for her money and jewellery. She said they always prey on the weak and scared, but she stood up to them, looking directly at them she refused to give up either money or jewellery. They left her alone. I wondered aloud what they had seen in her that made them leave her alone? She said she believed she did not show them she was scared
and that they probably saw her as someone who stands up for herself. I asked her if she had shown
courage and I wondered if courage was something that stood against the fear? She said yes. I
recognised this as a unique outcome. I then attempted to ‘thicken’ the alternate story or counter plot
with landscape or action and meaning questions.

Morgan (2000:74-75) uses the term ‘thickening’ to explain the process of creating a richer description of
the counter plot which helps the client stay connected with or hold onto the preferred story. For
example: What does courage do for her? When does her courage help her? Who are the people in her
life who see her as courageous? In this way the alternate story grew of a strong young woman, one of
seven siblings, who was seen by her family to be the brave one with lots of courage. This led to further
discussion about love and caring and looking out for each other in her family that helped her face the
fear. We also spoke of her faith, and how she prayed for courage and strength and how it stood with her
in the face of the ongoing violence she faced on a daily basis.

On reflection I believe I had a meaningful, narrative, externalising (which externalised fear) conversation
with Celine that enabled us to talk about and describe an alternative reality to the one Celine initially
described. White (2000:4) writes about externalising conversations:

... externalising conversations have made it possible for people to separate their sense of identity
from problem-saturated deficit centred accounts of who they are, and this has provided a basis for
them to join with others in the rich description of alternative accounts of their relationships, and of
their identities.

4.4.3 Anthea, best friend killed

In the week after I visited the school under siege, I was asked to counsel a little grade four girl from a
different area who was traumatised by the events of that week. I was told that the eight-year-old boy
who was shot was her best friend Marco. As I usually do with young children, I first asked her to tell me
something about herself. Freedman, Epston and Lobovits (1997:35) suggest that ‘it may be wise to start
by inviting descriptions of the young person that exclude the problem.’ She told me that she liked to
write, sing in the choir and do ballet. She then told me how she stayed with her granny during the week
and with her parents over the weekends. She explained that she loved living with her granny even
though the place she lived was considered dangerous. She said that her granny lived in a flat opposite
the flat where the boy Marco had been shot. Every day after school she and Marco would play together
and that was how he had become her best friend.
My conversation with Anthea focused more on the story of her friendship with Marco than the story of violence that had ended his young life. At that stage it was more helpful to highlight ways of remembering Marco than her feelings of loss. Waldegrave (1999:176) writes from her personal experience, that the conversations she has found most useful, `are those that explore a continuing connection with the one who has died – conversations that enable people to find a place in their ongoing lives for the person who has died.' She also suggests that therapists should pay more attention to beliefs that focus on `connections' rather than `detachments'. With this in mind I asked questions that brought forward the story of their games together, their sharing and caring for one another. Anthea engaged with me so readily and by the end of our conversation, she seemed so fine. When her mother came to collect her and asked me if she needed to see me again, I said I did not think so and turned to ask Anthea what she thought. I do not believe I really gave her a chance to say anything other than she would be fine.

I believed our conversation was a good one but I wondered how much of it she would be able to hold onto in time to come? I remembering what Epston (1994:31) said about the ephemeral nature of conversations which led him to write letters to his clients. He wrote, `After a particularly meaningful session, a client walks out aglow with some provocative new thought, but a few blocks away, the exact words that had struck home as so profound may already be hard to recall.' I discussed my concerns with my supervisor, Elize, and told her that this was one of those conversations that should be followed by a letter. I explained that I just did not have the time or emotional resources to write the kinds of letters I had been writing to my clients during my clinical training the year before. She suggested that they need not be long and that I might write them during the session. She also suggested that I prepare some printed format and just fill in what was relevant to the children I spoke to. I was a little sceptical at first but thought it was something worth trying.

Having done some additional reading on the effects of trauma on children I began to wonder if that one conversation had really been enough? I decided I needed a more settled story with Anthea and so I phoned the school and made another appointment to see her again. It was a while before I actually saw her. I have had to get used to the frequency with which children generally on the Cape Flats are absent from school. This second conversation turned out to be even richer than the first.

In this conversation Anthea explained that things were quiet where her granny lived, she was allowed to visit but she was still not allowed to sleep over. After Marco's death hit the newspaper headlines, the two rival gangs involved in the incident made peace. Anthea explained that neither her granny nor her
parents trusted the peace. We again spoke of Marco’s death and what it had meant to Anthea. This time I tried to create the opportunity to listen with an open heart and to explore her religious and spiritual questions and beliefs (Walsh 1999:49) in the hope that this might help her to find meaning in the death of her friend. She said she still had many questions; ‘Why did he die? Why did they shoot? and why did it have to be Marco?’ I explored what answers she had found for some of these questions. She replied that it was important to keep remembering him and believing in him. She explained that it also helped her to believe that it was Allah’s will that he died and that maybe ‘it was his time to go.’ I also discovered that worry had continued to interfere with her life for a time. She explained that the worry had overwhelmed her and interfered with her sleeping particularly when she thought that they might start shooting in her school or that some of the children from her school might die. I asked how she had overcome the worry? She explained that she had prayed to Allah. I wondered how this had been helpful? She told me that he seemed to answer her in words that said she should not worry any more and that Marco was in safe hands.

We identified many things that stood against the problem story of worry and sadness. Somehow I wanted to capture some of these ideas for her, in the hopes that she could refer to them after our session ended. This time I had the opportunity to write a letter. I had prepared a standard format with a border round the edge of the page. I printed a couple with different border options. She chose the one with a star border. The basic format of the letter had my name and telephone contact number at the top and two introductory sentences: ‘I have really enjoyed talking to you today. These are the things I found out about you.’ Together we decided what I should write, with her choosing a different colour felt-tipped pen for each sentence. I wrote the following:

I found out:
• That you are a sharing person.
• That you were a special friend to Marco.
• That you have learnt to stop worrying
• That you are also a caring person.
• That you are a maths wizard.
• And that you have a special granny you can talk to about Marco.

She received the letter with such apparent delight that I have continued to write similar letters to many of the children with whom I have had conversations.

4.4.4 Crisis counselling
What I have described in this chapter have been some of my experiences with crisis counselling. Although, in many cases, what I have been asked to do is debriefing, I believe that most of these
conversations have been more therapeutic in nature than just debriefing. The reason for this is that I have tried to incorporate a narrative therapy approach into all my conversations. I have chosen those incidents that were most significant to me personally. In telling the stories of these incidents I have tried to highlight some particular aspect of my own learning process. While I have chosen to describe this work as crisis counselling rather than debriefing, I have been acutely aware that my intervention within all these incidents have amounted to one or sometimes two conversations. I have constantly questioned myself and my practice in this respect, wondering what I have really contributed to clients’ lives?

In one particular situation, I had the kind of feedback which has made me realise that even in one conversation can make a significant difference to someone’s life. I recently got this feedback as a result of a spontaneous phone call I made. I had been paging through my notes and found the number of Ester, a teacher from the school ‘under siege’, about whom I had been particularly concerned because she had been so shaken by a specific life threatening incident that had taken place during that time. Ester had shared with me privately the story of how she had literally, accidentally, been pushed into the firing line of the bullets and had thought her life would end. I decided to phone her to find out how she was doing. She proceeded to tell me how one question I had asked had made her think a great deal about her present life. She explained that as a direct result of that conversation she had recently made significant life style changes, for example she had sought professional advice about a more healthy and appropriate eating plan. She said she was feeling energised and ‘great’. She had also made a pretty big decision about her future. She had decided that she definitely wanted to become a minister and had just enrolled to do a bachelors degree in theology. She felt very proud about this achievement.

In keeping with ethical practices of research, I asked for comment and changes and also sought permission from people who consulted me to use their stories. For reasons I cannot fully explain, I found myself putting off this moment. One reason was that I was anxious that they might not give their consent. Although their stories were vividly etched into my memory and carried around in my head all the time, I had found it emotionally exhausting and extremely difficult to actually write their stories. I was therefore reluctant to have to jettison any of this writing. I think self doubt also interfered with getting on with the process. I caught myself wondering whether I would discover, in meeting with clients again, that our conversations had not been particularly helpful in the end. When I finally did see clients again, I was not quite prepared for these ‘follow-up’ sessions. I had foolishly thought they would be brief and just focus on gaining consent. However they proved to be much more than this. I found them very meaningful, as did my clients, and I also gained many more insights in these ‘follow-up’ sessions.
Emmy told me the story of how she overcame the fear of gangsters. She explained how fear had again taken a grip of her on the morning she was returning to school after the holiday break. She said as she was driving into gangster territory her car suddenly stopped. No-one was around and she was gripped by fear. She told me how a fellow teacher happened to pass by and stop. She explained that this teacher does not normally use that route. She said they were unsuccessful at trying to get her car to start but both became terrified as a group of young ‘gangsters’ approached them. Emmy said that she decided it was time to face the fear. When they tried to engage her, she told them to clear out and leave them alone, which they duly did. She managed to phone her husband who came to their rescue. She went on to tell me that they towed the car to the garage but when they got there, it started first time and the mechanic could find nothing wrong. I asked Emmy what she made of this? She explained that she had been given this opportunity to face the fear once and for all. She said that since then she has felt more free in her work generally and is now able to approach some of the people in the school’s community whom she would have avoided previously in a different, more positive way.

I discovered that John was still struggling with the effects of the assault which left him unable to leave the house for a time. He told me that he had been put off work for the rest of that term. He explained that he was still on medication to help with depression. He also told me that he had been struggling not to let the incident affect his teaching. However, he said that things were beginning to look up a little. I asked questions about what or who had helped him to begin to overcome the effects of the assault. He explained how supportive his wife had been as well as close friends. He also talked of his church community and again we spoke of his Christian faith and how it supported and helped him make sense of what had happened to him.

Ivan told me that he was doing fine but said there were times when the fear came back. He said that he had recently had to visit a house that was directly opposite the house of the young gangster who had threatened him. He said he had been forced to face the fear again on that occasion.

When I returned to Michelle’s school, I found her in the sick room. She said that she was fine but proceeded to tell me about a man who often tries to engage her by asking her name or sometimes follows her and other children too. We talked about what actions she could take if she felt worried or unsafe.
Celine too has continued to struggle with the effects of post-traumatic stress and explained that she was also on medication prescribed by her doctor after having had a minor stroke during the school holidays. I discovered that feeling scared was still a problem in her life and its effects seemed to be growing rather than diminishing. I agreed to continue to see her for counselling. In one conversation I interviewed Celine as Fear, that is, I asked her if she would be willing to answer questions on behalf of Fear that I planned to asked about Fear's influence on her life (Zimmerman & Dickerson 1996). This was a very powerful conversation, one that gave Celine the opportunity to see how well she understood Fear's strategies for overwhelming her. Together we decided that having fun was a good counter strategy, one that definitely weakened Fear's tight hold on the pit of her stomach. She spoke of a camping trip in the school holidays that she planning to take with her boyfriend and other friends. She felt sure that on this weekend fear would become so weak that it might lose its grip altogether.

Anthea seemed absolutely fine. She very quickly told me that she was staying with her granny again because the area seemed peaceful. Since then, however, I heard that there had been more shooting and the school was once again on high alert, fearing renewed gang violence. I saw her again when worry began once more to overwhelm her. We had a good conversation about how she could keep the worry small enough to handle.

In some cases I do not know what effect my conversations have had on the lives of the people I have consulted with. However, I do know that my life has been deeply touched and I identify very strongly with the words of Barrett (1999:197) who writes: 'Just like the clients I work with, I had been changed forever – changed through the process of listening to them and being compassionately there for them in their most painful narratives.'

In this chapter I discussed the counselling I did with learners and teachers who were affected by gang violence in and around schools on the Cape Flats. In the next chapter I will focus on the counselling I did with regard to the loss of a loved one and also with regard to abusive parents.
CHAPTER 5
COUNSELLING IN RELATION TO LOSS AND ABUSE

5.1 Loss

Driving around the Cape Flats I have been surprised to see how many people are in wheelchairs on pavements and sometimes on the actual road. I can only guess that in some cases the reason for someone being in a wheelchair is the result of an accident. I know many youngsters end up in wheelchairs as a result of gang violence which I highlighted in the last chapter, but another reason might be as a result of car accidents. In thinking about the wheelchairs and the conversations I have had with teachers, parents and especially learners, I have come to realise that for many people living on the Cape Flats, loss is an everyday occurrence. In the first part of this chapter I am going to discuss my experiences of pastoral counselling in relation to loss, specifically loss as resulting from the death of a family member.

5.1.1 Deaths of family members

I have been asked to counsel many children after the death of a family member. In a few cases the death has been accidental or as a result of an illness as with a boy whose brother drowned and a little girl whose father died in her presence when she was alone with him in the house. But in many more cases the deaths have been the result of violence. Two young boys I spoke to had family members burnt to death or ‘uitgebrand’ by gangsters seeking revenge, in two separate incidents. In another case, a young girl and her brother lost their father in a ‘drive-by’ shooting. Garbarino et al (1992:58) contend:

For children living amidst community violence, one of the most devastating consequences is death of a primary caretaker or other significant person. Studies of children whose parents have died report that these children experience emotional reactions of hopelessness and despair, along with suicidal thoughts.

I have often come across the hopelessness and the despair. In some young people I have spoken to, particularly girls, suicide has gone beyond thoughts to actual suicide attempts. Apter (1997:216) claims that attempted suicide is more common in girls than actual suicide, ‘...girls use less violent and less fatal means of attempting suicide than boys e.g. most girls are self poisoners...’ Except for one little girl who tried to hang herself and another who cut her wrists, all the girls I spoke to took pills. Apter (1997:216) also states that ‘...it appears that girls are more likely to use suicide as a way for asking for help.’ These thoughts of suicide and actual attempts have been in response to the death of a parent and also in response to abuse from a parent. The counselling sessions have been very difficult in some
cases and I have felt unsuccessful in helping these children in any real way to deal with the loss. When reflecting on these difficult conversations, I wrote in my research journal:

23 June 2002
My conversations with them was such hard work. I had to do all the talking in the form of asking questions. They rarely offered anything. So, conversations were about my asking and them either agreeing or disagreeing to my statement or question, sometimes with the faintest nod or shake of the head. Elize said I should write this up because it was the reality of my work. She suggested that I should say that I was in fact working with many children who are intellectually limited and not particularly verbal and some of them have few resources and few connections. Trying to help them make meaning of traumatic events is hard work because in some cases I don’t think they even question what has happened, it is as if they say ‘dit is net sommer hoe dit is met ons’.

In support of my experience, Garbarino et al (1992:63) write the following: ‘For some children, repeated exposure to violence can produce what appears to be a functional adaptation to the violence but is actually a pathological effect … For example, some develop a sense of “futurelessness”, or a profound fatalism about their lives.’

On further reflection, I don’t know whether my limited facility with the Afrikaans language added to the difficulty, by possibly curtailing my ability to make meaningful connections with the children. I have also wondered whether it was just the circumstances of particular children whose support structures were very limited and who generally appeared quite isolated. In these instances I was unable to hear evidence of some of the key things I listen for when speaking to children of loss such as ‘who supports you’ or ‘who is on your side’ or ‘who is watching out for you’ or even just ‘who cares’.

5.1.2 Uhuru whose mother and two brothers died last year
On first meeting Uhuru struck me as an attractive, mature and articulate young Black woman, in spite of her overwhelming sense of sadness. Through her tears, she told me how she had lost her whole family the previous year. First her mother and then her two older brothers. She explained that her father was still alive but he was not ‘playing daddy’. When I asked her to explain what she meant, she said that he did not support her and added that he had remarried and she did not feel welcome in his house. This lack of support from her father made her angry and she wanted nothing to do with him because he was not a proper father, at other times she felt very sad. She told me that she continually felt caught between being an adult and a child. She explained that she was having difficulty concentrating, that she suffered from headaches and generally had trouble sleeping. She also said that she couldn’t control her moods and often just felt like dying. I recognised these as typical signs of both traumatic stress and possibly depression. I made a mental note that I should probably refer her to the adolescent unit of the nearby hospital for assessment. Having already counselled a number of other young girls who had
either threatened or attempted suicide, I wondered if Uhuru might be at risk. However she never again spoke of wishing to die and because the obvious symptoms of depression seemed to leave her, I never did refer her.

As our conversation progressed, I could not help but be curious about how she had learned to speak English so well and I wondered how she had come to be at this particular school. She explained that she started off her schooling at an English speaking pre-primary in an affluent area, which she described as one of the happiest times in her life. She spoke fondly of the White children who called her ‘chocolate’ and pretended to bite her, she in turn called them vanilla ice-cream. From there she attended various other English-speaking schools. Through changed circumstances, mainly financial, she and her mother had gone to live in a township. She said that at first she could not play with the ‘black kids’ because she could not speak Xhosa. She also spoke of the racism she experienced when she first came to the high school.

Uhuru then told me about her mother’s virtually dying in her ‘hands’ last year. This was a time when she felt she had acted pretty much like the adult. She said she had come home from school to find that her mother had been vomiting blood and was unconscious. She called the ambulance and accompanied her mother to the hospital. She told me how, in spite of being so responsible in getting her mother to the hospital all by herself, once her older brother arrived the hospital staff had then treated her like a child. She explained how they had then excluded her from conversations about her mother’s condition by only speaking to her brother. She also told me about the subsequent deaths of her two brothers last year. Mkosi has been HIV positive and died of Aids, and Thabo, also HIV positive, had taken an overdose.

Over the next couple of sessions we explored the theme of being an adult and a child. It seemed that in all financial matters pertaining to her mother and brothers’ deaths she was treated like an adult. She explained how she had to sign all the papers for the house her mother was in the process of building. But, she said, there were many occasions when she was still like a child. She told me she still needed to be looked after in some ways, particularly by her father. She often spoke about her father, clearly struggling with feelings of rejection and abandonment. She explained that her father didn’t really act like a father. She said that all she really wanted from him was for him to maybe phone her once a week, just to check whether she was alright and to ask whether she, and her sister-in-law, Zukiswa, had food. Uhuru lived with Zukiswa, the twenty four year old widow of Mkosi, and her five year old son, Bongi. She also told me she had never been as poor in her life as now. There were times when she had to miss school because there was no money for transport and she explained there were also in fact times
when there was no food on the table for them. It made her angry that he seems unable to give her even this minimal support.

As I got to know Uhuru better I discovered how brave and in many ways resilient she was in the face of such dire straights. Garbarino (1992:102) says that 'some resilient children display competence beyond their developmental years.' In one session she brought me a letter from the maintenance court. It was then she told me that she had taken legal steps to get financial support from her father.

It seemed clear to me that while the rejection by her father was a factor in the sadness she was struggling with, it was the feelings of loss and abandonment that most strongly fed the depression. I have already spoken about the loss of her mother and brothers but in that first session I also discovered that a very close friend of her mother's, Anne, had left the country to go and live in England. It was when Uhuru spoke of Anne that the tears really flowed. The separation she felt from Anne resulted in a sense of loss, a different kind to the one that is experienced when someone close to you dies. White (1988:27) writes, 'Often such a loss is devastating to the person who did not initiate the separation and who wanted to persist with the relationship. One common reaction is for these persons to feel betrayed ... and to submit to extraordinary self doubt.' She explained that Anne had been like a mother to her after her mother had died. She said it felt as if Anne and her family had left her behind. She told me how Anne continued to support her, financially, by paying for her school fees and by paying for the completion of her mother's house by a builder, Kenneth. When I asked about whether she was in contact with Anne she explained that she had an email address but when she asked a friend to send a message, they had been unsuccessful in their attempt to send an email. I asked Uhuru if she would like me to try and establish contact with Anne. She said yes, and promised to bring the address to the next session.

I managed to established contact with Anne, a contact that proved to be very important in Uhuru's life and one which I believe most powerfully supported her in her struggle against depression.

The three-way letter writing between Anne and Uhuru, and also Anne and myself, became a very important part of the therapeutic process in which Uhuru and I were engaged. Lane, Epston and Winter (1998:59) comment, 'Modern technology allows us to contact and be contacted by fax, phone or email anywhere in the world. We use such technologies to increase our efficiency; why not do the same to access and increase our support teams?' I believe that through technology Anne was once again able to become part of Uhuru's support team. Kotze and Morkel (2002:5) refer to Epston (1994), pointing out
that letters can be used to bridge oceans as well as generations and that they can provide concrete
evidence of the witnessing process. I will attempt to illustrate the importance of this correspondence to
us by offering extracts from some of the letters that we exchanged. Clandinin and Connely (1994:421)
speak of 'letters as field text or research.'

My first letter to Anne was short and to the point. I explained briefly the circumstances of how I had
come to meet Uhuru in my capacity as a narrative pastoral therapist. I ended by saying:

If you would like, you can email a letter to me and I could pass it on to Uhuru. You may have
reservations, particularly around privacy, but I believe it would be very helpful to Uhuru to hear
from you as she misses you terribly. I will be visiting the school once a week for the foreseeable
future. If there is anything more I could do to support the two of you please let me know.

My letter to Anne took a little time to finally connect with her and I was very relieved to get a response
finally.

Dear Lynn,
Thank you so much for getting in touch with me directly.
I will be delighted to send email messages to her via your address and it is very kind of you to
deliver them to her. I have a mother's heart for this girl and it distressed me greatly to leave her at
this time of her life. It is no wonder that she is experiencing depression and perhaps anxiety after
the complete dissolution of her family. Her mother was a wonderful woman who gave her time to
an educare centre. She was a lovely teacher, always soft with the children, telling them stories and
receiving their full attention and respect. Uhuru did a lot of growing up in the last year of her
mother's life. She was a very young 16 year old, but a mature 17 year old.
Thank you for the gift that you are to both Uhuru and me.
Affectionately,
Anne

Shortly after our initial contact, Anne e-mailed a letter for Uhuru. The following is an extract from Anne's
letter:

Dearest Uhuru,
I have spent some of every day praying for you, for your protection, for your safety and well-
being. I have been given this ministry - to pray for certain people - and it is a compelling need that
makes me do it. Sometimes I do not know the person I am praying for, but I am given the
inspiration to pray for someone with a particular physical ailment, or someone in a dangerous
situation and I find myself weeping and pleading with God on behalf of that person. At times you
have been the subject of such prayer; sometimes it is not so intense but I just think of you and
say a prayer for you.

I know you are very low, and it is not surprising. Last year was a dreadful year for you. My mother
died when I was in my late 40s and I was very saddened for a long time. You have lost your Mom
when you still need her. More than this, you have cared lovingly for your brother who has died.
Finally, your other brother has died as well. It is too much for a young girl to bear, and yet you
bear it and are still trying to get on with your life. You are so like your mother. She was so strong.
Your mother gave me a special name, Nontsapho. When she and the other teachers gave me this name it was because I was looking out for and protecting their educare centre, but little did she know that one day she would place her own daughter in my hands. I am so glad I knew her. I wrote a thesis about this and other educare centres where I worked. I dedicated the work to your mother. If you would like I will give you a copy. My husband is planning to be in South Africa in May. There is a chance that I will be coming to South Africa in this year as well. It will only be for a short visit, but if I do it will be wonderful to see you.

Is the educare centre still helping you and your sister-in-law with food? How are you and your sister-in-law getting along?

Most importantly, how are you doing this year at school? I know it is a stressful year and I know that you have plans for some sort of study next year. How are the studies going? Most of all, Uhuru, know that I have you in my thoughts everyday. If your counsellor allows me, I will write you again at this email address. Don't forget, Uhuru, that you have been given the most wonderful gift, your Christian faith, by which you can claim Jesus Christ as your friend. I would so love to be able to sit and chat with you about all that I have learned about him in the past two years. Perhaps there will be an opportunity. In the meantime, try to find a spirit-filled church where you can grow in your relationship with God. I understand the Jubilee operates extensively in Khayelitsha. Perhaps there is a group not too far from your home.

I place you under the eagle wings of our Lord and I bind the work of the enemy who would tell you that you are alone and who makes you depressed. You are not alone, Uhuru. You have a God who listens for you to tell him your needs. Praise him.

Lots of love and hugs
Nontsapho

After receiving this letter for Uhuru, I literally couldn't wait to get to see her at her school to hand over the letter. When she came into the room where I counselled at the school, she immediately started to take something out of her school bag. Before I could say anything, she asked me to look at a letter from the maintenance court which she had just received. It was in connection to her application to get financial support from her father. I took the letter and said I would read it but in the meantime I had a letter for her to read and laid Anne's letter in front of her. I watched in anticipation as she read the letter. As the session progressed and we talked about different parts of the letter, it became very clear how much that letter meant to her. When I first met Uhuru I was reminded of Couture's (2000:50) words about children who not only suffer poverty materially, but also 'poverty of tenuous connections.' She goes on to say, 'These povertyes have spiritual overtones: although providing children with material and human resources is essential, the most fundamental reconnection both for them and for us is with God.' I believe this particular letter as well as all the others, gave Uhuru a rich sense of connectedness, not only emotionally but also spiritually.

After our session I wrote to Anne. I thought it would be helpful to her to know how important her letter had been to Uhuru, I described her response to Anne:
She started to read all the email details at the top very seriously and earnestly and I watched her in anticipation. I could see her reading slowly, her eyes taking in every word still with an expression of complete seriousness. And then, the tears began to roll down her cheeks. It seemed to me from sheer relief.

Uhuru’s tears gave me a sense of how important this letter was to her but I also asked her about its meaning for her. I felt deeply honoured to have been able to share in this powerful experience of reconnecting with a loved one. During the next session, Uhuru dictated a letter to me for Anne.

Dear Anne,
I want to thank you for the schools fees and everything else you have done for me. I do miss you a lot and I wish you could visit.

I am going to church regularly at St Michael’s in Khayelitsha. There are confirmation classes that I am going to start soon.

You might be disappointed to hear that I didn’t pass. I am doing grade 11 again. But I think you will understand. I have been feeling quite depressed lately and I am getting some counselling at school from Lynn who is writing this for me.

Sometimes I worry about the house because Kenneth seems to be taking so long to get started on finishing the house.

It would be very nice if you could write back by email and Lynn could bring the letter to me.
I miss you, lots of love,

Uhuru

In subsequent sessions we continued to speak about Uhuru’s relationship with her father but also about Loneliness.\(^7\) Loneliness was often the problem, sometimes as a result of fights with Zukiswa who was not much older than her. She also experienced Loneliness when Zukiswa took Bongi to visit her own parents, but mostly the Loneliness overwhelmed her when she found herself missing her mother. I believe that opportunities to talk about her mother helped to keep Uhuru’s cherished memories of her alive. On these occasions I used White’s (1988:18) ‘saying hello’ metaphor to inform the questions I asked. For example, If you could see yourself through your mother’s eyes now, what would she be missing most about you? I hoped the questions would help her to reclaim her relationship with her mother and also to sustain her in moments of loneliness.

Anne’s letters were always warm, positive and encouraging. They were always rich in references to their shared Christian beliefs and created opportunities for me to have conversations with Uhuru about

\[^7\] In narrative therapy, externalising conversations are ways of speaking that separate the person from the problem. By writing Loneliness with a capital letter, I am demonstrating the shift in language required of externalisation (Morgan 2000:17).
the meaning of God in her life and to explore with her how her faith sustained her and gave her courage
to fight the hardships of poverty and disadvantage. Aponte (1999:77) writes: 'For the disadvantaged,
spirituality is a resource that can transcend their personal discouragement, the deprivation of poverty,
and oppression of society.' I believe I also created a space to talk about her personal God or Other, a
space open enough for the most significant conversations to be heard and understood, and for the
most significant others to be included in the construction of meaning' (Griffith 1995:124).

I believe that in our three-way communication I not only supported Uhuru but Anne as well. There were
times when Anne too felt disconnected: One such time was when her husband had failed to see Uhuru
on a brief trip to Cape Town and the feeling of separation was exacerbated by a break in our
communication due to high school examinations. I did not visit Uhuru's school for three weeks. She
wrote of her concerns and disappointment in the following letter.

Dear Lynn,
David did not get to see Uhuru because she did not go to school. Is she ill, I wonder? I am very
disappointed that David did not get to see Uhuru. I don't know what to think. I feel very far away.
Please, if you see her, share this email with her.
Cheers Anne

Sensing her distress, I wrote back and she replied.

Dear Anne,
I am really sorry to hear that David did not get to meet Uhuru. The reason she was not at school
was that they are writing exams at the moment. This means that learners stay at home for the
duration of the exam period and only come to school for their actual exams. I am sure that Uhuru
would have made every effort to get to school just to meet him if it could have been arranged.

It sounds as though you were banking on David meeting her to keep the feeling of being so far
away from turning into worry and helplessness. My not seeing Uhuru for some time clearly hasn't
helped you to feel connected. I phoned the cell number yesterday and got Zukiswa, her sister in
law. She assured me that Uhuru was not sick and that she had gone to see Kenneth today. I will
keep trying to phone until I speak to her personally. I am wondering if a letter from Uhuru will help
to feel connected again? It might just shrink the worry and helplessness. I will do my best to try
and see her before the end of this term. Maybe we could write a letter together for you.

I will email as soon as I have some more news.
All the best,
Lynn

Anne immediately replied:

Dear Lynn,
Thank you for your speedy reply. You understood exactly how I was feeling. I am so relieved that
she is not ill. I feel much better just now that she is home studying for exams and not lying ill.
Thank you again.
Cheers
Anne
Walsh (1999:24) writes of people seeking therapy that:

They yearn for greater meaning and deeper connections with others in their lives. Many are in spiritual distress at the core of physical, emotional, and relational problems. As family therapists develop ways to successfully integrate this vital dimension in our practice, we can begin making space for spirituality in our therapeutic work and encouraging spiritual connections in family and community life.

Uhuru may not have been in spiritual distress but she certainly was seeking deeper connections with others in her life. I believe that I assisted in the process of her deepening her connection to Anne who is like her family.

I have continued to see Uhuru. The correspondence between her and Anne is still alive. Her relationship with her father is once again central to our conversations as she has discovered that he may not be her real father after all. She has once again surprised me with her courage and caring for others. In our last session she asked me to help her to contact a particular radio station. She had written them a letter asking for assistance in starting a support group for young adolescents from the township where she lived with her mother. With the assistance of another organisation who are training her to counsel, she hopes to create an opportunity where young people can learn and talk about HIV and AIDS.

5.1.3 Maseiso’s two cousins committed suicide in her presence

I was asked to counsel Maseiso because she had recently witnessed the violent deaths of two cousins who lived with her family. I soon discovered that she was not a Xhosa but in fact her family were Sotho speakers. I immediately felt an affinity towards her, the same affinity I discovered in latter life that I felt for older Black women. This perhaps needs some explanation. I grew up in the Free State where the predominant African language spoken was Sotho. As a child, I was a fluent speaker of Sotho even though my skills are now very rusty. I was always told that I learnt to speak Sotho before I learnt to speak English. In latter years I have tried to make sense of this fact. I wondered how much time I could have spent with my mother if I did not learn to speak English first? I ended up asking my mother many difficult questions about my early childhood. She explained that my first three years of life coincided with her having to take on the onerous job of running of a small country hotel - an enterprise that she was unprepared for and that was entirely new to her. She worked long hours and had to master many new skills. She was literally forced to hand me over to the care of a nanny. Fortunately, the nanny whom she most trusted who had helped her look after my older brother and sister, even though she had not
worked, was still with the family. My first three years were spent mostly in the warm care of Josephine, who became my surrogate mother.

In that first conversation, Maseiso told me how her one cousin had shot himself in front of her and the family. She went on to explain that when the family returned from the funeral a week later, his younger brother Pule did the same thing, also in her presence. I asked some tentative questions in an attempt to try and help her make sense of what had happened. She said that she was very close to Thabo and had some understanding of his extreme unhappiness. She explained how he had wanted to shoot himself in privacy but the family had intervened and tried to stop him. She told me how he had begged her to leave the room. I wondered what she had meant to him that he thought of her wellbeing at this time. I believe she took some comfort in knowing that he had desperately wanted to spare her in particular from witnessing his death. She had more difficulty making sense of what Pule did and expressed some of the anger she felt. I tried to help her focus on her connectedness to Thabo and in so doing I asked questions that led me to discover that she was a Western Province netball player, something about which Thabo was very proud. She explained that she was due to go to the South African trials two weeks later but wondered if she would manage it. I in turn wondered what Thabo would advise her to do. She said she believed he would want her to go. Although I tried to be sensitive and respectful, I was aware that the conversation appeared to be quite harrowing for her. As we finished I asked her what she would like to do. She told me she just felt so tired. I asked her if she would like to lie down (the room I use at this school was the sick room). She immediately went and lay on the bed and closed her eyes. I still needed to see other learners, so I went to look for another venue to use. A little while later I came back to check on her and found her fast asleep.

I reflected a great deal on that first conversation. I had been quite overcome by the raw pain I had witnessed and I found myself wondering whether I had not perhaps tried to move too quickly in trying to help her make sense of her cousins’ deaths. Instead of trying so hard to have a therapeutic conversation with her, I wondered if it might not have been more appropriate to just sit quietly with her in her pain and grief and not try to use words. I also wondered if she would have the energy and emotional composure to go to the netball trials.

When next I saw Maseiso, three weeks later, she looked quite different. She gave me a big wide smile as she entered the room cheerfully. She was quite transformed from the grief stricken person I had encountered weeks before. I asked about the netball trials and she told me she had been selected for the South African under nineteen team. I asked her how she was coping and she said fine. When I tried
to reflect on aspects of our previous conversation, her eyes once again filled with tears and she told me she had done enough thinking and crying. When reflecting on this conversation in my research journal, I wrote:

6 May 2002
I started to talk about her trials, she was very animated and then I started to ask about the deaths and the tears started to flow, she said she had done enough crying. I pushed a little. Was it the voice of modernism saying 'it's good to cry', 'you need to let it all out'; 'it's clear there is still stuff there so we should look at it'? But I caught myself and checked with her, she did not want to talk about the deaths. I asked if it was okay to talk about her tour...... The change was good I could see the relief on her face.

I discovered that she had been elected captain of her team for the trials. I was reminded again about White’s (1988) ‘saying hello’ metaphor and of people’s struggle with self doubt in situations of loss, so I asked her what qualities her team mates had seen in her to choose her as captain. She explained that it was her strength, courage, ability, friendliness and leadership qualities. I realised as we went on, that this second part of our conversation was much more useful to her than the one I had first tried to initiate.

This conversation taught me a great deal. I was reminded again of the danger of making assumptions. McGoldrick et al (1991:176) say about therapists, that they ‘...have their own notions of what is healthy mourning, concerning both emotional expression and the time it should last. We must never be too sure we know what is best or most appropriate for others dealing with their grief.’ Anderson (1995:34) reminds us that ‘the therapist does not have privileged information, can never fully understand another person, and always needs to learn more about what as been said or not said.’ She goes on to explain a not-knowing position, it means the therapist is:

humble about what she or he knows....is continually being informed by the client....Is more interested in learning what the client has to say than in pre-selecting what she or he wants to hear, telling what she or he knows, validating or promoting what she or he knows, or leading the client to a therapist-predetermined replacement story.

This strongly reminded me of the narrative therapy approach to be tentative, respectful and always to check with clients to find out what was useful to them. With regard to my ideas about Maseiso’s pain, I was checked by Freedman and Combs’ (1996:46) words: ‘If our listening is guided by a theory that says people must “feel their pain” in order to be whole, we will bring forth painful stories.’ Maseiso also reminded me to look at my ethical practice. I realised there was a moment when I thought I knew what was best for Maseiso, I was taking the role of the expert instead of honouring her as the expect on what she needed then. Freedman and Combs (1996:269) say of ethical questions, they ‘focus largely on the effects of practices, so that what therapists do is not evaluated by how well their actions follow rules but
by the actual effects of those actions on people’s lives.’ Here I was reminded to question the effects of my actions on Maseiso. I also recalled the ethical questions posed by Kotzé (2002:6) ‘What counts as knowledge and who determines what counts? For what and whose purpose?’ So I wrote in my research journal ‘Whose story is this?’ and ‘Who is benefiting?’ I hoped that in being reflective I was able to act in a more collaboratively ethical way that benefited my client, by ultimately privileging her ideas about what was best for her above my own.

At the time of writing this I became much more aware of another element in my exchange with Maseiso. I had not previously considered the possibility that her cultural practices and my omission in recognising these may have influenced our exchanges. What brought this to mind was that I had recently been asked to counsel a young Xhosa girl whose brother had just been shot in her presence. When I initiated a conversation with this girl, I remembered my interaction with Maseiso. This young girl was unemotional and clearly very reluctant to engage with me initially. When I go to a new school, I have little control over how children are introduced to the possibility of speaking to me. In this case, there had been little explanation and no choice offered, so she viewed me with suspicion. Once I had explained who I was and what my intentions were, she engaged more readily. However, I was still very aware of her reluctance to talk about the incident. I remembered hearing an exchange between a caller and radio announcer, Tim Modise, in this regard after the sudden death of his wife in a car accident. This caller was making the point that people who were phoning in and speaking about the incident were being insensitive to Tim Modise. He explained that in their culture once someone had died it was not seen to be respectful to ask them to talk about it. I had the sense that being silent about the death was seen as a more respectful way of allowing the family to move on from the tragedy. I wondered if this was perhaps the same in her particular culture?

McGodrick et al (1991:176) say that ‘every culture throughout history has had its own ways of mourning.’ I was mindful that in this context I should not presume that there was a homogeneous African culture. She confirmed this by telling me that her mother had told her not to talk about it. She went on to explain that in her culture it was seen to be the adult members of the family’s place to talk about the incident and make all the funeral arrangements. She also said that she would feel more free to talk after the funeral. I now wonder if Maseiso’s reluctance to continue to talk about the deaths of her cousins stemmed from similar cultural practices? McGoldrick et al (1991:178) remind us:

Helping family members deal with a loss often means showing respect for their particular cultural heritage and encouraging them actively to determine how they will commemorate the death of a loved relative. Whilst it is generally better to encourage families towards openness about death, it
is also crucial to respect their cultural values and timing for dealing with the emotional aftermath of a loss.

5.2 Abusive families

Domestic violence is a strong thread that runs through many of the stories I hear when consulting with children and youth. Some of the stories are of teenage girls who have abusive fathers. The fathers invariably also abuse the mothers. When I hear a story about a mother who has used excessive physical punishment to discipline her child, there is almost always also a story about her being a battered woman. In their study about the parenting skills of battered women, Levendosky and Graham-Bermann (2000:27-28) refer to other studies where in general ‘researchers report that psychological and physical abuse of their partners affects parenting stress and parenting behaviours.’ They also refer to a study by Holden et al (1998) which suggests that the stress of women abuse may directly affect the amount of aggression a mother perpetrates towards her own child.

5.2.1 Martin’s mother assaulted him with two planks

During a debriefing conversation with a principal she asked me if I minded just speaking to a young boy who had been seriously beaten by his mother. She explained that the boy was very insistent that he did not want to lay a charge against his mother who also abused alcohol and was allegedly a prostitute. I agreed readily to have a conversation with him. After our conversation I wrote in my research journal: 6 May 2002. ‘I met this amazing boy, Martin. It was such an easy conversation because he was so strong and clear and articulate in spite of his stammer.’

After introductions and asking Martin to tell me a little about himself, he spontaneously told me about the incident. He told me how his mother’s boyfriend, Russel, had told him to clean the guinea pig ‘hok’ in the back yard. He said he agreed to do it later but when he came back it was totally dismantled and he went to ask Russel for the planks which he had bought out of his own money. He said they had an argument. Initially his mother had taken his side, telling Russel to leave him alone but somehow Russel’s parents interfered and his mother thought he was being rude even though he was not. He said she took a plank with nails sticking out of it and beat him. When his eyes filled with tears as he demonstrated how he tried to defend himself and showed me where the blows had fallen and the nails had gone into his arms, I was able to ask about his survival. I asked what gave him the courage to put his arms up? He said he knew if he got another blow on the head he would have fallen down and he would probably have died. He also told me that he learnt karate at school and that he knew how to defend himself. When I asked how he could keep himself safe from being beaten again, he was very
clear. He explained to me that he was now living with his grandmother and that he would not go back to his mother until she had found a place for them to live. His way of making sense of what his mother had done was to say that it was because of the stress of living with other people.

When I asked him about the possibility of laying a charge against his mother he again seemed clear. He said he knew that what his mother had done to him was wrong but he could not lay a charge, he could not do it to his younger brother and sister. He explained that if she went to jail there would be no-one to look after them. I sensed in him such a fierce sense of responsibility to his younger siblings and also understanding beyond his years for his mother too. He went on and told me how his father had left years before. He said in defence of his mother, ‘how do you think she felt when he just left her with two children?’ He said his father now lived in another town and he sometimes saw him in the school holidays, but he was always drunk and blamed him for everything. In spite of this he still showed some compassion for this man, by telling him that he should look after himself. Martin said ‘I wanted him to come right with his life.’ I sensed a deep disappointment in his father and so asked questions about the kind of father he planned to be one day. He said ‘I will be a kind father and be responsible for my children.’ He also wished to give his children love and confidence.

I told Martin that I thought he was special. I not only named but also described the many qualities I had seen in him. I wondered if there was anyone else who would not be surprised to hear me say that. He told me his teacher and his grandmother. He explained that he had a good relationship with her and that they could talk to each other. I enquired about his grandfather too. He told me that the man she lived with was not his grandfather and this man was not very happy with him living with them. He said he didn’t worry with him. He mostly just ignored him but said he was always polite to the man. I asked who had taught him to have such good manners? He said his grandmother but also his mother. When I asked him at the end of the conversation if it had been helpful talking to me, he said her had liked it very much. He had then stood up and shook my hand and told me that it was good because I gave him so much confidence.

I saw Martin again months later when I went back to the school to ask his permission to use his story. He had been told by the principal that I was coming and came bounding into the room telling me excitedly that they had just moved into their own house the previous weekend and that he even had his own room. He explained that he had stayed with his grandmother until then.
I proceeded to explain about my research and offered to read his story to him. He followed earnestly and when I read the part about his mother hitting him, his eyes filled with tears. I asked if it was difficult for him hearing this again, he said yes. I offered to stop, but he told me to read on. Finally, I asked if there was anything he wanted to ask me. He looked at me very earnestly and asked what he could do if Russel hit him? I explained his rights to him and he nodded and said knowingly that he would definitely lay a charge against Russel if he beat or hurt him.

On this second meeting I was again struck by this extraordinarily courageous young boy. Garbarino (1992:103), referring to the work of Anthony and Cohler (1987), says the following of resilient children:

They are able to adapt quickly to new situations, perceive clearly what is occurring, communicate freely, act flexibly, and view themselves in a positive way. Compared to vulnerable children, they are able to tolerate frustration, handle anxiety and ask for help when they need it. Finally, [they] have the capacity to make sense of stressful and traumatic events confronting them.

Even after such a relatively brief, but intense encounter, I believed that Martin showed most of these qualities of resilience. This recognition of his resilience inspired me and I came away feeling uplifted with belief that he would survive and perhaps grow up to be someone special.

5.2.2 Margaret and Alice stand up to abuse

I first met Alice with her mother Margaret and her younger five-year old sister, Tiffany. Margaret had accompanied her daughter to school that day out of sheer desperation. Together they told me about Alice's abusive father. Alice explained that when he was in the house, he abused her constantly verbally and sometimes physically and also did not allow her out of the house. She was not allowed to speak to her friends and was confined to her room. She said he did not even allow her to listen to music in her room. I asked her if it was like being locked up in a jail cell. She agreed readily and so did Margaret.

In that first conversation I discovered that Margaret had been married for nearly 25 years. She told me how she had left school at the age of 12 with a standard two, to work. She married her husband at the age of 19. I also heard how her husband had abused her verbally and physically over the years, so much so that she had often received treatment for her injuries from the nearby hospital. She had also received treatment for a breakdown and was still on medication. She explained that her doctor had repeatedly encouraged her to lay charges against her husband and assured her that he would supply medical reports to support her claims of abuse. Her oldest son was also a victim of her husband's abuse. She explained that it was only the two little ones who escaped the abuse but said that they lived
in constant fear when her husband was around. She described how they would often huddle together crying and terrified in one of the rooms when their father started abusing her and her older children.

I also heard how intolerable Alice's life was and how she had suffered a mild stroke the year before and was hospitalised and had to miss a great deal of school. Alice and Margaret shared the belief that the stress of the abuse had caused the stroke. Alice and Margaret also shared a history of suicide attempts, both had taken overdoses of tablets on more than one occasion.

As I listened to their story, it was clear that the story of abuse was overwhelming this family. I offered the metaphor of being imprisoned and asked questions of them on how the abuse had taken away their freedom. When I asked if there was ever a time when abuse was absent from their lives, they said yes. They explained that when the father was not home they were happy and enjoyed being together. As I asked more questions about these times, I discovered the alternative story or plot. I heard the story of a dedicated mother who supported her children. I also heard the story of a mother and daughter that were devoted to each other. We concluded that they were a very close-knit and supportive family unit and were content together when abuse was out of the house. 'Competence, confidence, and caring can flourish under adverse circumstances, if young children encounter persons who provide them with secure basis for development of trust, autonomy, and initiative' (Garbarino 1992:109). I wondered whether Margaret was providing her children with that secure basis for development?

I had only just become familiar with the abuse protocol supplied by the WCED. I knew that because of their disclosure of abuse, the matter first needed to be reported to the principal. Although not entirely sure of how to proceed, I offered support to Margaret and Alice in taking this matter further.

When next I saw Alice, she was very animated. She told me excitedly that she and her mother had been to the police station that same week and had laid a charge against her father. She said it meant that he was not allowed to swear or touch any of them and if he did, he would be put in jail. She explained that her mother had first gone to the doctor who had offered to give her medical reports on her previous injuries. They had also been to see the doctor who had treated Alice and he invited her to rejoin the support group for young girls that she had been part of previously that Friday. She told me that her father did not think that her mother would ever have the courage to do anything. Although Alice was excited, she was also apprehensive because the police were due to serve the interdict on her father that night and she did not know how he would respond. We discussed possibilities for keeping themselves safe if he became abusive again.
Two weeks later I again saw Alice and she told me that the abuse had started again after a short period when her father was calm. She described an unpleasant physical fight between her father and uncle. She also told me that her mother had taken an overdose of pills again and had to be rushed to hospital. She had thought that this time her mother was really going to die. After our conversation, I wondered how I could further support Margaret in her desperate struggle against abuse. I thought of writing a letter. Epstein (1994:31-32) spoke of the letter he wrote to clients by saying, ‘…clients tell me that they regularly re-read letters I sent them years ago to remind themselves of what they endured, how far they had advanced their lives, and the extent to which they considered themselves to have changed.’

In the following letter that I wrote to Margaret, I hoped to acknowledge some of the pain that she had endured but also to document some of the small changes that had occurred in her life as the result of attempting to stand up to abuse.

20 March 2002
Dear Margaret,
Please forgive my Afrikaans. It is a very long time since I wrote in Afrikaans. The letter is probably full of mistakes.

After meeting you and Alice for the first time, I have been thinking about you a great deal, especially how you two supported each other against the shouting, swearing and hitting. I was surprised to hear from Alice when we spoke again, that the two of you, after all these years, when together managed to take out an inderdict against your husband. I wondered what gave you the courage to be able to do this now?

Alice said that the nightmare is now over, but she was still a little worried about how your husband will react when the police serve him with the interdict. It sounds as though it did not go so well and that the abuse started again after a few days. Alice told me about the pill taking and how you ended up in hospital. I am very sorry for the injustice of the abuse that you and your children have to endure. Alice was very worried about you. I wondered how you managed to tell her so clearly to phone the police even though you were feeling so terrible. Was it again the same love and caring for your children that has so strongly supported them in the past? It seems to me that even though the abuse nearly made you ‘give up’ you still thought first about the wellbeing of your family. Alice said that your husband has been very quiet after spending three days in jail.

Margaret I have spoken to someone at Nicro. She is going to be starting a new support group for women in April. I have given her your name and address. She will send you a letter to invite you to join this group. (I had asked Margaret at our first meeting if she would like me to enquire about groups who could offer her support in the area.)

Keep up your courage and remember that you and Alice have shown how strong you can be against the abuse if you stand together.
Kind regards,
Lynn

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When I next saw her, I asked her about the letter and again apologised for my poor Afrikaans (original letter in Afrikaans – Appendix D). She said she had enjoyed the letter but I could just as easily have written in English because her children had to read it to her anyway.

During subsequent sessions with Alice we talked about the continuing abuse. Although it was much less, it was still there. She explained that there was less swearing and hitting but she was still being confined to her room when her father was home. She said it was like being in a prison and she found it intolerable at times. Through my asking questions, we explored ways to make it bearable. She told me how she often read or wrote in her diary and sometimes even changed her room around to pass the time. I wondered if it would help to make a calendar, plotting the days of freedom (these were the days when her father worked shifts and did not come home) against the days when she felt imprisoned. She thought this might be helpful.

I was very surprised when next I visited the school to hear that Margaret had come to see me. I barely recognised her she looked so different from the timid, distraught woman I had first met. Although she was concerned about her future because her husband had taken an inderdict out against her and particularly worried that he would put her out of the house, she seemed different, somehow more robust. Again we spoke about the abuse and she told me how it still felt as if her husband ‘owned’ her. Barret (1999:196) writes, ‘When someone is abused, whether a child or an adult, by someone who is in a position of power over him or her and to whom he or she is attached, the result is a traumatic interruption on many levels but particularly on the level of spirit.’ She referred to the desperation that had led to her taking an overdose of pills. I wondered what had helped her to survive this ordeal? She told me that even though she was barely conscious, she had heard the doctor tell Alice that he did not think her mother would ‘make it.’ She said she knew at that moment that she wanted to live. From that point, or unique outcome, the conversation became more energised as I asked questions about her courage. Morgan (2000:54-55) says of unique outcomes that they are events that stand outside of the dominant story or problem and that they can go unnoticed if a therapist is not looking out for them. She also says they can become doorways to alternative stories.

This question about her courage invited Margaret to tell me about her faith. She said that she spoke of asking God for guidance. She believed that he expected her to be strong. I wondered to what extent her religious beliefs had contributed to her staying in an abusive relationship. I wondered whether she felt she was to required to suffer perhaps because Jesus had suffered on the cross? Isherwood and
McEwan (1996:220-221) draw attention to Genesis 3.16 in which God greatly increase Eve’s pangs in childbearing because of her perceived sin. I wondered if Margaret had not convinced herself that she too had sinned in order to try and make sense of the 25 years of suffering she had endured. Isherwood and McEwan go on to say:

Many Christian feminist theologians, ethicists and pastors have named the harmful effects the traditional justifications of suffering have on women who are victims or survivors of childhood incest, rape or assault. When suffering is understood as punishment for personal sin Christian women who are victims or survivors must either blame themselves for their attacker’s actions (and forgive the attacker[s]), embrace their suffering (like Christ), or reject their faith tradition ... From a pastoral perspective there is a dire need for alternatives understandings of suffering within the Christian tradition.

Van Leeuwen et al (1993:412) also reflect how women are told, sometimes even by their pastors, that it is their duty as a Christian woman to bear with the abuse or to at least forgive and forget it. Walsh (1999:36) claims that ‘As family therapists, we have an ethical responsibility to challenge abuses of power and harmful behaviour, even where it is supported by cultural or religious traditions.’ Margaret believed that in surviving the last suicide attempt, God had given her a second chance at life. I asked her what God would think of the strength she had shown when she stood up to the abuse after so many years?

I also wondered if there was anyone else who was surprised at the recent steps she had taken to claim back her life? She said her sister admired her for the courage she had shown. Margaret said with conviction that she would never allow her husband to abuse her again. She said now she knew that she had done nothing to deserve it. All she wanted now was to keep the roof over her head so that she could just devote herself to her children and her faith. I wondered what other talents she might discover about herself? She said she could sing and she loved talking to old people. I wondered what else she might achieve in her life after having taken such a courageous stand against abuse?

I believe that my interaction with Margaret went some way towards strengthening her resilience. Walsh (1999:34) says that:

Therapy best fosters resilience in two ways: (1) through a healing therapeutic relationship that is collaborative partnership with the client, and (2) by activating relationship networks as a healing environment for the relief of suffering and renewal of life passage.

When I reflected further on my conversations with Margaret, I wondered if it was possible that she had finally learnt to be resilient? Resilience is the capacity to rebound from adversity, strengthened and more resourceful (Walsh 1998, referring to an earlier work). It is an active process of endurance, self-
righting, and growth out of crisis or persistent life challenges. Survivors of traumatic experiences may become trapped in a victim position, blocked from growth by anger or blame. In contrast, the qualities of resilience enable people to heal from painful wounds, take charge of their lives and go on and live and love fully (Walsh 1999:37).

Visiting Margaret in her home further convinced me of her resilience. Gaining permission from Margaret and Alice to use their story proved a little difficult because when I returned to Alice’s school after the July holidays, I discovered that she had left the school and I knew they did not have a home phone. After a few weeks however, Mustaqeem, the LSO, took me to Margaret’s house to ask her for permission. When we arrived, Margaret was hanging up washing. Although she had no warning of our visit, she seemed delighted to see us and invited us inside where she introduced us to a young woman who looked a little shaken by our sudden arrival (I later discovered why). As I sat in her small lounge and looked around, saw the pictures and photographs, everything cosy but immaculate, I thought to myself, this is evidence of the ‘home’ she had created for her children.

My conversation with Margaret was a little different from others where I had asked permission as I had a third party present, Mustaqeem. So I asked her if it would be alright to speak in front of him. Margaret told us that her husband had finally moved out, and that she had secured the house for herself and her family. She explained that Alice was happily working and that she and her older brother were planning to take their studies further, part time. When it came to reading the story, which I did without question because I knew she could not read, I could see she was very moved. At one point, she buried her face in her hands and I asked if it was difficult to hear this again? She said yes, but when I offered to stop, she asked me please to go on. She did not want to change anything, and I asked her to check with Alice and let me know if she was also happy with the story. Margaret then invited the young woman we had seen earlier to join us. She explained that Patricia was a school friend of Alice’s. I realised then why she was so shaken to see Mustaqeem in particular, she thought he had come to investigate why she was not at school. Margaret then explained that Patricia had been badly beaten by her father and she showed us her arms and lifted her trouser leg so that we could see the big bruised welts that I understood covered her body. Patricia had sought refuge in her home. Margaret told us that Patricia had talked of suicide but she and Alice had talked her out of it. I was very moved by my visit to Margaret and wondered what this remarkable woman might still achieve now that she had finally broken the bonds of abuse in her own life, to help others who were also struggling with abuse.
5.2.3 Deconstructing ‘love is blind’

I have counselled many young women like Alice who spoke of physical and verbal abuse from their fathers. All of them told me that their fathers also abused their mother. Some explained that their mothers had taken out interdicts against their fathers and in some cases their parents were even divorced, yet their fathers were allowed back in their mother’s homes and the abuse continued. I was strongly reminded of Schüßler Fiorenza’s comment: ‘Feminist studies have pointed out over and over again that women continue to put themselves in harm’s way because culture and religion tell them that they are nothing without a man or without children’ (1996:45). There also seemed to be a pattern which suggests that fathers start abusing their daughters when they reach their early teens. The young women I spoke to were angry with their fathers and also angry with their mothers for allowing the abuse to continue.

I wondered about starting a group at Alice’s school where I had counselled four girls struggling with abuse from their fathers (Alice was the only one so strongly supported by her mother). I discussed the possibilities of working with these young women with my supervisor, Elize. She warned me against getting sucked into the anger and helplessness and suggested that I do what she called ‘future work’. When I asked her to elaborate, she said the idea was ‘based on the fact that in this work we always ask questions over time, and future questions would be part of that’. She explained that it was part of deconstructing for herself the possible and impossible. If they cannot have the families now that they prefer, maybe they can have them in the future in the future.

She also added, ‘the absent but implicit idea, that one can ask if they know abuse is not right, what have they seen in families and marriage that gives them ideas that it is not right, what is it that they know about and what they would prefer for their lives.’ These ideas helped me generate a number of questions that would challenge the group to deconstruct ideas they had about men, those likely to be abusive versus those less likely to be.

Unfortunately, due to absenteeism the group consisted of only two young women, Lucinda and Natalie. I was surprised at the positive energy that was generated when these two attempted to answer some of the questions Elize had suggested. For example: What signs had they observed in some of the young men they knew, that would suggest that they might become abusive husbands? Or Had they asked their mothers if there had been any warning signs when they had first dated their prospective husbands? Lucinda answered that her mother had spoken of a boyfriend who had been a ‘real gentleman’ and that her father had always been abusive. However, her mother had chosen her father. I asked Lucinda how
she made sense of this? She told me that she herself had been in an abusive relationship at the age of thirteen with a boy who beat her and she answered that she guessed it was because ‘love is blind’. There was no time left in the session to pursue her answer fully. I decided that we should deconstruct love is blind in the next session. White (1991:27) defines deconstruction as:

... procedures that subvert taken for granted realities and practices; those so called ‘truths’ that are split off from the conditions and the context of their production, those disembodied ways of speaking that hide their biases and prejudices, and those familiar practices of self and of relationship that are subjugating of persons’ lives.

Due to examinations and school holidays I did not see these two again until about six or seven weeks later. Natalie was still struggling with her father’s abuse but was now also concerned about his infidelity. Lucinda explained that her mother had stood up to the abuse and things were going better. She began to speak about being in love with a new boy, Ishmael. This topic gave the opportunity to deconstruct ‘love is blind’ with them. With this in mind I wondered if he showed any signs that he could be abusive? She said definitely not. So I asked her about the kinds of things that she saw in him that suggested he was the kind of young man who would be respectful to her. She also told me of another young man, Muneeb, on whom she had been keen at the same time, but he had shown many signs of disrespect. I kept asking questions that generated a richer description of respectful men versus abusive men and at the same time deconstructed the idea that ‘love is blind’. Lucinda came to the conclusion that she had nearly been trapped by the notion of ‘love is blind’ into ignoring the signs of abuse that she saw in Muneeb. She felt that by keeping her eyes open this time, she had chosen Ishmael for all the right reasons. Once again I was excited by the conversation we had that spoke more of respect than abuse and I believe Lucinda and Natalie were excited by it too.

I hoped in future meetings with these girls and perhaps others to also explore their spiritual or religious beliefs in relation to the abuse. Davis (2000:113) writes:

Research with adolescent girls indicates that the real struggle seems to be to try and find God in the midst of horrors. Girls, if we listen to and encourage their newly developing voices, will help us to see enough of their lives – and our own – to appreciate the reality of horror, violence, and hard questions about sexuality, sexualized violence, and violent sex. Girls – if they are given safe spaces in which to speak the truth, and if their voices are attended to – can give the church an antidote to Forrest Gump - facile transcendence [italics mine, they are the word she uses to describe the term elsewhere in this paper] theologies....Girls from families and faith communities who address the hard questions will better be able to resist cultural messages that their voices are not important. They will also be better able to live in relationship to God, notwithstanding their important questions.

In this chapter, I attempted to describe some of my experiences in counselling children or adolescents who had experienced loss. In all cases the loss of a loved one was unexpected and experienced as a
traumatic event in their lives. I also told stories of some of my clients' struggles against abuse, and limited these to physical, verbal and emotional abuse. I specifically chose stories that I believed could best illustrate my use of narrative pastoral practices as well as ones which assisted me most to learn about my own practice. I will now go on to draw some final conclusions from my experiences in counselling on the Cape Flats.
CHAPTER 6
REFLECTION ON PRACTICE

6.1 Introduction
In keeping with a feminist paradigm I have written this report in the first person, describing the research process from a personal point of view (Brison 1999). It seems appropriate to reflect on the process from the same perspective.

In Chapter One I quoted Reinhartz (1992), who writes about feminist research saying that the researcher might be changed by the research. She explains that the change to the researcher comes from learning at three different levels. In this final chapter it is my intention to reflect on the research, in keeping with what I have learnt at the three levels mentioned by Reinhartz (1992:194) namely, 'the researcher would learn about herself, about the subject matter under study, and about how to conduct research.' I will reverse the order – starting with what I learned about how to conduct research, then what I learned from the stories of children, parents and teachers about trauma counselling on the Cape Flats, and finally what I learned about myself.

6.2 Co-constructing research
I will now reflect on the research process, reviewing what I did and also highlighting what I learned from the process.

6.2.1 Background
From February 2002 until the writing of this report I have been employed by the Western Cape Education Department and seconded to the Safe Schools Programme where I work as a trauma counsellor. One of the programme's key objectives is to provide safe school environments for school communities that are tormented by crime and violence. Another objective is to address some of the effects of violence and crime by offering support to those schools directly affected, by making trauma counselling available to them. I worked at schools on the Cape Flats, predominantly in Mitchells Plain. I counselled parents but mainly children, ranging from grade one to grade twelve from communities that are plagued by poverty, domestic violence and community violence in the form of gangsterism. I also counselled teachers and principals, most of whom did not live in these impoverished communities.
The aims of the study were firstly, to explore a narrative pastoral therapy approach to trauma counselling, and to focus specifically on incidents related to gang violence but also incidents of loss and abuse. I believe that my counselling was always guided by a narrative pastoral therapy approach which meant I used narrative therapy principles to guide the counselling and at the same time made space for conversations about clients’ religious or spiritual beliefs and practices. I did not have these conversations from a Christian perspective, firstly because I am not a practising Christian, and secondly, many of my clients were Muslims. However, as with any other aspect of the lives of people who consulted me, I was guided by their preferred way of expressing their spirituality. I did on occasion, however, challenge the patriarchal discourses in both the Christian and Muslim religion, when it felt appropriate to do so, for example when I asked Margaret (see section 5.3.2) whether her understanding that God expected her to be strong meant that he also expected her to endure abuse by her husband?

Secondly, the study aimed to document my own learning with regard to counselling using a narrative pastoral therapy approach. I believe this report is final testimony to the documentation of the process of becoming more skilled in my practice as a narrative pastoral therapist.

Finally, the study aimed to empower victims to separate themselves from the trauma and to challenge its effects on their lives. Examples of this practice are the cases of Celine (see section 4.4.2), who worked hard at challenging the effects of fear in her life and Uhuru (see section 5.2.1.1), who is now striving to help other young people become aware of the effects of HIV/AIDS that claimed the lives of her two brothers. I believe that in this way too the stories I have selected to write about in this report bear testimony to this practice and how this aim was achieved.

There were limitations to this study both in terms of those who were referred to me and the time frame within which it took place. At times I wanted to include stories of rape victims because I also learned a great deal about myself as a counsellor when confronted with clients who struggled to stand up against this form of abuse. I kept to my stated intention of excluding sexual abuse and rape as I felt unable to do justice to that huge area of trauma. In spite of the limitations, I believe that the significance of this study, as stated in Chapter One, might be realised if other counsellors working in the field of trauma, particularly those who work with disadvantaged communities which are subject to chronic violence, were to read the report.

In the following section I want to focus on the discourses that informed the study, reflect on the research methods that were used, as well as reflect on the actual process of conducting the study.
6.2.2 The overarching discourses

'Social constructionist inquiry is principally concerned with explicating the processes by which people come to describe, explain, or otherwise account for the world (including themselves) in which they live' (Gergen 1985:266). Social construction discourse and the theory of narrative therapy strongly influenced my approach to trauma counselling.

I was often overwhelmed by the reality that people who consulted me live in desperate conditions and find themselves in seemingly hopeless situations. In order to believe in my own agency to do hope with them and to co-construct an alternative reality, I embraced one of the key ideas of social constructionist discourse, namely that realities are socially constructed, are constituted through language as well as organised and maintained through narrative (Freedman & Combs 1996). These ideas allowed me to have narrative therapeutic conversations in which I was able to explore alternative realities to the one dominated by the trauma with people. Through meaning-making and through the language we engaged in, it seemed possible to co-construct a different reality in which they could make sense of the trauma and minimise its devastating effects.

My practice was further guided by contextual and feminist theology discourses which helped me to develop a practice that was both inclusive and transformative. Cochrane (1994:35) claims that in order to construct a contextual theology, one needs to address 'the scattered reflections by local base communities, which are the way they think about the meaning and significance of their faith in relation to the struggles and hopes of their daily lives, and the practices which communicate these reflections (including ritual and symbolic practices).' I would like to think he was including people of any belief system – Islam, Christian or any other. In the context of this study, to be inclusive, I needed to be take cognisance of the meaning and significance of faith practices of both Christian and Muslim people.

I trust that the counselling I did as a narrative pastoral therapist aimed to be transformative of individual lives. However, to address 'the pastoral realities of oppression and repression, where people are hurt, stripped of their dignity, broken by deadly economic and political forces, left resigned or crushed and weak' (Cochrane 1994:27), is a challenge facing myself, other pastoral therapist and practical theologians.

To work in these communities towards greater transformation so that people are able to 'find appropriate routes to recovering their dignity, their wholeness and their God-given right to participate
with others in deciding about their lives' (Cochrane 1994:27), is a socio-political challenge (Pattison 1994) that we need to address.

As many of the people who consulted with me were women and children, I was perhaps more strongly influenced by feminist theologians who write particularly about the plight of women and children in a patriarchal society. I tried to develop what Ackermann (1998:83) calls a 'healing praxis', one in which I was 'willing to hear the pain and suffering of [people who consulted me] and to act in response.'

I responded to the challenges by 'giving and receiving care' and 'building relationships of mutuality and empowerment' (Graham 1998:141). Guided by the concepts of spirituality and of religious pluralism, both of which I perceived to inform a more inclusive practice, I was able to engage with people of either Christian or Islamic faith in conversations about the religious beliefs that supported their struggle against the effects of trauma. One example of this was my conversation with Anthea (see section 4.4.3) in which she grappled with making sense of why her friend had to die. She came to the conclusion that it was Allah's will and it was his time to go. Through our discussion, she was also comforted and thought that he was in Allah's safe hands.

There are no easy solutions to the problems of violence and crime on the Cape Flats, which for the most part are perpetrated by gangsters but which are intensified by unemployment, poverty and social deprivation. However, I think all faith communities could work together towards tolerance and non-violence from the perspective of religious pluralism, not just plurality or diversity. The latter could be described as 'a lazy tolerance that calls upon all religions to recognize each other's validity and then ignore each other as they go on their own self-satisfied ways' (Knitter 1985, cited in Kritzinger 1998:241). This kind of 'tolerance' would unfortunately mean that religion becomes 'irrelevant to life' (Kritzinger 1998:242). This would mean a tolerance between different faith communities and religious groups on the Cape Flats, but without any real commitment to become engaged in or to address together socio-political issues.

I would propose a religious pluralism which 'implies "the energetic engagement" with diversity which includes reciprocity, the search for mutual understanding, and conscious encounter of religious commitments' (Lubbe 1995, cited in Kritzinger 1998:234) to challenge the current culture which is dominated by violence. I think that through such a process of 'energetic engagement' and active collaboration by faith communities it may be possible to transform the present culture of violence to one
of non-violence which is respectful of all people. I would hope for a ‘partnership in serving’ the community together (Kritzinger 1998:249).

I would also want to witness all faith communities addressing socio-political issues, contributing to these circumstances in a way that Pattison (1994:61) appeals for a ‘reorientation of pastoral care towards socio-political awareness and commitment.’

6.2.3 The research methodology

The study was done within a qualitative research framework. Qualitative research ‘generally examines people’s words and actions in narrative or descriptive ways’ and is based on a position which sees ‘the individual and his or her world as co-constituted’ (Maykut & Morehouse 1994:2&3).

6.2.3.1 The approach

One of the aims of the study was to explore a narrative pastoral approach to trauma counselling, another was to document my own learning with regard to my developing practice. Firstly, because of the exploratory nature of the study and secondly, because I was documenting a changing process – namely my developing practice – I needed to reflect critically on a continuous basis. I therefore chose an action research approach. There were also elements of critical action research and emancipatory action research in this study in respect of exposing ‘discursive practices’ (Jennings & Graham 1996:171) and collaborative, critical and self critical inquiry’ (Zuber-Skerritt 1996:84).

The research method was clearly not participatory action research because the whole research process was not negotiated with participants. There was an element of participation and collaboration in the process of taking stories back to people who consulted with me and asking them to comment and make changes. Finally, in keeping with feminist research, there was a direct link between my personal experience and the study (Reinharz 1992).

6.2.3.2 Ethical considerations of accountability and transparency

I believe I conducted the research in an ethical, collaborative way as I explained to participants the aims of the study and asked their permission to tell their stories as well as the stories of the counselling we co-constructed together. I sought their further collaboration by showing them drafts of the written work and asking them to comment, delete or add to their own story. I also acted ethically by informing principals about the research and by gaining permission from the WCED to undertake the research.
With regard to the counselling, I attempted to practice in ways that were accountable and transparent. One of the ways in which I tried to be accountable was to be aware always of the power relations at play when I engaged with clients. In the case of children and adolescents, I was mindful of the authoritative position given to adults in a school situation. Morgan (1999:225) writes of the need to be, 

...aware of potential power imbalances between adults and children inherent in school systems. In school systems, greater power rests with adults and teachers. Decision-making, discipline, curriculum structures, playground guidelines, punishments and so on are primarily the responsibility of adults and children have little say in these matters.

With regard to parents and teachers I was often given the status of the expert. In response, I sought 'to ethicise (or act in an ethicising manner)' by becoming more 'participatory and transparent' (Kotzé 2002:21). With this in mind, I tried to minimise these imbalances by putting people at ease and by being as transparent as possible about my position and about the process in which we were engaged. I always explained who I was and what my role was at the school. This was sometimes a little awkward, for example in the early stages of working in my regular schools and at schools I visited for the first time for crisis intervention I was introduced as anything from a social worker or psychologist to a doctor. I preferred to introduce myself as a counsellor. Once engaged, I asked people what language they were most comfortable using and always asked permission to take notes and to ask questions.

My work in schools with parents and children from disadvantaged communities was guided by an imaginative ethic. Ackermann (1998:88) writes: 'To be ethically imaginative is to be prepared to stand alongside "the other", the suffering and marginalized, to hear the cry of need and then, compelled by ethical demands of imagination, to respond to need with healing praxis.' This is what I set out to do once I was invited to get involved.

I think my practice of caring was also guided by an 'ethic of risk' (Welch 1990:68). Welch explains:

Within an ethic of risk, actions begin with the recognition that far too much has been lost and there are no clear means of restitution. The fundamental risk constitutive of this ethic is the decision to care and to act although there are no guarantees of success. Such deep action requires immense daring and enables deep joy.

Finally, in keeping with feminist ethics (Brison 1999), I have endeavoured to give an honest and personal account of how I undertook this research, and what I learned in this real life experience.
6.2.4 The process
I was engaged in the research process literally from the time I joined Safe Schools. The first hurdle was to establish a focus and methodology. All the while I was counselling, I had a mental backdrop of the research question and focus. I believe I was constantly reflecting, sifting through every action and conversation, wondering how it would fit into the research study.

6.2.4.1 Collecting and selecting stories
Collecting material was an ongoing process. It began with keeping records in the form of detailed process notes of all the conversations I had with people who consulted me. However, I was continually sifting through conversations and deciding which stories would be accentuated in the study. I used a research journal to clarify my thoughts and to track and document my own learning (Hall 1996). When it came to writing up the final report, I decided which of the stories of people who consulted me I would use. As already stated, this decision was made on the grounds of those stories that were most meaningful personally and those that would best illustrate my developing practice as a narrative pastoral therapist.

6.2.4.2 Ongoing reflection
As already stated, I was in a continuous process of critical self reflection. However, I also sought supervision for my counselling which provided another valuable avenue for reflection, and I believe my research journal proved to be the most valuable means for me to reflect on my practice. I felt very free to express my ideas because I saw it as my own personal tool, and regarded myself as the only audience for this particular writing. I was not concerned with style or correctness. I wrote as if having a conversation with myself. At the time of writing I did not realise the value of what I was writing. It was only in going back, weeks, sometimes months later, that I could appreciate the depth of my struggle and that made for meaningful reflection. Here is a typical extract from my research journal:

3 June 2002
I am feeling so stuck, I have a lot of ideas but I just can’t get down to writing. When I read, it sparks off ideas but I still can’t see how to thread theory and stories together. I think there are three main themes. One is trauma in relation to gang violence. The stuff I was reading in Garbarino (Garbarino et al 1999) would be useful. He writes about danger. He seems to be saying that children can cope with a lot of adversity but living with the threat of danger on a daily basis can be too much. Often it is things like the risks around gang violence, on top of the poverty and abuse, that becomes too much for children.

Throughout this final chapter I will provide extracts from my research journal to further illustrate this process of reflection and critical self reflection.
6.2.4.3 Gaining permission and collaborating

One of the most difficult but rewarding things I did was to gain the permission of people who had consulted with me to use their stories. This happened after the July holidays when I made a selection of the stories I wished to use in the study. Firstly, getting permission was difficult because it elicited self doubt in relation to my practice. I wondered if people would reconnect with me after the time lapse and I wondered if I had the emotional resources to revisit and connect with schools I had not visited for months.

Secondly, I could not be sure that people would in fact allow me to use their stories. The reasons for self doubt proved unfounded for the most part, and reconnecting with people proved to be very meaningful personally and provided me with further opportunities to learn about my practice. I discovered that reading clients’ stories with them evoked powerful emotional responses. In most cases, there was a lot of non-verbal affirmation such as nodding. In a few cases clients became tearful and I immediately offered to stop reading. However they urged me emphatically to continue. I did also wonder if I was perhaps re-traumatising them by reminding them of the painful or frightening incident in this way. For the most part though, I believe the situation afforded clients the opportunity to remember and listen to the account of their struggle to overcome the effects of the trauma. I also believe that hearing the alternative story (White 1992) we had developed together again helped them to regain a sense of hope for a different and preferred reality.

As I read the stories with clients and noticed their responses, I was reminded of other clients’ responses to therapeutic letters I wrote during my practical training. Freedman and Combs (1996:208) say of letters that they ‘not only thicken the story and help the people work with and stay immersed in it, but they also involve us more thoroughly in the co-authoring process, giving us opportunity to think about language and questions that we use.’ Though these stories were not in fact letters, I believe they served the same purpose as therapeutic letters. White (1995), commenting on an informal survey done by David Epston with clients about the value of a therapeutic letter, suggests that on an average one good letter was valued by clients to be worth four and a half good therapy sessions. I would like to believe that my clients saw as much added value in the reading of their stories as I did. I also regretted, although circumstances had made it difficult, that I had not engaged more in the practice of writing therapeutic letters.

As a narrative pastoral therapist, I preferred a collaborative process whenever I counselled clients. I tried to resist an ‘ethic of control’ (White 1997:198) that made me responsible for solving problems
and seeking solutions as the expert. Instead I tried to facilitate a process of collaboration that acknowledged the client as the expert on their own lives, that also allowed them to make choices about their preferred way of being and together we sought solutions. My role was to be on the lookout imaginatively for alternative possibilities and solutions and offer them to clients so that they could choose what they felt was significant. White (1990:61) reminds us that, ‘it is important that the therapist imagine what could possibly be significant to the person seeking help and not be blinded by his/her own criteria of what would signify new developments in her/his life and relationships.’ Elsewhere White (1997:198) writes: ‘In joining collaboratively with persons in multiple actions that contribute to the foundations of possibility in persons’ lives, therapists become relatively de-centred in this work, and less burdened.’

6.3 Trauma counselling on the Cape Flats

Here I would like to reflect on what I learned from the literature I read on trauma and the counselling I did in schools. However, I do not think this brief reflection can do justice to how much I learned about the communities themselves and the circumstances that shaped people’s lives.

6.3.1 The literature

I discovered how extensive the field of trauma literature is. I believe I read quite widely and encountered a great deal of material on different aspects of post-traumatic stress disorder in particular, as initially I concentrated on this area (see section 3.2.1). As the study developed I broadened my focus to read authors who were writing about similar types of trauma as those experienced in the communities in which I was working. I found many useful accounts of other impoverished communities, also struggling with the effects of gang violence, for example some of the inner city neighbourhoods in the United States of America.

In my reading I looked particularly for material on the effects of trauma on children. I also read quite extensively on abuse, on loss and bereavement. At times I found the literature quite overwhelming, particularly when reading accounts of children’s traumatisation, especially in situations of domestic violence and abuse. I experienced a degree of vicarious traumatic stress (see section 3.4) at times when the evidence of the violence became visible.
6.3.2 The context and the people

No amount of literature can compare to what I learned about the Cape Flats from my colleagues in Safe Schools – from principals, teachers and the learning support officers – with whom I worked closely. But I learned most of all from the real lived experiences of the people who consulted me (White 1990). Through their stories I pieced together a picture of poverty, unemployment and overcrowding in homes (see section 3.1). I also got a greater sense of the level of domestic violence (see section 3.3.1), substance abuse and the danger which directly affected the lives of children I counselled (see section 3.2.2 and 3.2.1.2). While I learned a great deal about gangsterism on the Cape Flats (see section 3.3.1.2 and Chapter Four), I only touched the surface of what is I think a very vast and complex subject in this study.

While I counselled many with regard to a specific traumatic event, I came to realise that the greatest challenge for people living in these communities was to withstand the effects of ongoing, chronic traumatisation. I found that many of the children witnessed violence continually between their parents or other members of their families or with their neighbours. But perhaps the most devastating trauma was their continuous exposure to direct physical danger as a result of the chronic violence perpetrated by gangsters in their communities.

In spite of the hardships and apparent hopelessness of certain situations, I learned about resilience: ‘resilience is the capacity to rebound from adversity strengthened and more resourceful’ (Walsh 1999:37). I was often inspired by people’s ability to cope and withstand the effects of trauma and ongoing chronic trauma, for example Martin (see section 5.3.1) who bounced back after being assaulted by his mother and Emmi (see section 4.2.1) who reclaimed her love for teaching by challenging her fear of gangsters.

6.3.3 The counselling

My approach to counselling was always strongly guided by a narrative pastoral approach, that is, an approach that included conversations about people’s spirituality (section 2.4) and that was underpinned by the principles of narrative therapy (section 2.2). At the beginning of the study, I was more comfortable and confident about my counselling skills than with what others termed debriefing skills. Debriefing was what I was asked to do with either teachers or learners when there was a crisis. I preferred to see debriefing more as having therapeutic conversations with people who were exposed to a traumatic incident. Having recently participated in a three day training workshop titled ‘Care for the Carers’ in which one day was devoted to Mitchell’s (1997) model of debriefing
(described in section 3.2.1.1), I became more reflective about debriefing versus therapeutic conversations. I understood debriefing to be a more formularised step by step process. I saw the process of a therapeutic conversation to be more spontaneous – one in which I followed the client’s lead by asking questions to establish in which direction they preferred to take the conversation.

With Mitchell’s model fresh in my mind, I was recently asked to debrief a class of learners who had just lost a classmate in a tragic accident. Looking back at this recent debriefing and comparing it with the first one I did when a teacher and class were held up at gunpoint (section 4.2.1), I think I was more effective with the first one. When I debriefed the first class, I had done less reading on trauma debriefing and had no model from which to work. I worked intuitively with a more uncluttered narrative pastoral approach. In the recent debriefing, with the debriefing model fresh in my mind, I believe I was more constrained by the knowledge of a ‘recognised procedure’ and I believe I was less spontaneous and as a result, less effective. After debriefing the children, I was also asked to debrief the four teachers who had been directly involved in the tragedy. In this debriefing, the model helped by reminding me to let people unburden themselves without probing (Mitchell & Everly 1997) or what I would prefer to call asking tentative, respectful, questions that ‘generate experience rather than ... gather information’ (Freedman & Combs 1996:112).

If I also reflect on the debriefing I did with the teachers whose school was under siege by gangsters’ bullets in Chapter Four (section 4.3.1) and this situation, where a child had drowned while in the care of teachers, I realise that in the first situation I listened and interacted with teachers, asking questions as they spoke, I did not just let them speak uninterrupted and move onto the next person who wanted to talk. In the recent debriefing with the four teachers, I allowed each one to tell their version of what happened uninterrupted even though I had questions. I think I reacted appropriately in both cases because the circumstances were different. What I have learned is that when clients are still in an intense emotional state as a result of the trauma, it is better to give them that uninterrupted space to relate their traumatic experience as I did with the four teachers. The pain and distress that these four teachers were experiencing was so acute at that point in time all I could do was to listen respectfully. After they had all spoken, I engaged them in a more interactive process that was more in keeping with what I would like to call a therapeutic conversation. With the debriefing of the other staff, where the effects of the trauma did not appear as acute, I believe it was appropriate to engage as I did in a more therapeutic conversational way.
Besides debriefing and regular counselling, I also had informal therapeutic conversations with principals, teachers and learner support officers. At face value these were just conversations to provide me with information about a learner. I reflected on these conversations in my research journal:

29 June 2002
I realise that a big part of my work is informal debriefing, or as Kaethe would call it witnessing (Weingarten 2000). This idea of informal (sometimes in passages) conversations resonates with Elaine Graham’s writing about kitchen table theology (Graham 1998). In the same way, it is dealing with people’s lived experiences in an informal way. The fact that it is not a formal counselling session, does not make it any the less therapeutic.

These conversations were undertaken more from a pastoral care perspective, of people simply caring for one another, which happens spontaneously (Lyall 2001:9). These conversations provided an opportunity for these stressed individuals to be really listened to. I listened ‘…with focused attention, patience, and curiosity while building a relationship of mutual trust and respect’ (Freedman & Combs 1996:44). For most of these people, they might have felt uncomfortable requesting a formal counselling/debriefing session but I could see by the change in their whole demeanour that they valued these conversations and often told me how helpful it had been talking to me.

6.3.4 The challenges
I faced many small and relatively big challenges during the course of this study, too many to write about and therefore I will only highlight some of the most significant challenges.

6.3.4.1 Travelling, space and time management
I found travelling to the schools an enormous challenge. In the beginning when the whole of Mitchell’s Plain was unknown to me, I found it quite stressful finding my way around to locate schools I was visiting because for one, I felt conspicuous as a white woman on my own and was fearful of being a possible target for violence. I was also concerned about getting lost which would have put me in a more vulnerable position. This exercise however became less stressful as the area became familiar to me, however travelling somewhere different everyday and sometimes visiting more than one school was mentally tiring and I longed to work in one place. With crisis incidents, I was always faced with unfamiliarity and I made the following observation in my research journal:

14 June 2002
I realised, I have a real resistance to going into a new unknown area. I am clearly much more apprehensive than I think I am. As before, once I get going I am fine.
I also worked in a variety of physical spaces. At schools where I worked regularly, I saw learners and parents in the room designated to the LSO. This room was custom-designed as a sick bay with a hand basin and bed in it. There was also a little room attached with a toilet. However, the general condition of the room and the furniture provided varied enormously. The best was clean and neat, with a nice cover on the bed, matching cloth on the table and curtains on the windows. The worst had none of the above. For the best part of the year it could be described as a ‘junk’ room with no handle to the door and sometimes no chairs or only broken ones without backs. Initially, I did not particularly mind about the space, I just focused on the clients. In time however, it began to bother me. I wondered what message the condition of this room was giving to the young men and women and sometimes parents to whom the LSO and I spoke in the room. Besides our physical presence, there was absolutely nothing in the room to suggest care, concern or even respect. I also wondered about the value that the principal placed on the work both I and the LSO were doing at the school. In July I decided to speak to the principal of this particular school about the condition of the room. In time, the room was cleared of rubbish and broken equipment. It was also cleaned for the first time that year and the lock on the door was replaced. Currently the room is a little stark and seems to be furnished slightly differently every time I visit but overall it is in a hundred percent better condition than it was previously.

I plan to develop my own ‘caring resource kit’ that I can carry around in my basket with my box of tissues from school to school. In this kit, I will probably include a nice cloth for the table and perhaps a scented candle or an aromatherapy oil burner and anything else that is easily transportable that will suggest a ‘healing praxis’ of care, concern and respect for people who consult me (Ackermann 1998:83).

I found I had to be flexible in managing my time at schools. For example high school timetables varied from week to week because they worked on a cycle, so I often encountered breaks which made it difficult to see learners. Debriefing sessions with teachers were particularly difficult to arrange because they needed to be in classrooms with learners. In situations such as gang shootings, teachers were reluctant to stay after school for debriefing, as their priority was (understandably) to get out of the school with the learners and back to the safety of their own homes. I reflected on this situation in my research journal:

29 June 2002

Ideally one should have about a two hour session for a group. But, logistically, finding those two hours is not easy in a school situation, because it leaves the children unattended. Historically those teachers are reluctant to stay after school under normal circumstances but understandably in times of personal danger they obviously want to get away from the school as soon as possible to the safety of their own homes and families.
6.3.4.2 The issues related to language

One of the biggest challenges I faced was counselling in Afrikaans as well as English. As a child I considered myself trilingual, speaking fluent English, Afrikaans and Sotho. Once I left school however, I had less opportunity to speak Afrikaans so gradually over the years I became less fluent. Although initially I struggled, in time, to my delight, my Afrikaans improved a hundred fold in conversation with people. In spite of the improvement however, self doubt often made me question my ability to counsel in Afrikaans, particularly when I encountered children who spoke very little (see section 5.2.1).

On these occasions I had to rely on the faintest nod of the head to guide me to guess what was appropriate to ask and what was helpful to these children. I often wondered how these children and also some of the adults I counselled, saw me? Did the fact that I was an ‘outsider’, in respect of my colour, the language I spoke, and where I lived, make it difficult for them to engage with me? I have continued to wonder about this but recently, I was engaged in such an animated conversation with three eight-year old girls, all of whom were Afrikaans-speaking, that I realised my status as an ‘outsider’ made little difference to children when they were given an opportunity to be really listened to. I would like to believe that some children were just less verbal and their limited talk had very little to do with me being a white English-speaking woman and more to do with the circumstances in which they found themselves. I wrote the following in my research journal.

16 October 2002

Today I realised that the fact that I am an ‘outsider’ and a ‘white’, middle-aged, English-speaking woman, need not be a constraint when speaking to young, ‘coloured’ Afrikaans-speaking children from really poor communities. Showing genuine interest in their lives, and listening intently, was all that was needed to open the floodgates for these three eight year olds to tell their stories! I was bowled over by what they had seen, experienced or witnessed and what they already knew about abuse and rape. I literally couldn’t get them to stop talking.

6.3.4.3 The question of continuity

I continually reflected on the fact that I sometimes only had a single session in which to counsel people. While a single session seemed more appropriate with regard to debriefing or crisis counselling (see section 4.4.4), it bothered me that in other cases where learners were referred to me by LSOs, I was not always able to counsel them in follow up sessions. In some cases, the LSOs ignored my requests to speak to someone again because they had more urgent new referrals for me. However, many more times, learners were just not at school (see section 5.1.2). I could not help but become aware of the enormous problem that schools in these communities confronted daily because of excessive
absenteeism from both learners and teachers. I also wondered what people's expectations were with regard to counselling as many seemed quite content with one conversation. I wrote the following in my research journal:

9 June 2002
I wonder if it is significant that one of the reasons I see these children so little is because they and the teachers and parents are so undemanding. Does this lack of demand come from not having resources? I understand that in some cases, if they are seen by a social worker or psychologist, it's only once a month.

The general perception that I had, that I might not have many more opportunities to have conversations with people who consulted me, influenced the way I practised as a counsellor on the Cape Flats. I would have liked to work more slowly and cautiously to build the alternative story (White 1992), but I tended to try and achieve as much as possible in one therapeutic conversation in case I did not have another opportunity in a follow up session. I still continue to question the benefits of this practice and wonder how much it has contributed to re-story their lives? I think the best I can wish for is that I have at least planted some seeds of hope in people's lives. I came to a similar conclusion a while ago when I wrote the following in my research journal:

6 May 2002
I realised that maybe I have to be satisfied with the same 'seed' metaphor that I used in conversation with Mandla (one of the LSOs I worked closely with), that I am not in a position to keep watering and fertilising the seeds I plant but maybe they will continue to grow, albeit very slowly and with difficulty.

6.4 Becoming a narrative pastoral therapist

Finally, I would like to reflect on how I have changed and what I learned about myself in the process of undertaking this study. Again I use the words of Barret (1999:197) with regard to my own experience of working with clients on the Cape Flats. She says: 'Just like the clients I work with, I had been changed forever – changed through the process of listening to them and being compassionately there for them in their most painful narratives.'

6.4.1 Developing my skills

Firstly, the way I saw myself in relation to my skills changed. As the study developed, so did my skills as a narrative pastoral therapist. I became increasingly more confident about my abilities as a counsellor.
I think I have always listened well but I also began to listen ‘for what is and can be, not just for what was and should be’ (Weingarten 1999:240). I also became more skilled at ‘deconstructive listening’ which Freedman and Combs (1996:46) describe as:

...guided by the belief that...stories have many possible meanings. The meaning a listener makes is, more often than not, different from the meaning the speaker has intended. We seek to capitalise on this by looking for gaps in our understanding and asking to fill in details, or by listening for ambiguities in meaning and then asking people how they are resolving or dealing with those ambiguities.

I became more convinced about the value of asking questions in therapeutic conversations and learned to ask questions that are deconstructive. White (1992:121) defines deconstruction as:

... procedures that subvert taken for granted realities and practices; those so called ‘truths’ that are split off from the conditions and the context of their production, those disembodied ways of speaking that hide their biases and prejudices, and those familiar practices of self and of relationship that are subjugating of persons’ lives.

When reflecting on my skills I wrote the following in my research journal:

17 May 2002
The questioning has also come quite easily now. Perhaps it is easier because I start from a genuine place of not knowing - that is because the context and the culture are all new to me instead of just assuming a 'not knowing position'. And of course it is the genuine curiosity which I have always had but did not know how to engage with respectfully. It’s this curiosity and genuine interest, that on the whole makes it easy to engage with people and they generally respond very positively.

While listening to people’s stories of trauma I became more and more conscious of the narrative therapy practice of listening for unique outcomes (White 1992) which would help in building the alternative story. I reflected on this in my research journal:

9 June 2002
I was thinking of what is different about the way I do things..... In all the gang related stories or the debriefing stories, the alternative story or counter plot is survival. The problem story is usually fear. In the traditional debriefing mode, one would talk about survival, but not in the narrative way, not thickening the plot with questions that bring out the detail. It’s the details that bring about the thickening. It’s the landscape of action and landscape of meaning questions. The special challenge of the trauma work I do is that I have to try and thicken the alternative plot in one session.

As discussed in section 6.3.4.3, I now question whether it is possible to thicken a plot in one conversation sufficiently to effect any real change although here, on the Cape Flats, it may be the only opportunity.
6.4.2 The effects of being witness

I think I have been a compassionate witness to the people who consulted me in the course of this study. Weingarten (2000) claims that compassionate witnesses to trauma assume risks. Elsewhere Weingarten (2002:6) cautions against burnout as ‘a result of cumulative workplace stress that occurs gradually over time and is characterised primarily by emotional exhaustion that may turn into physical, emotional, behavioural, interpersonal and work-related symptoms.’ Like Figley and Kleber (1995), Weingarten describes the symptoms of secondary traumatic stress or vicarious traumatisation or compassion fatigue as similar to those of the person directly traumatised. ‘There are feelings of helplessness and fear; lack of control and predictability; physiological arousal is high; may be avoidance, intrusive recollections, and isolating behaviour.’

There were times when I experienced symptoms of burnout and vicarious traumatisation as discussed in section 3.4. One of the steps I took to maintain a balanced lifestyle, which I hoped would mitigate against these effects, was to practise Tai Chi regularly. Another step I took was to keep a research journal. In addition to being a means to reflect on my own practice, it served as a valuable self debriefing tool. By this I mean it allowed me to unload emotions and think about the stories I had heard. As I have already indicated there were times when I felt quite overwhelmed. At these times I found myself struggling to concentrate and had a feeling of just wanting to shut off. I learned to recognise that some of these signs were in fact symptoms of vicarious traumatisation. When the symptoms made me feel quite desperate, I tried to arrange to see my supervisor, Elize. In my research journal I wrote:

23 May 2002
Today I had that over loaded feeling again. Not quite like at the end of that really tough week [referring to the week mentioned in section 4.3.1] but similar. I felt irritable, for example the phones all seemed to be ringing too loudly. It took me ages to get out of the call centre, when I finally did leave, I had to come back for my car keys. I discovered halfway through the day that I had forgotten to put make up on. It seems as though I really do need regular debriefing.

However, debriefing was not always possible and there were many more times when I felt overwhelmed but not desperate. It was on these occasions that I would just sit down at my computer and express my thoughts and feelings. This process of simply writing either stories or ideas seemed to free space in my head but it also allowed me to regain some of my emotional resources.

6.4.2 My own resilience and spirituality

‘A feminist theology of praxis is characterised by risk and requires stamina’ (Ackermann1998:89). Looking back I believe I did take real risks. In the beginning I had no way of knowing how I would be
received as an ‘outsider’, just going into schools felt risky. In relation to the high incidence of crime, particularly with regard to gansterism, I felt physically at risk, sometimes more than at other times. For example, when there were incidents of gang shooting and I could hear the guns firing (see section 4.3.1). At other times it was just a subliminal worry rather than fear, one which I worked hard at keeping at that level. I felt sure that if I allowed it to escalate into fear I would no longer be able to continue doing what I was doing. Although there were times when I felt exhausted I believe I also showed stamina, firstly by my ability to keep going out to schools that requested my help. Secondly, by my ability to engage in long informal conversations, with care and concern, with the many stressed and unsupported principals I encountered in the schools (see section 6.3.3), I also demonstrated my stamina by my ability to withstand the effects of the unpredictability which characterised most days for me. I never knew when I would be asked to abandon my plans to visit regular schools in favour of responding to a school in crisis.

Walsh (1999:23) says, ‘often, people who have had negative experiences of religion in childhood find ways of expressing their spirituality through communion with nature, creative writing, and activism.’ This rings true for me and I express my spirituality through communion with nature, practising Tai Chi and connecting with people. The strongest sense of spirituality I experience with regard to connecting with people is when I truly listen attentively. The moment which I choose to call ‘spiritual’ is best described by Heshusius (1995:118) when she writes of listening to someone fully attentive:

I feel quiet but very alive; completely attentive to the other. There is a sense of opening up. The self is forgotten; there is no ‘I’ with whom I am preoccupied or who is judging. I become something larger than myself – something that is, for that moment, undefined.

Finally I wish to conclude by saying I would like to think that my own ‘spiritual practice’ contains the following elements, if not always then most of the time:

Listening without my own agenda; opening myself to sorrow; finding connection in loss; attending to the present; resting within uncertainties; accepting fear; tending my relationship to aloneness; believing that there is always something that can be sustaining; working for a preferred identity; and relating intimately and collaboratively.

(Weingarten:1999:254)
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Appendix A – Information sheet and consent form

RESEARCH STUDY ON TRAUMA COUNSELLING IN SCHOOLS
INFORMATION SHEET FOR PARTICIPANTS

I am employed by the Western Cape Education Department. I am presently working as a trauma counsellor within the Safe Schools Programme. I am also engaged in a research study for the completion of my masters degree with the University of South Africa, in Practical Theology, specialising in Pastoral Therapy.

I have chosen for this study to look critically at my own developing practice as a counsellor/therapist. The aim of the study is: to explore a narrative pastoral therapy approach to trauma counselling in schools; to document my own learning process in this regard and to empower trauma victims to separate themselves from the trauma and challenge its effects. I am hoping that by looking critically at my own practice, I will improve the assistance I offer as a counsellor/therapist and thereby benefit those who consult with me.

This study will be published in the form of a report. I will be working with Dr Elmarie Kotzé of the Institute for Therapeutic Development as my supervisor.

Consulting with you has been important in my own learning. Thank you for participating in this study.

Lynn Wilkinson
(Cell) 083 4610313
CONSENT FORM FOR PARTICIPANTS

I understand the aim of the study.

I have read a draft of my story and have been given the opportunity to comment and suggest changes.

I hereby give consent for my story to be used in the final report, provided that my confidentiality is respected.

This means that obvious identifying information about me, such as names of people and places will be changed to ensure my anonymity.

My own name will be replaced with ...............................................................

Name: ...........................................................................................................

Signed: ...........................................................................................................

Date: ............................................................................................................
Appendix B – Lifestyle balancing activities

Practising Lifestyle Balance
There are many ways to restore lifestyle balance, and keeping track of and making progress with as many of the following changes is a good way to regain balance after having been exposed to or witnessed cumulative traumatic experiences:

Physical Self-Care

- Eat regularly (eg. breakfast, lunch, dinner)
- Eat healthily
- Exercise
- Get regular medical care for prevention
- Get regular medical care when needed
- Take time off when sick
- Get massages
- Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun
- Take time to be sexual--with yourself, with a partner
- Get enough sleep
- Wear clothes you like
- Take vacations
- Take day trips or mini-vacations
- Make time away from telephones

Psychological Self-Care

- Make time for self-reflection
- Have your own personal psychotherapy
- Write in a journal
- Read literature that is unrelated to work
- Do something at which you are not expert or in charge
- Decrease stress in your life
- Notice your inner experiences -- listen to your thoughts, judgements, beliefs, attitudes, and feelings
- Let others know different aspects of you
- Engage your intelligence in a new area, eg. go to an art museum, history exhibit, sports event, auction, theatre performance
- Practice receiving from others
- Be curious
- Say no to extra responsibilities sometimes
Emotional Self-Care

- Spend time with others whose company you enjoy
- Stay in contact with important people in your life
- Give yourself affirmations, praise yourself
- Find ways to increase your sense of self-esteem
- Reread favourite books, re-view favourite movies
- Identify comforting activities, objects, people, relationships, places, and seek them out
- Allow yourself to cry
- Find things to make you laugh
- Express your outrage in social action, letters, donations, marches, protests
- Play with children

Spiritual Self-Care

- Make time for reflection
- Spend time with nature
- Find a spiritual connection or community
- Be open to inspiration
- Cherish your optimism and hope
- Be aware of nonmaterial aspects of life
- Try at times not to be in charge or the expert
- Be open to not knowing
- Identify what is meaningful to you and notice its place in your life
- Meditate
- Pray
- Sing
- Spend time with children
- Have experiences of awe
- Contribute to causes in which you believe
- Read inspirational literature (talks, music, etc.)

Appendix C – Handouts for schools

NORMAL RESPONSE TO TRAUMA

Most children and adults experience normal stress reactions for several days or even a few weeks after the incident. Below is a list of common reactions to trauma. Remember these are normal responses to an abnormal situation.

<table>
<thead>
<tr>
<th>EMOTIONAL RESPONSE</th>
<th>COGNITIVE REACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shock</td>
<td>confusion</td>
</tr>
<tr>
<td>Fears</td>
<td>disorientation</td>
</tr>
<tr>
<td>Grief</td>
<td>difficulty making decisions</td>
</tr>
<tr>
<td>Anger</td>
<td>shortened attention span</td>
</tr>
<tr>
<td>Guilt</td>
<td>difficulty concentrating</td>
</tr>
<tr>
<td>Shame</td>
<td>forgetful</td>
</tr>
<tr>
<td>Helplessness</td>
<td>unwanted memories or flashbacks</td>
</tr>
<tr>
<td>Feeling numb</td>
<td>self-blame</td>
</tr>
<tr>
<td>Feeling empty</td>
<td></td>
</tr>
<tr>
<td>Generally disinterested</td>
<td></td>
</tr>
<tr>
<td>Reduced feelings of pleasure or love</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICAL REACTIONS</th>
<th>INTERPERSONAL REACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>tension</td>
<td>sense of distrust</td>
</tr>
<tr>
<td>fatigue or tiredness</td>
<td>conflict</td>
</tr>
<tr>
<td>edginess</td>
<td>withdrawal</td>
</tr>
<tr>
<td>insomnia or disturbed sleeping patterns</td>
<td>work or school problems</td>
</tr>
<tr>
<td>bodily aches or pain</td>
<td>irritability</td>
</tr>
<tr>
<td>being easily startled</td>
<td>loss of intimacy</td>
</tr>
<tr>
<td>racing heartbeat</td>
<td>being over controlling</td>
</tr>
<tr>
<td>nausea</td>
<td>feeling rejected or abandoned</td>
</tr>
<tr>
<td>change in appetite</td>
<td></td>
</tr>
</tbody>
</table>

What you can do to cope?

- Spend time with other people. Coping with stressful events is easier when people support each other.
- If it helps, talk about how you are feeling. Be willing to listen to others who need to talk about how they feel.
- Get back to your everyday routines. Familiar habits can be very comforting.
- Take time to cry if you need to. It can help to let feelings out instead of pushing them away or hiding them.
- Ask for support and help from your family, friends, colleagues, church, or other community resources.
- Set small goals to tackle big problems. Take one thing at a time instead of trying to do everything at once.
- Eat healthy food and take time to walk, stretch, exercise, and relax, even if just for a few minutes at a time.
- Make sure you get enough rest and sleep. People often need more sleep than usual when they are very stressed.

When should a person seek more help?

Some people take longer to recover than others. Sometimes people need extra help to deal with a traumatic event and need professional help. A person may need extra help coping if a month or more after the incident he or she:

- Still feels very upset or fearful most of the time
- Acts very differently compared to before the trauma
- Can’t work or take care of kids or home
- Has important relationships that are continuing to get worse
- Uses drugs or drinks too much
- Feels jumpy or has nightmares a lot
- Still can’t stop thinking about the incident
- Still can’t enjoy life at all

Handout 1: prepared by Lynn Wilkinson: Safe Schools. Contact number: 0800 454647

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SOME COMMON REACTIONS OF CHILDREN TO TRAUMA
Adapted from: (Dewolfe, 2001; Pynoos & Nader, 1993).

Young Children (1-6 years)
- Helplessness and passivity; lack of usual responsiveness
- Generalised fear
- Heightened arousal (over excited) and confusion
- Cognitive confusion (confused thinking)
- Difficulty talking about event; lack of verbalisation
- Difficulty identifying feelings
- Nightmares and other sleep disturbances
- Separation fears and clinging to caregivers
- Regressive symptoms (e.g. bedwetting, loss of acquired speech and motor skills)
- Inability to understand death as permanent
- Anxieties about death
- Somatic symptoms (e.g. stomach aches, headaches)
- Startle response to loud or unusual noises
- "Freezing" (sudden immobility of body)
- Fussiness, uncharacteristic crying, and neediness
- Avoidance of or alarm response to specific trauma-related reminders involving sights and physical sensations

School-aged Children (6-11 years)
- Feelings of responsibility and guilt
- Repetitious traumatic play and retelling
- Feeling disturbed by reminders of the event
- Nightmares and other sleep disturbances
- Concerns about safety and preoccupation with danger
- Aggressive behaviour and angry outbursts
- Fear of feelings and trauma reactions
- Close attention to parents' or teacher's anxieties
- School avoidance
- Worry and concern for others
- Changes in behaviour, mood, and personality
- Somatic symptoms (complaints about bodily aches and pains)
- Obvious anxiety and fearfulness
- Withdrawal
- Specific trauma-related fears; general fearfulness
- Regression (behaving like a younger child)
- Separation anxiety
- Loss of interest in activities
- Confusion and inadequate understanding of traumatic events (more evident in play than in discussion)
- Unclear understanding of death and the causes of "bad" events
- Giving magical explanations to fill in gaps in understanding
- Loss of ability to concentrate at school, with lowering of performance
- "Spacey" or distractible behaviour

Handout 2 prepared by: Lynn Wilkinson - Safe Schools. Contact number: 0800 454647
SOME COMMON REACTIONS OF ADOLESCENTS TO TRAUMA

Pre-adolescents and Adolescents (12-18 years)

- Self-consciousness
- Life-threatening re-enactment
- Rebellion at home or school
- Abrupt shift in relationships
- Depression and social withdrawal
- Decline in school performance
- Trauma-driven acting out, such as with sexual activity and reckless risk taking
- Effort to distance oneself from feelings of shame, guilt, and humiliation
- Excessive activity and involvement with others, or retreat from others in order to manage inner turmoil
- Accident proneness
- Wish for revenge and action-oriented responses to trauma
- Increased self-focusing and withdrawal
- Sleep and eating disturbances, including nightmares

Adapted from: Dewolfe, 2001; Pynoos & Nader, 1993.
Appendix D – Original letter to Margaret

20 Maart 2002

Lieve Margaret,

Verskoon my Afrikaans asseblief, dit is baie lang laas dat ek Afrikaanse geskryf het. Die brief is seker vol 'mistakes'.

Nadat ek vir jou en Alice die eerste keer ontmoet het, het ek baie aan julle gedink, ‘especially’ hoe julle mekaar ondersteun het teen die geskel, gevloek en geslaan. Ek was so vebaas toe ek weer met Alice praat om te hoor dat julle twee, na al die jare, saam polisie toe was en ‘n ‘interdict’ teen jou man uitgeneem het. Ek het gewonder wat jou die ‘courage’ gegee het om dit nou reg tekry?

Alice het gese dat die nagmerie nou verby is, maar sy was nog a bietjie angstig oor hoe jou man sal riageer vaneer hy die interdict van die polisie kry. Dit klink asof dit nie so goed gegaan het nie. En die ‘abuse’ het weer begin na ‘n paar dae. Alice het vir my vertel van die pilie drink en hoe jy in die hospitaal beland het. Ek is baie jammer oor die onreg wat aan jou en jou familie gedoen is. Alice was baie bekommerd oor jou. Ek wonder hoe jy dit reg gekry het om vir haar so duidelik te kan se, terwyl jy so sleg gevoel het, om vir die polisie te bel. Was dit alweer die liefde en sorg, wat in die verlede, jou kinders so sterk by gestaan het? Did lyk vir my asof jy nog aan jou familie gedink het al die time abuse jou amper laat opsing. Alice het gese dat jou man nou baie rustiger is, na die drie dae in die tronk.

Margaret, ek het vir NICRO gebel en met iemand daar gepraat. Sy gaan a nuwe groep in April begin en ek het vir haar jou naam en adres gegee. Sy sal vir jou a brief stuur om jou na die groep te nooi.

Hou moed en onthou jy en Alice het al bewys dat julle baie sterk teen die 'abuse' is as julle by mekaar staan.

Beste groete,

Lynn