

SOCIAL SUPPORT AND DEPRESSION IN WOMEN:

A CONSTRUCTIVIST APPROACH

by

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submitted in fulfilment of the requirements

for the degree of

MASTER OF ARTS

in the subject

PSYCHOLOGY

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: PROF C MOORE

NOVEMBER 1996

ABSTRACT

The purpose of this study is to tell the story around the roles of relationships in the world of depressed women.

The epistemological framework of this study is constructivism. This study involved a series of in-depth interviews with three depressed women who had young children. Hermeneutics was the method used to analyse the data.

The stories of the participants were recounted through the researcher's lens in the form of themes that emerged. The specific ways each participant tried to cope, and the emerging processes from the researcher's perspective as to what she believed was helpful or unhelpful to the participants, in addition to what the participants themselves regarded as helpful, was discussed. Recurring themes evident in the stories of all three participants were elucidated in the story of the stories.

The information gained could serve as guidelines to those working with depressed people from a Western and an African context.

Key words: Depression, depression in women, social support, relationships, social context, Western and African context, constructivism, qualitative research, hermeneutics, stories.

ACKNOWLEDGEMENTS

My grateful thanks to:

Professor Cora Moore, my supervisor, colleague, and friend. Thank you for your patience and encouragement, and for continually challenging me to new heights. I was also most thankful for your suggestions regarding the sequencing of the material when I could not see the wood for the trees.

Maryna Haumann, for your willingness to type the final corrections.

Claudette Nöthnagel, for the technical guidance.

James Kitching, for your helpfulness in providing the information that I needed from the library.

Sylvia, Mapule and Edith, the three participants in this study. Thank you for sharing a part of your lives with me, and for making this study possible.

My friends who introduced the participants to me.

Louis, my loving and supportive husband, who was always there to urge me on when I felt tired and discouraged. I am especially appreciative of your help in the home and for your assistance in checking the references, and in editing my work.

Grant and Andrew, my two sons, for your interest, and your emotional and practical support.

My parents, Emma and Ivan Boughton, and my sister, Pam Arthur, for your faith in me, and your interest and encouragement.

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CHAPTER 1

INTRODUCTION

General Introduction

No man is an *lland*, intire of itself; every man is a peèce of the *Continent*, a part of the *maine*; if a *Clod* bee washed away by the *Sea*, *Europe* is the lesse, as well as if a *Promontorie* were, as well as if a *Mannor* of thy friends or of *thine owne* were; any mans *death* diminishes *me*, because I am involved in *Mankinde*.

John Donne

[from *Devotions upon Emergent Occasions*, 1624]

In this short excerpt, Donne reflects on the relational nature of people and the importance of relationships in the social world. In essence, Donne refutes the notion of the non-relational individual for he believes that every person is in fact connected in some way to others. The implication is that a person is affected by and at the same affects those with whom he or she is in relationship. A person exists in a world of others. Furthermore, because of the interconnectedness of people, if any one person should suffer, or become disconnected in any way from others, the whole of mankind suffers and becomes the poorer because of it. He also emphasises that connectedness to others is not a passive but an active enterprise. Persons actively contribute to their social world by initiating and maintaining bonds with their fellow beings.

In this study, participants are viewed as relational beings existing within their social worlds. They are always in the process of influencing or being influenced by others. Thoresen (1988) believes that a focus on individuals as autonomous and self-contained severs them from their context. They are therefore not regarded apart from their contexts.

Relationships are regarded as important and form the context for both depression and social support. Depression is inextricably interwoven with the participants' relationships which may or may not be supportive. Depression is thus seen as a metaphor about relationships on a micro-level, as well as a macro-level.

Different models use different lenses to explain and treat depression. The questions that are asked limit or facilitate the information that is sought. For example, psychodynamic theorists focus on intrapsychic factors, behaviourists stress situational factors, and cognitive theorists focus on a person's cognitions. The many theoretical approaches to depression reflect diverse ways of *explaining* aspects of depression in individuals. The more traditional approaches tend to view depression as if it existed in an objective sense. However, according to the constructivist approach followed in this study a subjective stance is assumed. What is seen from within the system itself is described and the focus is on the way that a person creates his or her own reality within his or her social or cultural context.

In approaches where the emphasis is on the individual, despite the implicit belief in the interconnectedness of people, the research and therapeutic focus has remained on the individual as the locus of pathology. It is the individual who is regarded as "sick", who exhibits symptomatic behaviour and dysfunctions, and who receives treatment so that he or she may be "cured" (Sirkin, 1992, p. 212). The individual has to bear sole responsibility for his or her pathology and for his or her recovery whilst the contributions from other sources are largely ignored. A label, which signifies a particular pathology, is usually ascribed to an individual who exhibits certain symptoms (Keeney, 1979).

However, with the advent of family dynamics research and family therapy, the focus shifted from the individual to the system. The systemic approach views the individual in his or her family and group contexts (Sirkin, 1992). The system is seen as "a totality each member sharing in the responsibility for maintaining the symptomatic behav

(Sirkin, 1992, p. 213). One of the implications of this stance is that the "sick" person is not blamed for his or her pathology because responsibility is shared, and a second implication is that the system, rather than the individual, is regarded as dysfunctional. The individual was thus replaced by the system, and it was the system that was now seen as "causing" the pathology. Doherty (1991, p. 39) believes that the early family theories focused on the family to the exclusion of "the impact of societal and historical forces on family behavior".

The stage was set for the ecosystemic approach which is based on general systems theory, cybernetics and ecology. This approach focuses on the individual within his or her context, and includes the therapist, or researcher, in the description of the system. Constructivism, which focuses on how a person perceives or makes sense of his or her world and how his or her views are informed by his or her social and cultural context, underlies this approach. Thus family therapy evolved from a family systems to a problem systems model, which includes all those in dialogue about the problem. In this latter model, the problem is viewed as creating the system as opposed to the system creating the problem (Hoffman, 1990). Individuals cannot be adequately understood by isolating them from their context. They interact within a context which needs to be taken into account, Depression can only be fully described from this wider perspective. It occurs in a social context and it is this context that needs to be discussed. In this study, this stance will be adopted.

Definitions of Terms

In what follows the terms **depression**, **social support**, and **constructivism** are defined as these definitions provide the context for this study.

Depression

From a traditional viewpoint, depression may refer to "a brief negative mood, an interrelated set of symptoms and experiences, and a medically-defined syndrome" (Gottlib & Hammen, 1992, p. 2). Core symptoms of depression include experiential and subjective distress which are characterised by among other things, sadness, feelings of helplessness and hopelessness, low self-esteem, irritability, specific physical symptoms and interpersonal difficulties. It is considered to be the most prevalent of the psychological disorders (Paykel, 1991). Research has indicated that there is a higher incidence of depression among women than men, the ratio of women to men being 2:1 (Paykel, 1986; Ridsdale, 1986; Webster, 1990). Women are therefore considered to be at higher risk of developing depression than men (American Psychiatric Association, 1987; Jack, 1987; Nolen-Hoeksema, 1987), and in particular, mothers of young children are considered to be an especially vulnerable group (Paykel, 1991; Weissman & Klerman, 1977).

In this study, depression is viewed from a constructivist viewpoint according to which depression does not exist in an objective sense (Fourie, 1994) but refers to behaviour that is given meaning and is co-created in language (Anderson & Goolishian, 1988).

Social Support

There is no consensus on a definition of social support. Social support can refer to the "positive, potentially health promoting or stress-buffering, aspects of relationships" (House, Umberson & Landis, 1988, p. 302). According to this view, the receipt of social support is believed to lead to a person feeling cared for, respected, and involved, and linked to positive affect, life satisfaction and happiness (Gannon, Vaux, Rhodes & Luchetta, 1992).

Social support thus serves to buffer stress, or directly influences well-being. However, it may also have no effect, and social involvement may even produce negative effects. According to Rook (1990), strains parallel support in social interactions, and Coyne and Bolger (1990) maintain that it is the absence of social stress rather than the presence of support that is health promoting and beneficial to the person (Gannon et al., 1992). Nonetheless, if a person lacks close ties or a confidant, it usually signals some form of difficulty (Robertson, 1988).

Social support can therefore best be regarded as a multifaceted construct. Previously, social support was studied in a unidirectional way, as a provision of the social environment to the person (Newcomb, 1990b), which epitomises a linear approach. However, it is presently regarded as a process that occurs between the individual and the environment. Hobfoll and Freedy (1990, p. 91) regard it as a "product of complex personal, social and environmental factors". In much the same vein, Sarason, Pierce and Sarason (1990), view social support as the product of the interaction between personality characteristics, interpersonal relationships, and the situations that stimulate supportive efforts, and Koeske and Koeske (1990) regard social support as a resource made available through interrelating with significant others.

In this study, people are considered relational beings existing in a social context which influences the way that they think about their worlds. How their experience of depression is connected to these relationships, will be discussed. The nature of their relationships and whether they perceive these relationships as supportive and beneficial, or as intrusive and negative, will also be highlighted.

Constructivism

Constructivism refers to the process by which reality is *created* by the observer. What is observed is given meaning by the observer and it is in this sense that we can say

that reality is created. The constructivist speaks about an "invented reality". If two or more observers agree on an observation they have co-constructed their reality (Hoffman, 1990; Von Glasersfeld, 1984). However, constructivism should not be confused with solipsism which implies the belief that "anything goes" (Fourie, 1994). A co-constructed reality exists in the domain of shared meanings which Maturana (1975) calls a "domain of consensus" and Bateson (1972) an "ecology of ideas". These shared meanings cannot be just anything. They need to fit with the ideas of both researcher and participants, which have been informed by the ideas from the social and cultural context. The implication of this approach is that each person has a unique way of constructing the world which *is* his or her reality and which is valid for him or her. This frees the researcher from having to decide on whether the participant's reality is "correct" or "false".

In this study, the assumption is that the researcher as well as the three participants have their own ways of viewing and making sense of their worlds. The researcher as well as the participants bring their own realities into the research context. The researcher tries to understand the participants' worlds from their points of view and to listen to the dominant discourses. In other words, she shares in the participants' meanings and in the meanings that contain the problem. In interaction, through conversation, the researcher also offers her meanings and alternative constructions. Because realities are constructed linguistically, they can be de-constructed in language (Hoffman, 1990). In other words, if meaning is created or constructed in language, it can be de-constructed and a new reality or meaning can be created (Fourie, 1994). The researcher and participant are then able to re-construct or co-create a different reality in language. This new or alternative reality provides a different context to the one where the meanings around a problem was central. This approach therefore offers many different possibilities for change.

Aim and Rationale of the Study

As will become clear in chapters 2, 3, and 4 of this study where a literature survey is provided, *depression in women* and *social support* have been studied extensively, and there is a wealth of literature on these subjects, especially within a Western context. There are also a number of studies on *depression and social support*, and on depression within specific contexts, such as the parenting context. Within a South African context, studies have been conducted on depression in the elderly, in adolescents, and in children, on postpartum depression, and the correlates of depression, using different population and gender groups. However, surprisingly little research has been conducted on *social support and depression in women* within the South African context.

As was stated in the discussion of the term depression earlier on in this chapter, the research literature indicates that women have a greater likelihood of developing depression than men, and women with young children are an especially vulnerable group. Therefore this was the group that was targeted for this study.

Although recent findings have indicated that depression in men is on the increase, men were excluded from this study for several reasons. Firstly, qualitative research, which favours small samples, is time consuming, and this study would have become unwieldy if men were included. Secondly, the world of men differs markedly from the world of women. Thirdly, the researcher is a woman and therefore her interest lay in women's views of their experiences within their worlds.

Considering the prevalence of depression among women, the information obtained in this study will be invaluable to those who deal with depressed women.

In addition, an African world view needs to be considered. Research traditionally has adopted a eurocentric approach. The information gained in this respect will also be of value to those working with depressed African women.

The *aim* of this study therefore is *to tell the story around the roles of relationships in the world of depressed women*. This will include an evaluation of the supportive aspects of relationships. The interaction process itself that occurs between researcher and participants, is assumed to reflect the participants' unique patterns of interaction. This process is enlightening because it provides information about the way participants in this study interact and the effect they have on others, including the researcher. The researcher forms a relationship with participants, and this relationship, in itself, is a form of support and is thus seen to be of therapeutic value.

It is hoped that this study will make a valuable contribution to research in the area of depression in women and will be of particular value to those having to deal with depressed women. More specifically, it is hoped that the study will contribute towards filling the existing gap in the knowledge of how South African women experience depression within their relationships embedded as they are within the cultural context.

Design of the Study

A positivistic-empiricist approach underlies most studies of depression in women and "male" norms have been used as the standard against which depressed women have been assessed. From this stance, depression is viewed as having an objective existence with the person and this idea led many researchers to ignore the context in which depression manifested itself. This approach, however, failed to acknowledge that men and women not only perceive the world differently but in fact see different worlds. Many of the standards and criteria in our male-dominated culture are at variance with women's experiences. Power has been conferred on males "to define and interpret not only themselves

females as well" (Callaway, 1981, p. 460). In effect, the autonomy of the female has been advocated and yet denied in our culture, and woman's relational self has been prescribed or encouraged, and yet undermined. Women thus find themselves in a double bind. The expectations of the dominant male culture have therefore ensured the perpetuation of the subjugation of women.

This study will attempt to move away from a traditional approach to depression in women, and to see the world from a woman's perspective, and in particular a depressed women's perspective. Recently, the focus has turned to the women themselves as being in the best position to describe their experiences within the contexts in which depression occurred. It is the voices of depressed women that need to be heard and for us to hear how they make sense of their world (Jack, 1991).

It seemed appropriate therefore to use a qualitative research approach so that a rich description of women's experiences from their viewpoint could be provided. The emphasis will be on how participants construct social meaning which is considered to be idiosyncratic to the person and is consistent with storytelling.

Research of this nature can lead to personal growth in the researcher as well as in the participants. Meanings are shared and new meanings become possible and are co-created by researcher and participants. The relationship that develops between the researcher and the participants allows participants to experience relating to a person in a new and different way. The participants and the researcher cannot but be affected by the encounter.

This approach is a humble approach. It recognises depressed women as the "experts" in the field of depression, and the researcher is viewed as the "learner". The researcher needs to be humble because she can only be aware of a fragment of the system with which she is interacting and will always only have an incomplete view.

According to Keeney (1982, p. 15), “any attempt to ‘know’ the answer involves translating it into the left-brain manipulative side”.

The generation and articulation of themes, idiosyncratic to the individual participant, as well as common themes, will provide an alternative reality to the traditional way of viewing depression and will provide alternative possibilities for intervention on different levels.

Sampling and Selection

In this study, sampling will be purposive – unique-case and convenience selection will be used. Participants will be selected who can provide rich descriptions of the subject under study, that is, of their depression in the context of their relationships. The sample will comprise three women who perceive themselves to be suffering from depression.

Data Collection

Personal data will be obtained from a personal data form. The unstructured interview, or conversation, will be the method used to obtain information. Questions will tend to be open-ended and discovery-oriented. Participants will be encouraged to tell their stories.

Data Analysis

An interpretive method, hermeneutics, which emphasises interpretation and the discovery of meaning, will be used to analyse the data.

The following sequence will be followed in the execution of this study:

- Firstly, participants in this study will be interviewed over a period of time. The interviews will be tape recorded after written permission is obtained from participants.
- Thereafter the tape recorded interviews will be transcribed.
- Then a summary of all the interviews of each participant will be made. These summaries or stories of the participants are to be found in the appendix.
- Then a story will be written around the role of relationships in the world of each of the depressed participants. Patterns and themes will be identified and discussed by the researcher who is also part of the system containing the participant. How the participants tried to cope, and the degree to which the researcher perceived her relationship with each of the participants as helpful, or unhelpful, as well as the participants' perceptions of what they found helpful, will also be discussed.
- This will be followed by the researcher's story of the stories, which discusses the recurring themes found in the different stories of participants, as well as how they tried to cope, and the processes that proved helpful or were unhelpful.
- Finally, a comparative analysis will be undertaken in order to integrate the findings from previous research with the themes that were articulated in this study.

Format of the Study

This study will comprise both a literature survey and a practical component.

One of the aims of a literature survey in traditional research is to generate hypotheses (Neuman, 1994). This goal is inconsistent with the constructivist approach. In this study, however, the literature survey represents an exploration of the existing body of knowledge in the fields of depression, depression in women, and social support, in order to give the reader a background of the research in these areas. It will be offered as an

alternative voice with which the emerging themes can be compared. However, its purpose is not to find validation for the themes that emerged. The purpose of the literature survey will be to offer what Coale (1992b, p. 14) calls "many truths". A both/and perspective is therefore advocated. Constructivism will also be described fully.

The purpose of the practical component will be to give depressed women a voice to tell their story from the inside as it were. This perspective will provide a different and alternative reality to that provided by the literature survey. Thus different realities or meanings can co-exist.

This study will comprise the following chapters:

Chapter 2 will discuss depression in general. Depression will firstly, be discussed within the context of the medical model which will focus on the different types of depression and the characteristics that identify each type. Secondly, a discussion will follow of the relationship between depression, and physical symptoms and medical conditions, personal characteristics, cognitive factors, social functioning, and life events.

Chapter 3 will focus on depression in women. Biological factors, psychological factors, cognitive factors, and social factors will be discussed in this chapter.

Chapter 4 will discuss social support within the context of an ecological model. Support network resources, supportive behaviour, and appraisals are the processes of social support that will be described. This will be followed by a discussion on person factors, and social ecological, or social context factors,

Chapter 5 will discuss constructivism which is the theoretical approach of this study. A brief historical overview will be given tracing the changes from the Cartesian-Newtonian

approach to the constructivist approach. The shifts in constructivist thinking will also be discussed.

Chapter 6 will discuss the research approach of this study. This study is a qualitative research approach and the method of analysis is hermeneutics.

Chapters 7, 8, and 9, will contain the researcher's stories of each of the participants' individual stories. Themes will be articulated, how participants coped and what was regarded as helpful or unhelpful in the participant-researcher relationship, will also be discussed.

Chapter 10 will contain the researcher's story of the stories where recurring themes will be abstracted, and participants' attempts to cope, as well as common processes that are regarded as helpful or unhelpful, will be elucidated.

Chapter 11 will contain the comparative analysis between the recurring themes that were articulated, and the literature survey.

Chapter 12 will be the concluding chapter. The study will be evaluated and recommendations for future research will be made.

Conclusion

Very little attention has been paid to the experiences of depressed women who have young children within the context of their relationships in South Africa. Therefore, this study, employing a qualitative method based on constructivism, will attempt to address this shortcoming.

CHAPTER 2

DEPRESSION

Introduction

In this chapter, the discussion of depression represents the existing body of knowledge within the field. It will be discussed within the context of the medical model which will focus on the different types of depression and the characteristics that identify each type. A discussion will follow of the physical symptoms and medical conditions, personal characteristics, cognitive factors, social functioning, and life events, which are associated with depression.

Depression is the most prevalent of the psychiatric disorders (Paykel, 1991). Depression may refer to "a brief negative mood, an interrelated set of symptoms and experiences, and a medically-defined syndrome" (Gotlib & Hammen, 1992, p. 2).

Normal Depression

Depression of mild intensity is a common human emotion and is usually a consequence of recent stress. Most people therefore have some basis for understanding something about depression. This emotion may fulfil an adaptive function in the sense that it helps people to move on – to move from where they were stuck to a newer perspective with diverse possibilities (Carson & Butcher, 1992)

According to Carson and Butcher (1992), normal depression may be precipitated by personal, economic, or relationship losses. It is characterised by weeping spells, disinvolvement with life, disinterest, fantasising about the former state (before the experience of loss), and a sense of hopelessness. Normal depression can also be experienced by those who are under stress due to sustained effort or anticipation, and who experience a feeling of let down shortly thereafter, possibly because reality never quite matches expectations. Normal depression can also involve the following

psychological variables – dependency (a feeling of needing others), self-criticism (whereby the depressed person exaggerates his or her faults and engages in self-devaluation), and inefficacy (the sense that events in the world are independent of his or her efforts). Normal depression is usually transitory and the person recovers spontaneously after a limited time. However, it may develop into a depressive disorder.

Case File

From Mood Disturbance to Mood Disorder

The more severe forms of mood disorder are obvious even to the layman. However, it is difficult in practice to decide when *mood disturbance* (normal depression) becomes *mood disorder* because the boundaries between the two may overlap.

Mood disorders may be differentiated in terms of severity (the number of dysfunctions and relative degree of impairment), type (depressed, manic, or mixed), and duration (acute, chronic or intermittent).

By acknowledging that depression of differing degrees of severity exists (mild, moderate, and severe) a continuum is implied. The scores that subjects obtain on depressive symptom measures, also suggest that it is "a continuous, quantitative dimension" (Gotlib & Hammen, 1992, p. 6). However, subjects may differ not only in terms of their scores but in terms of other characteristics as well (Gotlib & Hammen, 1992). There are therefore qualitative differences between mild and severe forms of depression (Gotlib & Hammen, 1992; Maddever & Calhoun, 1986; McGrath, Keita, Strickland & Russo, 1990).

In addition, within the various categories of depression (to be discussed below), there might also be differing degrees of severity. For example, normal depression may be mild, moderate or severe.

According to Gotlib and Hammen (1992), most depressive episodes are time-limited, the period of time depending on the nature and severity of the episode.

Depression often recurs and becomes chronic, and therefore should not be considered a benign disorder. According to Lewinsohn, Hoberman and Rosenbaum (cited in Gotlib & Hammen, 1992), it would appear that the strongest predictor of depression is past depression.

Depression is classified as a *Mood disorder* in the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, fourth edition, 1994).

Table 1

Types of Depressive Disorders:

DIAGNOSTIC CATEGORIES	MAJOR CATEGORY	DIAGNOSTIC SUBTYPE
<p>Mood disorders - persistent and intense positive or negative emotion over time which is clearly maladaptive.</p>	<p>Depressive disorders - the essential feature is the presence of one or more periods of depression without a history of either manic or hypomanic episodes.</p> <p>Bipolar disorders - the essential feature is the presence of one or more manic or hypo-manic episodes (usually with a history of major depressive episodes).</p>	<p>Major depressive disorder - one or more major depressive episodes. Dysthymia - a history of depressed mood for at least 2 years. Depressive disorder NOS (not otherwise specified)</p> <p>Bipolar disorder I - one or more manic episodes or mixed episodes. Bipolar II disorder - one or more major depressive episodes accompanied by at least one hypomanic episode. Cyclothymia - numerous hypomanic symptoms and numerous periods with depressive symptoms. Bipolar disorder NOS (not otherwise specified) - residual category that includes disorders with bipolar features that do not meet criteria for any specific bipolar disorder.</p> <p>Mood disorder due to a general medical condition</p> <p>Substance-induced mood disorder</p> <p>Mood disorder NOS</p>

	Schizoaffective disorder - at some time in the disturbance there is either a major depressive or manic syndrome concurrent with symptoms that meet certain criteria of schizophrenia	
Adjustment disorders - a maladaptive reaction to an identifiable psychosocial stressor	Adjustment disorder with depressed mood	
Personality disorders	Dependent personality disorder - frequently complicated by depressive disorders.	
Conditions not attributable to a mental disorder	Uncomplicated bereavement	
	Dementia with depressed mood	

Only the following depressive disorders from the above list will be discussed; the depressed phase of cyclothymia, dysthymia, adjustment disorder with depressed mood, the depressed phase of bipolar depression and major (unipolar) depression.

Cyclothymia and Dysthymia

In accordance with the DSM-IV, the characteristic features of the *depressed phase of cyclothymia* (mood swings between a relative excess of elation and depression), and *dysthymia* (depressed mood) are the following: the person feels dejected and is unable to derive pleasure or interest in his or her usual activities or pastimes. During periods of depressed mood, at least two of the following additional symptoms need to be present: poor appetite or overeating; changes in sleep patterns; low energy or fatigue; low self-esteem; poor concentration or difficulty making decisions; and feelings of hopelessness. Self-criticism may also be present. Symptoms are chronic and need to be present over a period of two years in order for the diagnosis to be made according to the DSM-IV. Failure to recognise that these symptoms are related to depression, could lead to their chronicity.

Adjustment Disorder with Depressed Mood

According to the DSM-IV, the same symptoms (as previously discussed) apply to *adjustment disorder with depressed mood*. It is behaviourally indistinguishable from dysthymia. Symptoms are, however, of shorter duration (not exceeding six months in duration) and there is usually an identifiable stressor (within three months prior to the onset of depression) in the person's life. This last point is arbitrary as an identifiable stressor may precipitate depressions of different types and levels of severity. The depressed person so categorised, experiences impaired social or occupational functioning. The stressor may not be perceived to be serious enough to warrant the depressed person's reactions, in some cases.

It should be noted that anxiety almost always accompanies depression (Carson, Butcher & Coleman, 1988).

Major (Unipolar) and Bipolar Depressions

The most severe forms of depression involving pervasive personality breakdown or loss of contact with reality, are *unipolar (or major)* (severe depression) and *bipolar depressions* (mood swings alternating between extreme elation and depression), which have a biological component and may be accompanied by extreme or psychotic phenomena. Depressive illness is "conceptualised as the final common pathway of various interlocking processes at chemical, experiential, and behavioural levels that...translate into a functional impairment of the diencephalic centers of reinforcement" (Akiskal & McKinney, 1975, p. 300). Major depression and the depressed phase of bipolar depression are characterised by marked sadness or loss of interest in nearly all activities. The individual should also experience at least four of the following symptoms: decreased appetite and significant weight loss; fatigue, insomnia or hypersomnia; decreased energy; anhedonia: diminished cognitive capacity (difficulty thinking, concentrating, or making decisions); self-denunciation leading to feelings of worthlessness and guilt which are disproportionate to any past

behaviour. The following symptoms also apply: psychomotor retardation or agitation, and thoughts which are preoccupied with death and suicide. These symptoms need to be present every day and most of the day for at least two weeks in order for the diagnosis to be made in terms of the DSM-IV. Significant distress or impairment in social, occupational, and other important areas of functioning are concomitants of the episode. Major depression may be a single episode or recurrent. Psychotic features (delusions, hallucinations, or depressive stupor) which are normally mood congruent may also be present, that is, delusions or hallucinations may involve themes of personal inadequacy, guilt, deserved punishment, death, disease and so on (Carson & Butcher, 1992). Major depression might co-exist with milder forms of depression. In addition, it should be noted that it may not necessarily be a disorder of marked severity. Diagnosis refers to inferred behaviour potential. If the person has experienced more than one episode, prospects for complete recovery are poor.

Although the accent is usually on the more severe forms of depression, it should be noted that sadness, depressed mood or other depressive symptoms nonetheless reflect considerable suffering and should not be ignored in favour of the more severe forms (McGrath et al., 1990).

The foregoing descriptions of depression are relevant to this study.

Universality of Core Symptoms

Sartorius, Jablensky, Gulbinat, and Ernberg (cited in Franks & Faux, 1990, p. 283), have indicated that " 'core' symptoms of depression (including sadness, feelings of worthlessness, lethargy, decreased interest, and concentration) vary little from country to country". Studies have also indicated that there is no significant difference in the rates of depression between whites and non-whites (Gotlib & Hammen, 1992). This confirms the universality of these symptoms. However, the influence of ethnicity and cultural background on the experience and expression of depressive symptoms needs to be taken into account. In addition, it should be noted that although the

emotional experience is universal, the *term* depression, may not be familiar to people of all cultures, and may be labelled quite differently in non-Western cultures. For example, the word "depression" does not exist in the African languages in South Africa. Also, psychological tests are usually standardised on white populations and may not accurately reflect the extent or experience of depression in non-white samples (Gotlib & Hammen, 1992).

The Changing Picture of Depression

The picture of depression has changed from the more severe (i.e., the biologically-based depressions, namely unipolar (major) or the less frequent bipolar depression) to the milder forms of depression that are more commonly associated with stressful social and living conditions. However, stressful social and living conditions are not confined only to the milder forms of depression but are to be found in the more severe depressions as well. Milder depression occurs especially in married females aged 20 to 40 (the group from which the sample is drawn) and in working class subjects. The more severe forms predominate in the older age group (Paykel, 1989). Bipolar depression was thought to be more common among the higher social classes. However, this may reflect diagnostic bias (Paykel, 1989) whereby those so afflicted were presumed to suffer from a depression unaffected by stressful social and living conditions.

In the past, depression occurred mainly in middle aged persons (Gotlib & Hammen, 1992; Paykel, 1989). Current research has indicated that depression is on the increase especially in younger people. Rates of depression are highest in young adults, and more young men than previously, are displaying depression. However, it should be noted that there is enormous variability in the age of onset (Gotlib & Hammen, 1992).

Depression of younger onset has far-reaching consequences. When depression occurs in younger people, it disrupts the acquisition of coping skills and resources, and

problem-solving strategies which equip younger people to cope with stress. They then enter adult life ill-equipped to deal with life's demands, and "such deficits may contribute to the causation of chronically stressful life conditions concerning jobs, finances, and social relationships, and may also impede the person's ability to cope with typical stressors" (Gotlib & Hammen, 1992, p. 25). The more stress experienced, the more ill-equipped they are to deal with it, and the more depressed they become – it becomes a vicious cycle. Research by Hammen, Davila, Brown, Ellicott and Gitlin (cited in Gotlib & Hammen, 1992), on unipolar depressed outpatients, confirmed that depression of younger onset predicted more severe depression in a longitudinal follow-up. According to Gotlib and Hammen (1992, p. 25), "early onset predict[s] chronic stress, which in turn, along with episodic stress, predict[s] symptom severity". Charney, Nelson, and Quinlan (cited in Romans & McPherson, 1992, p. 222), "suggested that an earlier onset of depression may result in functional impairment that is later viewed as personality disorder".

The focus of this study is on the mild to severe forms of depression. If one conceptualises a pyramid, the mild to moderate depressions form the large part at the base of the pyramid, where there is the highest incidence. The more exotic depression, namely bipolar, forms the top part of the pyramid at the point. This indicates that relatively few people suffer from this type of depression. Unipolar depression falls just under bipolar depression and although it is fairly uncommon, it has a higher incidence in relation to bipolar depression.

The Interrelationship of Factors

There seems to be a complex interactive process between and within mood, cognitive, behaviour, and bodily function symptoms (Gotlib & Hammen, 1992). In addition, it is difficult to distinguish between cause and effect, between factors which precipitate, and are concomitants, or consequences of depression – factors may be one or even all of the aforementioned at different stages of depression. These factors

are like threads which are woven together in a complex pattern and which are difficult to disentangle.

Physical Symptoms and Medical Conditions

A person's depression is often masked by *physical symptoms* or *medical conditions*, and it is these that bring the depressed person into contact with the family physician. Swindle, Cronkite and Moos (1989) examined depression over a four-year period, and found that an improvement in physical symptoms over this period, was related to an improvement in depressive symptoms. Those suffering from depression in this study, evidenced less depression and physical symptoms when they had access to social resources, reflecting the number of close relationships. Medical conditions (e.g., heart conditions) tended to remain stable over this four year period and seemed to play a causal role in depression. It seemed that pre-intake medical conditions were risk factors predicting poorer long-term outcome of depression. Medical conditions and the treatment involved in these conditions, affect a person's ability to work, or participate in family activities.

Because depression is often masked by physical symptoms or medical conditions, it is hardly surprising that many cases of depressive disorder go unrecognised by general practitioners, who are usually the first point of contact for the depressed person. Freeling (1993) and Tylee and Freeling (1989), found that although a great many cases of depression are correctly diagnosed, almost as many cases of depression go unrecognised. Likely reasons for this are a concurrent organic illness, or somatic symptoms (Freeling, 1993); problems in communication due to the different cultural and social backgrounds of doctor and patient; the general practitioner's attitude to depression, his skills and knowledge of depression; his familiarity with a patient (he may fail to recognise depression in a patient he knows well) or conversely his lack of knowledge of a patient due to a busy, impersonal practice (Tylee & Freeling, 1989). A further reason may be the chronicity of depression, with the result that the mildly to moderately depressed person does not recognise or acknowledge that what he or she

is suffering from is, in fact, depression, neither do the people he or she lives with. Alternatively, the person communicates his or her needs ineffectively, or fails to communicate his or her needs because of embarrassment or fear. A failure to recognise depression timeously, to identify it, acknowledge and manage it, has far-reaching consequences not only for the person suffering from depression but also for those in his or her social network.

The treatment of depression may involve antidepressant medication. The mildly to moderately depressed (who form the vast majority of the depressed population) are not sufficiently ill to benefit from this type of treatment, but are often prescribed medication. On the other hand, many who are diagnosed as depressed, would benefit from being prescribed antidepressant medication, but are not receiving it (Freeling, 1993). According to Henry (1993), of those who are prescribed antidepressants, many fail to comply with therapy, about one third do not benefit from antidepressant medication, while others receive subtherapeutic doses mainly to avoid side effects. The mismanagement of medication also impacts negatively on the social relationships of the depressed person and negatively affects their functioning in diverse contexts, for example, functioning in the work context. Many of those suffering from depression, who remain undetected, go on to become chronic depressives.

The researcher suggests that when anti-depressant drugs are perceived as an essential coping mechanism, as a crutch, a person's self-esteem, confidence, and coping ability, may be adversely affected. The message may be that this person cannot cope on his or her own – he or she can only cope when using anti-depressant medication. This effectively serves to reinforce this person's negative feelings about him- or herself. However, medication could be very helpful in terms of allowing the person to become more positive and therefore better able to benefit from therapy. It might also help this person to feel more in control of his or her life which would have a beneficial effect on his or her self-efficacy and self-esteem.

Personal Characteristics and Depression

According to McFatter (1994) the relationship between personality factors and depression is interactive. Low self-esteem, low self-efficacy, dependency, self-criticism, perfectionism, and introversion are factors that are involved in the etiology of depression.

It seems that individuals have "domains of functioning that are relatively more and less vulnerable to the stimulation of depressive experiences" (Hammen, Marks, Mayol & deMayo, 1985, p. 317). It is believed that these domains of functioning have their origins in adverse childhood experiences which lead to the development of negative self-schemas that are characterised by low self-worth and the expectation that others will respond negatively to them. This leaves these individuals with low self-esteem and renders them vulnerable to developing depression. They come to depend excessively on others in order to maintain their self-esteem. If these needs are frustrated, they become more demanding of support, or alternatively, they develop obsessive, perfectionistic tendencies (Gotlib & Hammen, 1992). These perfectionistic, highly-critical individuals are therefore also prone to depression (Blatt, 1995).

While the dependent or sociotropic type derive their well-being and a "sense of self-worth from receiving support, understanding and connection from others", the self-critical or autonomous type derive their sense of self-worth "through accomplishing goals in the achievement domain" (Hammen et al., 1985, p. 309).

In their research, Hammen et al. (1985), found that the dependent or sociotropic type of person responds with depression to negative events which affect interpersonal relationships, whereas the self-critical or autonomous type responds with depression to negative events in the achievement domain.

According to Robins, Hayes, Block, Kramer, and Villena (1995), these two cognitive dimensions render a person vulnerable to depression when interpersonal

losses or rejections are experienced or when there is failure to achieve autonomously. Their research found that high levels of sociotropy and autonomy created a general vulnerability to stressful events associated with depression but failed to support a link for domain-specific congruence. In addition, they found support for the hypothesis that sociotropy and dependency were related to the interpersonal symptom composite, whereas autonomy was related to the achievement symptom composite.

However, Bagby, Segal and Schuller (1995) found that self-criticism correlated with depression, whereas dependency did not, and that self-criticism, but not dependency, correlated with affiliative and achievement domains. Thus this study failed to provide support for the hypothesis that dependent types share a stronger link with issues of affiliation and that self-critical types share a link with achievement issues.

Low self-esteem is not necessarily a stable trait of the depressed person but is probably also related to the depressive episode itself. During the course of a depressive episode, it seems that as a person's depression improves, there is a corresponding improvement in his or her self-esteem (Swindle et al., 1989). However, Barnett and Gotlib (1988) found that *interpersonal dependency and introversion* may be enduring abnormalities in the functioning of remitted depressives.

A lack of efficacy (a lack of confidence in one's ability to carry out a behaviour) usually also predominates in the depressed person, and is associated with an external locus of control whereby a person is immobilised by believing that there is nothing that he or she can do that will make any difference to the situation. Golding and Singer (cited in Fuhr & Shean, 1992, p. 503), suggest "that lacking in self-efficacy may be more strongly related to depression than is excessive dependency or self-criticism". It can be surmised that dependency and self-criticism are aspects of low self-efficacy reflecting a person's expectations concerning the effectiveness of his or her behaviour in the interpersonal domain or the achievement domain respectively.

Personal characteristics may be enduring traits of the person, related to the

depressive episode itself, or may even be a consequence of depression. They nonetheless lead to impairments of functioning.

Cognitive Factors and Depression

Dysfunctional Cognitive Patterns

Depressed persons reveal dysfunctional cognitive patterns (dysfunctional attitudes or attributional biases) which are concomitants of depression, that is, they are more statelike than traitlike (Dohr, Rush, & Bernstein, 1989). Barnett and Gotlib (1988) found little evidence in adults of a cognitive vulnerability to clinical depression. Rather it is depression that affects cognitions (Dohr et al., 1989) which influences how the depressed person perceives him or herself, his or her world, and his or her future. In turn, cognitions affect behaviour.

Beck's theory of depression (cited in Gotlib & Hammen, 1992) focuses on the "cognitive triad", cognitive distortions or faulty information processing, and negative self-schemas. The "cognitive triad" refers to depressed individuals' negative pattern of thinking about themselves, their current situation, and their future. The cognitive distortions, which come about due to faulty information processing, refers to the common systematic errors in thinking made by depressives. And negative self-schema refers to the way information is screened, coded, organised, and evaluated to fit pre-existing beliefs and propositions in a negative and pessimistic direction. Negative schema are believed to predispose an individual to depression. These schema arise in the context of the early parent-child relationship. Beck proposed two subtypes of vulnerabilities to depression: autonomous individuals and sociotropic individuals (referred to previously) whose depressions are activated by relevant stressors. Depressed persons construct their world in a negative way. Perceptions of relationships, rather than actual interaction are relevant to depression. These ideas differ somewhat from the aforementioned findings of Dohr et al. (1989) and Barnett and Gotlib (1988).

Locus of Control

Research has indicated that depressed people have an external locus of control (i.e., they believe that they are at the mercy of external factors which control their lives and that nothing they can do will make any difference to their unfortunate circumstances). The learned helplessness model of depression of Abramson, Seligman and Teasdale (cited in Gotlib & Hammen, 1992) refers to the helplessness that results when a person is exposed to uncontrollable stimuli and the ensuing belief that future outcomes will also be uncontrollable. The belief that results is that behaviours and outcomes are unrelated. Depressives attribute negative, uncontrollable outcomes to internal factors, stable conditions, and global attributions. The tendency to attribute uncontrollable events to internal factors results in a lack of self-esteem (Gotlib & Hammen, 1992). The hopelessness theory of depression of Abramson, Metalsky and Alloy (cited in Gotlib & Hammen, 1992, p. 81), refers to the hopelessness that occurs when individuals feel that they are "unable to affect outcomes in their environments". A depressogenic attributional style interacts with a stressful, negative event to produce hopelessness. Keltner, Ellsworth and Edwards (1993) found that "sad" people believe their circumstances are caused by impersonal *events* whereas "angry" people perceive *others* to be responsible. It therefore seems that negative moods "guide cognitive processing by narrowing peoples's attention and prompting a more analytic search for causes" (Keltner et al., 1993, p. 740) in the environment. Results of a study by Benassi, Dufour and Sweeney (1988, p. 359), also indicate that "higher levels of external locus of control were associated with higher levels of depression".

Despite the focus on external causation, depressed people tend to reflect inward and focus on the self (termed self-focused attention) in an attempt at self understanding which is, however, unsuccessful due to a lack of awareness of their own thoughts and feelings (Conway, Giannopoulos, Csank, & Mendelson, 1993). Duval and Wicklund (cited in Abramson & Sackeim, 1977) in fact found that self-focused attention resulted in depressed people assuming responsibility for their behaviour. Nonetheless, depressed people see themselves as less able to affect outcomes and they accept

responsibility for this failure which confirms their belief that external forces control their lives, that is, they have perceptions of uncontrollability. They therefore still attribute causality to environmental factors.

Attributions of Failure and Success

Furthermore, the attribution of failure and success needs to be taken into consideration. Depressed persons tend to make more external attributions for success and internal attributions for failure. Because of their self-focus after failure, they blame themselves (Abramson & Sackeim, 1977) for failures and give the credit to external factors for their successes (Greenberg, Pyszczynski, Burling & Tibbs, 1992). According to Shepperd, Arkin, Strathman and Baker (1994), depressed individuals attribute success to effort rather than ability which they tend to discount, but which is nonetheless consistent with depressive realism whereby they tend to evaluate themselves more realistically than nondepressed people. The result of feeling that tremendous effort is required in the face of "moderate" ability has negative implications for depressed persons' self-esteem. In addition it seems that depressed and lonely persons attribute failures to characterological causes which are perceived as less controllable, and attribute success to circumstances, whereas subjects who were less likely to be depressed and lonely, attributed failures to behavioural causes (Anderson, Miller, Riger, Dill & Sedikides, 1994). These attributional differences may lead to the onset and maintenance of depression. Also, depressed persons prefer self-focus after failure to self-focus after success (i.e., they exhibit a depressive self-focusing style). Benassi et al. (1988), found that depression was associated with a relative lack of an internal locus of control. This result was found for both negative and positive outcomes thus providing "little overall support for the hypothesis that depressed individuals report internal control for negative outcomes" (Benassi et al., 1988, p. 361).

The two opposing findings can perhaps be explained by the depressive paradox (Abramson & Sackeim, 1977) whereby depressed people attribute self-blame for events that are perceived to be controlled by external forces and are therefore uncontrollable

(Benassi et al., 1988). In this way the depressed person effectively paralyzes or immobilizes him or herself. It becomes impossible for the depressive to do anything about resolving a situation for which this person perceives him- or herself responsible because this person is unable to affect outcomes and is at the mercy of environmental factors, or conversely, perhaps this person feels unable to affect outcomes and feels personally responsible for this. It seems that the union of helplessness and self-blame, which are paradoxical, are unique to depression. This inability to do anything results in other people becoming very frustrated with the depressed person, leading to alienation and misunderstanding.

Social Functioning of Depressed People

Coping Ability and Depression

Depressed people have limited problem solving strategies and current depressive symptoms are reflected in avoidance coping. A depressed person may instigate or may fail to instigate depression-coping responses that elicit reactions from others. The depression-coping response may set in motion events that reduce symptoms, whereas failure to instigate depression-coping responses may create stressful conditions that may exacerbate or prolong symptoms (Gotlib & Hammen, 1992). According to Billings, Cronkite and Moos, Billings and Moos, and Holahan and Moos (cited in Gotlib & Hammen, 1992), a critical element in the use of effective coping strategies, that reduce the likelihood of depression (e.g., problem-focused coping) is social support.

If a depressed mother, for example, feels unable to cope with the multitude of tasks at hand which she feels obliged to complete perfectly, she may decide to prioritize the tasks, leaving those that are less important for her to complete at a later date or may decide to share some of those tasks with her husband. This response will alleviate her distress because her workload is now more manageable and she will be able to cope better with fewer tasks. However, if she feels that she alone has to deal with all the tasks at once, she may find that she does not do them to her satisfaction or

she may simply avoid coping with them altogether, which leads to feelings of failure which may exacerbate or prolong symptoms. Swindle et al. (1989), found that patients improved in problem solving and coping responses as symptoms improved. It would seem that limited problem solving strategies are concomitants of depression, though it is quite conceivable that they may precipitate depression, or may even be a consequence of depression.

Interpersonal Functioning and Depression

Relationships are severely affected by depression. In turn unsatisfactory relationships may precipitate depression. Barnett and Gotlib (1988, p. 97) found that "disturbances in interpersonal functioning may be antecedents or sequelae of this disorder. Specifically, marital distress and low social integration appear to be involved in the etiology of depression". It seems that it is the negative features of relationships rather than the positive features that are related to depression (Gotlib & Hammen, 1992). According to Gotlib and Asarnow (cited in Gotlib & Hammen, 1992), depressed people are also less skilful at solving interpersonal problems.

A crucial element in psychoanalytic theories of depression is the notion of loss. The loss referred to here is the loss of a valued or loved object which may be a real loss through death, separation or rejection, or a symbolic loss such as the loss of some ideal or abstraction (Gotlib & Hammen, 1992). The loved objects are usually those individuals who are significant early in a child's life such as parents or perhaps more particularly the mother (Gotlib & Hammen, 1992). According to Akiskal and McKinney, (1975), the Abraham-Freud model postulated that the loss of an ambivalently loved object led to the introjection of hostility and this resulted in depression. The aggression is turned inward instead of being directed at the appropriate object. Depression may also be a reaction to the loss of an attachment figure.

However, ego psychologists as opposed to the Abraham-Freud model, focus on the consequences of object loss on the ego (Akiskal & McKinney, 1975). Bibring's

model (cited in Akiskal & McKinney, 1975, p. 291) in fact "views depression as an ego state, an affect independent from the vicissitudes of the aggressive drive". When the ego is aware of its goal and yet is unable to attain it, that is, a person is unable to live up to his or her ego ideals, feelings of helplessness and a loss of self-esteem result in depression. Ego ideals refer to "the wish to be worthy and to be loved, the striving to be secure, strong and superior, the aspiration to be good, kind, loving, and humane" (Akiskal & McKinney, 1975, p. 291). Hostility might also accompany depression because of the inability to attain one's aspirations.

The quality of the mother-child relationship in the first year of life is considered to be a vulnerability factor (Gotlib & Hammen, 1992). According to Bowlby (cited in Gotlib & Hammen, 1992, pp. 70-71), adult depression "is related to the failure in early childhood to form a stable and secure attachment with the parents, or to the experience of actual loss of a parent, with associated feelings of helplessness and negative representations of the self and others". Helplessness is experienced because of a person's inability to attain goals of the ego-ideal which result in lowered self-esteem, and feelings of hopelessness are associated with a negative cognitive set (Akiskal & McKinney, 1975). The significance of this experience of loss in early childhood is that it renders a person vulnerable to depression if the person subsequently experiences loss or disappointment as an adult. Depression is thus viewed by classical psychoanalytic theorists as a failure of the normal mourning processes for these losses characterised by "self-criticism, guilt, loss of libido, and low self-esteem" (Gotlib & Hammen, 1992, p. 70). This approach certainly highlights the importance of relationships in the development of depression.

Dysfunction and Depression

All types of depression lead to varying and differing degrees of dysfunction. In their study, Wells, Stewart, Hays, Burnam, Rogers, Daniels, Berry, Greenfield and Ware (cited in Gotlib & Hammen, 1992), found that a depressed group's functioning (social and role functioning) was even more debilitating than that of many chronic

medical illnesses. In addition, Burnam, Wells, and Hays (cited in Gotlib & Hammen, 1992) found that even those patients who had subclinical depression and who did not meet the diagnostic criteria for major depression or dysthymia, experienced poorer functioning than most of the chronic medical patients. In a study by Hays, Wells, Sherbourne, Rogers, and Spritzer (1995), despite an improvement in the functioning of depressed patients, their functioning two years afterwards was just as limited as patients with chronic medical illnesses but was even more limited in mental health outcomes. This applied to those who were diagnosed as having depressive disorder or subthreshold depressive symptoms, and across different speciality sectors. According to Gotlib and Hammen (1992), depression disrupts work and social functioning which leads to stress both within the person and in the situation. Often, therefore, it is difficult to disentangle depression from "the stressful conditions generated by the impairment; in turn, the stressful conditions may contribute to further depression, and so forth in a continuing cycle of debility and symptoms" (Gotlib & Hammen, 1992, p. 23).

Depression affects occupational functioning. In a study of depression over a four-year period, Swindle et al. (1989) found that as symptoms improved, so did employment status (i.e., more depressed persons had found employment as their symptoms improved).

Is the functioning of depressed persons really impaired or does it reflect their negative cognitive bias? It could be argued that depressed subjects' negativistic thinking might lead to them over reporting life stressors and under reporting social resources. However, according to a study by Hammen (cited in Gotlib & Hammen, 1992), of the families of depressed women, it seems that actual functioning really is impaired. Gotlib and Lee (cited in Gotlib & Hammen, 1992), found that women with unipolar depression who were reassessed when these women showed a significant reduction in their depression levels and were not significantly different from the nondepressed patients, reported significantly fewer social activities, fewer close relationships, poorer quality of those relationships, and more areas of family conflict

than those in treatment for nondepressive psychiatric disorder, and community women who did not have psychiatric problems. Swindle et al. (1989, p. 476) found that "depressed patients discriminate between life domains when they report life stressors and social resources (that is, they do not show generalized biases), and that their reports of these life context factors are reasonably accurate". For example, they found that patients who report high levels of stressful events do not rate all other events as stressful. Also, patients who indicated a lack of friends did not necessarily have a poor relationship with a significant other. There was agreement between the depressed patients' reports and those of their nondepressed partners about their shared family environment and their relationships. This same level of agreement was found among couples in the community control sample. Billings and Moos (cited in Gotlib & Hammen, 1992) compared the reports of depressed patients with those of a nondepressed family member and found that there was consensus between the two regarding the estimates of the size of the depressed person's network, and the number of close relationships. In a study undertaken by Cohen, Towbes and Flocco (1988), induced mood did not affect the reporting of positive events, nor the rated intensity of negative and positive events. Although depressed subjects in whom depression was induced, perceived less social support, their self-report of received social support was not affected when mood was manipulated. It therefore seems that despite negative events being more salient for depressives, they are nonetheless realistic.

Furthermore, the depressive process is self-perpetuating due to the negative reactions it elicits from the social environment. To outsiders, the depressed person's negative outlook may appear to be irrational and they feel that the depressed person should snap out of it. This unfortunately only serves to perpetuate the "cycle of misunderstanding and increased guilt and hopelessness" (Gotlib & Hammen, 1992, p. 4).

Early Childhood Experiences

Depression seems to run in families but this may have less to do with a genetic

component than it has to do with early childhood experiences whereby ineffective patterns (of relating to others, solving problems, negative cognitive schemata, personality characteristics involving elevated dependency needs, and so on) are learnt (Gotlib & Hammen, 1992). Research by Harris, Brown, and Bifulco, and Bifulco, Brown, and Harris (cited in Gotlib & Hammen, 1992) on parental loss as a factor leading to increased risk of depression, concluded that it was the quality of parenting after parental loss (and not the loss per se), and in particular a lack of adequate parenting, that predisposed a person to depression. Roy (1985) conducted a study to investigate whether parental loss, because of permanent separation and not due to death, was associated with nonendogenous depression. From the results it appears that separation from the mother before the age of 17 years was associated with nonendogenous depression in women, and separation from the father before 17 years of age was associated with depression in both males and females.

The depressed person's family of origin may be characterised by punishment, rejection, and lack of support, setting the stage for interpersonal difficulties and for the individual's failure to acquire skills in dealing with conflict. Thus it would appear that this type of background creates a self-perpetuating and vicious cycle. Depressed people then actually generate stress and may cause or at least partially cause negative events (Gotlib & Hammen, 1992).

Effects of Parental Depression on Children

Gotlib and Hammen (1992) discuss how depression in a parent impacts negatively on the entire family and places the children at risk for developing depression, thus perpetuating depression across generations. A note of caution should be sounded as other factors might confound the issue. Family stress and depressing conditions may also result when a depressed parent has a child with problems.

According to Simons, Lorenz, Wu and Conger (1993), when parents experienced economic pressure, it negatively affected supportive parenting due to an increase in

depression, which then undermined access to spouse support. This had important consequences for child development. Social network support, although not having a major influence on parenting practices or serving to buffer parents against the impact of stressors, may nonetheless counteract or buffer children against the unhealthy consequences of poor parenting.

Depression in Marriage

It appears that marriage is more beneficial to men than to women. More married women suffer from depression than their unmarried counterparts or married men. Those who are married and who experience depression, tend to be in marriages characterised by conflict and tension (Gotlib & Hammen, 1992). *Marital distress* may precipitate depression, be a concomitant of depression, or even a consequence (i.e., it may lead to depression, or conversely, depression may result in marital distress, or marital distress may accompany depression, or vice versa). Marital difficulties may also affect the course of the disorder. According to Weissman (cited in Gotlib & Hammen, 1992), it is the negative effect of being involved in a relationship where one is unable to talk to one's spouse that is strongly related to the risk of depression. It would seem that the presence of a confidant decreases the risk of depression (Brown & Harris, 1978). Weissman and her colleagues (cited in Gotlib & Hammen, 1992) studied 40 moderately to severely depressed female outpatients, who reported problems, as wives and mothers, in the areas of affection, dependency, sexual functioning, and communication. These women reported that their marital relationships were characterised by friction, hostility, and a lack of affection. Gotlib and Colby (cited in Gotlib & Hammen, 1992) contend that the interpersonal difficulties of depressed persons are more pronounced in close relationships, such as the marital relationship, than in more casual relationships. Underlying characterological disorders, adverse early childhood experiences, or dysfunctional mate selection, may put a person at risk for developing depression as well as marital conflict (Gotlib & Hammen, 1992).

However, unless marital conflict is resolved, it will continue to exert an influence on the depressed person and his or her chances of improvement are considerably lowered. In fact, relapse is more likely. In their study, George, Blazer, Hughes and Fowler (1989) found that marital status was significantly related to recovery status. They found that married subjects were less likely to have recovered. A possible explanation is proposed for this finding. Research conducted on a sample of hospitalised unipolar patients, showed that depressed persons who experienced marital distress, and lived with a high-EE spouse, were significantly more likely to relapse than were patients who did not experience these conditions – expressed emotion refers to the expression of critical, hostile, or emotionally over involved attitudes by relatives towards the disturbed family member (Hooley & Teasdale, 1989). The patients' perception of the criticalness of the spouse was the most powerful predictor of outcome in this sample (Hooley & Teasdale, 1989). Those that perceived their spouses as more critical were more likely to relapse than those who felt less criticised. It seems that a context of marital distress serves to maintain depression.

Family Conflict – a Risk Factor

Family conflict is also an important risk factor predicting poorer long-term outcome, and is negatively related to depression and physical symptoms. Depressed patients improved as the quality of social resources, especially significant relationships, family cohesion and expressiveness, improved and when there was a decline in family conflict (Swindle et al., 1989).

Social Networks and Depression

Swindle et al. (1989) found that the quality of a significant relationship was related to less depression. Nonetheless, current depressive symptoms tend to erode personal relationships. The world of the depressed person shrinks. Depressed persons, as opposed to their nondepressed counterparts, were found to have smaller, less supportive networks (Gotlib & Hammen, 1992; Romans & McPherson, 1992).

Interestingly, those whom they did nominate were not often readily available to them because they either lived far away, or were dead (Gotlib & Hammen, 1992). Romans and McPherson (1992) found that a group of bipolar affective disorder patients had poorer social networks than a random community sample and a subgroup who were mainly depressed. Their findings suggest that the degree of social impairment is related to the severity of the depression. In addition they found that the older the subject and the longer the duration of the illness, the more impoverished were the subjects' interaction patterns. When a person's world, including his or her social world becomes too small, it may lead to or exacerbate depression. This affects the depressed person's relationships and participation in life itself (Akiskal & McKinney, 1975). Depression itself may also lead to maladaptive non-relatedness, a shrinkage or diminution in social relationships. Perception of inadequate social support and a small social network are more likely to lead to a poor prognosis.

One reason for the negativity in the social networks of depressed persons could be that they behave in ways that lead to problematic interpersonal relationships and consequently to a loss of social support (Gotlib & Hammen, 1992). Interpersonal relationships are adversely affected by emotional discharge (venting emotions). For example, when a depressed person is angry, he or she experiences emotions which are out of proportion to the event. However, Swindle et al. (1989) found that when symptoms improved, there was a decline in emotional discharge, as affective regulation occurred. Therefore emotional discharge seems to accompany depression and may play a causal role in eroding interpersonal relationships, especially in the marital and family context. Breznitz (1992), on the other hand, found that when the speech content of depressed women was anger, depressed women did not speak with much modulation, whereas well women expressed their anger more freely. This apparent contradiction might be because, although some depressed people feel their anger more acutely, they are not able to express it, whereas other depressed people are able to do so. This also ties in with the prevailing norms whereby it is more acceptable for males than for females to display their anger. They could also have been at a different stage of depression to those in Breznitz's study, were more severely depressed, had a

different personality make-up, or their environment permitted them to do so. Other behaviours that are aversive could be the speech content of depressed people which reflects a negative outlook on life (Breznitz, 1992). Also, Blumberg and Hokanson (cited in Gotlib & Hammen, 1992) found that the content of their conversations tends to be more self-focused and negatively toned. A depressed person's behaviour is thus off-putting and induces negative affect in others. Their behaviour tends to result in the rejection by others of further interaction which results in the limitation of interpersonal contact available to the depressed person. According to Strack and Coyne (cited in Gotlib & Hammen, 1992), it seems that depressed people expect to be rejected by others and they also tend to be more critical of those with whom they interact.

Depression has a devastating effect on relationships and a breakdown in relationships, that is, relationships characterised by conflict, may lead to depression. Yet at the same time, meaningful and supportive relationships can positively affect the outcome of depression.

Life Events and Depression

Negative events do not necessarily result in depression but seem to play a part in the onset of depression in some people.

McGrath et al., (1990) mention the impact of stressful life events, while Gotlib and Hammen (1992) mention "daily hassles" in their descriptions of depression. According to Shrout, Link, Dohrenwend, Skodol, Stueve, and Mirotznik, (1989, p. 460), "environmentally induced stress can lead to adverse mental health outcomes". These researchers compared patients with major depression to community residents who evidenced no apparent depression. The depressed group had a 2.5 times greater possibility of experiencing one or more events meeting the criteria for fatefulness and disruptiveness than the nondepressed group. "It appears that uncontrolled, disruptive life events are risk factors for both the onset and the recurrence of major depression" (Shrout et al., 1989, p. 466). On the other hand, Gotlib and Hammen (1992) maintain

that it is the daily stressors rather than major stressful events that wear a person down or exacerbate depression. It would appear therefore, that both stressful life events and "daily hassles" are involved in depression. A possible explanation for this is proposed by Nezu and Ronan (cited in Ladewig, McGee & Newell, 1990), who have suggested that there is an interaction between major events and daily hassles – that major life events lead to an increase in daily hassles which then function as "microstressors" (Ladewig et al., 1990, p. 36). These findings are supported by Lavee, McCubbin and Olson (cited in Ladewig et al., 1990, pp. 36-37) who "defined strain as a condition of felt tensions that emerge insidiously within the family, whether from unresolved problems associated with prior stressors or from ongoing interpersonal relationships among family members". In a study by Brown and Harris (1978), Brown found that working class women who were depressed were cognisant of their unfavourable material circumstances and were less likely to seek medical help because medical help would not change their circumstances.

Loss of a personal relationship, loss of meaning, or loss of something of value to a person's self-concept may be life events of importance in the etiology of depression (Gotlib & Hammen, 1992). It seems that what is of importance in the prediction of depression, is perception of the event as stressful. Another person who experiences the same event but who does not interpret it negatively, would probably not become depressed or perhaps would only become mildly or transiently so.

Conclusion

Depression is a pernicious disorder, which has far-reaching consequences not only on the lives of those suffering from depression, but impacts on the lives of those interpersonally connected to them. It affects *all* areas of life.

The ideas proposed in this chapter offer different views of depression. However, it should be noted that depression is more than the sum of these individual views. They cannot be combined to give us an understanding of depression. The DSM-IV is offered

as a view of depression. The factors that were discussed in terms of physical symptoms and medical conditions, personal characteristics, cognitive factors, social functioning, and life events, interact dynamically in a recursive pattern and therefore all need to be included in any discussion of depression.

The ideas in this chapter are discussed from an objective stance. However, from a constructivist point of view, it should be noted that depression does not exist in an objective sense (Fourie, 1994) but refers to behaviour that is given meaning and is co-created in language (Anderson & Goolishian, 1988). This study will attempt to provide an alternative reality to the traditional way of viewing depression as presented in this chapter.

CHAPTER 3

DEPRESSION IN WOMEN

Ms Understood

**She may not understand why it is that
her opinion is found to be irrational
her point of view insignificant
her feelings ignored
her logic illogical
her facts inaccurate
why her actions are inclined to be of no importance.**

**She may not understand why it is that
her suspicions are unfounded
her reasoning unreasonable
her beliefs unbelievable
her intelligence underestimated
her authority undermined
why her meaning is never understood.**

She cannot understand why it is that he can do no wrong

**But she can understand why it is that
she is unhappy.**

Sherma Springer

[In *Watchers and Seekers: Creative writing by Black Women in Britain, 1987*]

Introduction

This poem epitomises the experiences of many depressed women who believe that they are not being heard nor taken seriously by those who are close to them. They experience denigration and feel worthless. It highlights how women's experiences in this world differ from those of men.

In this chapter, the discussion of depression in women represents the existing body of knowledge within the field.

Research has indicated that there is a higher incidence of depression among women than men, the ratio of women to men being 2:1 (Paykel, 1991; Ridsdale, 1986; Webster, 1990). Women are therefore considered to be at higher risk for developing depression than men (American Psychiatric Association, 1987; Jack, 1991; Nolen-Hoeksema, 1987), and in particular, mothers of young children are considered to be an especially vulnerable group (Paykel, 1991; Weissman & Klerman, 1977).

Unipolar (major) depression (McGrath, Keita, Strickland & Russo, 1990; Nolen-Hoeksma, 1987), **dysthymia** (McGrath et al., 1990), and milder forms of depression (Warren & McEachren, 1983), are especially prevalent among women. It appears that the incidence of bipolar disorder is approximately equal among the sexes (Paykel, 1991), which points to the more biological origin of bipolar depression compared to other forms of depression. This highlights the importance of psychosocial factors in the female-dominated disorders. According to Brown (1989), a both/and approach is advocated whereby depression is seen to result from the interaction between individual as well as social factors. Weissman and Klerman (1977) argue that social factors contribute most to sex differences in depression. It seems that distress is acknowledged and directed into depression in females and in other ways and disorders in males (Paykel, 1991).

Complex dynamics are involved in women's depression. According to McGrath et al. (1990), women's depression needs to be considered within a biopsychosocial context. In this chapter, biological factors, personality characteristics, social conditions, and developmental experiences that differ from those of men, as well as social conditions that are different for men and women, will be discussed.

The standpoint of the discussion which ensues is based on the premise that a woman's relationships are central to an understanding of depression in women, and depression in women will therefore be discussed within the context of a woman's relationships. Depression is considered interpersonal. Women develop within the context of their relationships. They experience events in subjective and interpersonal ways and are generally more expressive of their feelings than men.

Biological Factors

Biological factors alone cannot account for why depression is more prevalent in women than men and their interaction with other factors therefore needs to be considered.

A population-based study on major depression in female-female twins found that shared genetic factors and environmental experience unique to the individual (i.e., not the shared or common environment) contributed to depression (Kendler, Neale, Kessler, Heath, & Eaves, 1992).

Postpartum Depression

Physiological and biological changes associated with the female reproductive system predispose women to depression and help to maintain it (Carter & Kaslow, 1992). According to Notman (1989), a woman's reproductive life puts her at risk for developing depression, and in particular postnatal depression. Symptoms of postnatal depression are similar to those occurring in depression at other times. The DSM-IV has

included the category of postnatal depression which had been recognised by the law because of its connection to infanticide. Although powerful biological factors are involved in postnatal depression, psychological stresses also make a substantial contribution (Cox, 1989).

Two groups of post partum depression have been identified by Cox (1989): there are those women genetically predisposed towards manic depressive illness, and who manifest depression within two weeks of childbirth, and those women with later onset milder depressions. The women falling in this latter group are mainly housebound and rarely consult psychiatrists.

It is important to consider the psychological changes that accompany the birth of a child. The mother may experience a sense of loss when the baby she has carried inside her body for nine months is born. Furthermore, the mother may experience an additional loss of attention as the shift moves away from her, to the baby. The responsibility for caring for the baby rests on her shoulders but she, in turn, does not receive care herself even though she now needs it due to broken sleep and fatigue. The mother is further affected by "her relationship to the father, the significance of this pregnancy, her feelings about becoming a mother, the sex of the baby, its symbolic meaning as a good or bad part of herself, a sibling, or another object" (Notman, 1989, p. 227).

Childbirth has a tremendous impact on a person's role and status. The mother changes from 'childless woman' to 'mother' and this influences her relationships with her mother, husband and siblings, as well as society. This phase requires adjustment and is difficult because of the lack of social structure in the puerperium. Her status is ambiguous and her role as a provider for her children is devalued. A mother may feel very unsure of herself at this time which may threaten her self-esteem. Maternal depression during this period could negatively affect the baby and it has been suggested that this might even influence subsequent temperamental development (Cox, 1989). Those mothers with depression, especially the milder forms of depression, may

not recognise that what they are experiencing is depression and it may be up to the local health visitors, firstly, to detect postnatal depression and encourage them to consult their general practitioners, and secondly, to be involved in the care of puerperal mothers and their children (Cox, 1989). General practitioners should also be alert for depression in puerperal mothers.

The birth of a baby is not always a happy event and it should be noted that for many mothers "the baby represents a long-term difficulty which can threaten the mother's coping skills, and, in the absence of consistent family support, provoke a sense of hopelessness and low self-esteem ... which may then develop into a more prolonged depressive illness" (Cox, 1989, p. 136).

Physical Complaints

Depression in women is often manifested as physical complaints which "have been understood to represent the somatic expression of depression or distress with their lives" (Notman, 1989, p. 221). In comparison to men, women are more likely to report symptoms and seek help.

Although women view their mental health problems as social in origin, it is their perception that they nonetheless influence physical health (Walters, 1993). Women tend to feel that what they experience is "normal" and even doctors (and they are usually men) frequently minimise the importance of women's mental health by telling them that there is nothing wrong with them (other than their inability to cope with stress!). Furthermore, according to Popay (cited in Walters, 1993), husbands do not take women's reports of how tired they are feeling, seriously.

Nonetheless, women are more readily diagnosed as depressed while men are less likely to seek help or to be diagnosed as depressed. In fact, Lopez (1993) found that clinicians, because of their knowledge of gender-related differences in depression rates, are more inclined to diagnose their female patients as having some form of

depression even when their diagnostic information would better fit another diagnostic category (McGrath et al., 1990).

Personality Characteristics

Many of the personality characteristics of the depressed woman thought in the past to be inherent qualities, are now believed to be related to a woman's psychosocial development.

In the traditional frame of reference, the typically feminine characteristics correspond with the characteristics of a depressed person and therefore are believed to contribute to women's vulnerability to depression. Typically feminine characteristics are low self-esteem, dependency, passivity, aggression turned inward, guilt or masochism, and greater emotionality (Herman, 1983). Despite changes in attitudes towards women, society still does not value the more positive feminine qualities of "inwardness, receptivity, things hidden and intangible, and nurturance" (Herman, 1983, p. 503). It values the masculine qualities of "achievement, competition, things visible, material success, and aggression" (Herman, 1983, p. 503). This serves to undermine the essence of being a woman and increase her vulnerability to depression. Masculinity is supposed to enhance self-esteem which in turn protects the person against depression. The implication is that masculinity is good for the self. The masculinity model is, however, being challenged. Some researchers have found that masculinity can also have negative effects on the individual. Femininity is a positive dimension which can have positive benefits for others, and therefore should not be devalued (Forshaw & Schmukler, 1993).

More married women tend to be depressed than married men. It has been suggested that marriage seems to intensify feminine qualities of dependency, helplessness, and inhibition of aggression (Herman, 1983). This may account in part for why marriage is more beneficial to men than to women. According to Lerner (1988), if women were to act stronger, to be more assertive and self-directed, they face the risk

of "losing" their marriages. The choice facing many women is between having a marriage and a self. Most women choose marriage and deny themselves. The autonomous female identity has, however, also been denied by male culture (Callaway, 1981). Theories of socialisation point out "that depression is an exaggeration of normal feminine socialisation" (Herman, 1983, p. 504). Depression is not a basic characteristic of women but depends on situational factors and social roles (Herman, 1983). The learned helplessness model of Abramson, Seligman and Teasdale (cited in Carter & Kaslow, 1992, p. 604) proposes that typically feminine women "develop a cognitive set against assertion and independence that is reinforced by societal norms".

Dependency

Dependency characterises depression or predisposes a person to depression. According to Jack (1991, pp. 16-17) "dependency is commonly defined as an inordinate attachment to a person, cause, or organisation, so that self-esteem is derived from the external object and not from an internalized source or from autonomous actions". Dependency in women has often been seen as a negative quality equated with "immaturity, helplessness, and vulnerability" (Herman, 1983, p. 508). The word "dependency", which carries a negative connotation can be positively reframed as "connectedness to people, empathy, and altruism" (Herman, 1983, p. 508). Women have a need for intimacy which they feel they have to deny to fit into the Western culture's ideal of the autonomous adult (Jack, 1991). Paradoxically, this healthy capacity for intimacy is regarded both as a characteristic of the mature adult by theorists such as Erikson, Maslow, Rogers, Allport, and Fromm (Meyer, Moore & Viljoen, 1989), and as a weakness by the culture. Relational theory "considers attainment of a sense of basic human connectedness to be the goal of development" (Jack, 1991, p. 10). Research challenges the psychoanalytic assumption of "maturational change out of symbiotic union toward separation and individuation" (Jack, 1991, p. 10). The (male) culture prescribes the nurturing role to women and yet denigrates this role, which places women in a double bind.

It should also be borne in mind that caring for others within a culture of inequality, can be costly, resulting in depression. Although women usually have larger support networks than men, they often experience them as more draining than supportive (Webster, 1990). In a study by Henderson and Cunningham (1993, p. 317), examining "Russianoff's hypothesis that emotional dependence on men inhibits heterosexual women's self-esteem and life satisfaction", it was found that women were emotionally dependent on men in heterosexual relationships but were not more generally dependent on men. It seems that women may be assertive in other contexts and yet, in the heterosexual relationship, for which there are culturally prescribed roles and in which there may be inequality, the typically feminine role may become paramount. It is what happens to women in relationships that puts a woman at risk for depression (Lerner, 1988). This lends further support to the contention that marriage is more beneficial to men than to women. Research (Hobfoll, 1986; Jack, 1991; McGrath et al., 1990) indicates that women most often become depressed because of disruption, or conflict in close relationships, or because of the way the culture construes as a weakness, women's healthy capacity of intimacy (Jack, 1991).

Although women have been described as dependent because they are generally more interpersonally connected than men who are generally more interpersonally separate, interpersonal connectedness should not be equated with a vulnerability to depression. This trend "supports recent changes in the theoretical treatment of "dependency" in women" (Herman, 1983, p. 508).

Anger

Suppressing anger is also associated with dysphoria in women (Jack, 1991; Lerner, 1988; Moeller, Richards, Hooker & Ursino, 1992). Women are not encouraged to openly express their anger or aggression. They therefore appear passive which is socially reinforced but which tends to foster feelings of helplessness that limits activity and active mastery (Notman, 1989). According to Jack (1991), women are passive because of their desire to preserve relationships, which is achieved through silencing

themselves by not voicing their needs in order to please others. Women will even give up "competitive goals and direct instrumental active expression" (Notman, 1989, p. 226). According to Lerner (1988), anger is sometimes revealed in such a way as to make others treat it as an irrational outburst from a sick woman. The woman's outburst serves to protect the relationship and obscure marital issues, and maintain the status quo, "forcing change while holding the clock still" (Lerner, 1988, p. 228). Women often feel trapped in their relationships, yet feel that change is not an option.

On the other hand, venting anger does not protect women from depression. It often reinforces their feelings of helplessness, powerlessness, and low self-regard because the situation does not change (Lerner, 1988). Moeller et al. (1992) suggest that depressed people may be internally angry and that 'resolving' rather than venting anger may help to reduce depression. Depression and anger may signal "the necessity for change in a relationship system that is unconsciously viewed as lacking the flexibility to tolerate that change" (Lerner, 1988, p. 248). And, on the positive side, feelings of depression or anger might provide the impetus to move women in the direction of positive change.

Low Self-esteem

According to Kaplan (1986), *low self-esteem* is related to experience of loss, inhibition of action or assertiveness, and inhibition of anger and aggression. Low self-esteem refers to "pervasive feelings of worthlessness and extreme inadequacy" (Kaplan, 1986, p. 236). Relationships are important for women's self-esteem. In their relationships, women can "feel powerful and effective" (Notman, 1989, p. 226). Thus, women's sense of "self-worth rests heavily on their sense of their ability to make and build relationships" (Kaplan, 1986, p. 238). Depressed women experience low self-esteem because of early and continuing emotional disconnection from others. They take personal responsibility for these failures and this serves to further increase their low self-esteem. In their relationships, especially the heterosexual relationship, women sacrifice and silence themselves. The aspect of loss referred to here is the loss of self

(the loss of "I") in order to preserve relationship harmony ("we") and the concomitant loss of self-esteem which accompanies the unconscious awareness of self-betrayal. Lerner (1988, p. 245) believes "that a woman cannot save an unhappy marriage until she can save her own self". The de-selfing process begins in the family of origin and is continued most conspicuously in women's relationships with men (Lerner, 1988). Coalitions are often found to exist between mother and daughter. The daughter sacrifices her own autonomy and growth, and valued aspects of the self (e.g., ambition, sexuality, creativity and zest) in order to protect a special bond with her mother, who she believes is unable to cope with her move towards independence and success (Lerner, 1988). The father distances himself from this relationship and remains on the outside. Being an over-focused-upon child, puts her at risk for developing depression. It seems that the entrance into coalitions in the first place is associated with an experience of loss. Often the depressed woman's relationship with her mother is very similar to her mother's relationship with her own mother. This coalition is always "at the expense of father-daughter relatedness, marital satisfaction, the pursuit of personal goals and the clarification of the self" (Lerner, 1988, p. 239). The husband too is often involved in a coalition with his mother and when he marries, he "allows" his wife and children to continue the pattern of coalition and triangles. According to Lerner (1988, pp. 240-241), "the legacy of the previous generations included unsatisfying marriages managed by fathers/husbands through distancing and by wives/mothers through child-focus". A culture of inequality within the marital or heterosexual relationship therefore also adds to the experience of low self-esteem and depression.

Although women's self-esteem is less related to the achievements of their husbands and children and more to their own achievements, especially as new opportunities for achievement are presenting themselves in the world today, conflicts in expectations and roles arise. Women often experience fear of failure which leads to experiences of failure and consequent low self-esteem. On the other hand women often fear success which is the "fear of an assertive performance that put the woman at risk of losing relationships and 'femininity'" (Notman, 1989, p. 227). Women are

therefore caught in the dilemma between succeeding at the cost of relationships and failing at the cost of their self-esteem.

Female Identity

A woman's identity is formed within the context of her relationships. Unlike males, the close relationship that a girl has with her mother does not need to be interrupted for gender identity formation. The girl's identification with her mother enhances her own gender identity but makes other aspects of her individuation more difficult. According to Clower (cited in Notman, 1986, p. 225), "the sense of being a person in her own right with individual qualities and traits is harder for a girl to win". She reproduces the mothering role because of her identification with her mother. The caretaking role is gender specific – it is a woman's role. It is prescribed but is devalued by society. Gender norms encourage closeness, nurturance, and responsibility in females (Jack, 1991). The challenge facing women is to achieve individuation within the context of their relationships, especially the marital relationship. What happens in their relationships with others profoundly affects their self-esteem and self-image. Nonetheless, the cultural legacy places men in a position of power and dominance, and women in a position of oppression and subservience (Carter & Kaslow, 1992). A woman's identity renders her vulnerable to developing depression.

According to Warren and McEachren (1983), depressed women have a higher *derived identity*. A woman's identity is derived from the significant people in her life, such as her father, husband, as well as her mother (Notman, 1989), and she structures her life around those of others. This also render a woman at risk for developing depression.

Cognitive Factors

The learned helplessness model of Abramson, Seligman and Teasdale (cited in Carter & Kaslow, 1992, p. 604) proposes that typically feminine women "develop a

cognitive set against assertion and independence that is reinforced by societal norms". According to Radloff, and Radloff and Monroe (cited in Warren & McEachren, 1983, pp.157-158), female sex role socialisation contributes to learned depression susceptibility in women and "can result in perceived helplessness and in a helpless style of coping". According to Nolen-Hoeksema (cited in Carter & Kaslow, 1992), women feel helpless because they believe that they are powerless to effect change.

Women take responsibility for events that they believe are controlled by external factors and are self-critical. Women often experience stress in a situation in which there is the paradoxical existence of high responsibility (for their children) and low control (Webster, 1990). Less perceived life control (i.e., they have an external locus of control) and less perceived accomplishment were evident in depressed women (Warren & McEachren, 1983). According to Notman (1989), internalised attitudes of helplessness present in females from early on in life because socially, they are not permitted to express anger. Results suggest that women will experience higher dysphoria if they suppress anger, utilise emotion-focused coping and appraise the situation as one that cannot be changed. Moeller et al. (1992) conducted research to examine whether men use more successful cognitive appraisal and coping behaviours than women. The sample consisted of college men and women aged 17 to 21, who reported feeling dysphoric. However, the results did not confirm this. They found that when both sexes used problem-focused coping, they experienced less dysphoria (over time), but more dysphoria was experienced when they used emotion-focused coping. They also found that when the situation was appraised as one that could change, the level of dysphoria over time decreased, whereas when the situation was appraised as one that cannot change, the level of dysphoria was greater. It seems therefore, that emotion-focused coping cannot be equated with depressed women only. However, these results may not apply to other population groups with different age groups.

Social Factors

Social Functioning of Women

According to McGrath et al. (1990), interpersonal roles and relationships are important to women, and "caring" is their special forte. Relationships which are satisfying lead to positive feelings about the self and failed relationships lead to low self-esteem. However, in addition to initiating, developing and maintaining relationships, it is also important for women to develop autonomy. Women often find themselves caught in the dilemma between meeting their own needs, and meeting the needs of others. Autonomy is expected of them and yet autonomy is denied them by the same culture. The caretaking role is culturally prescribed and yet denigrated. Women therefore, often find themselves in a no-win situation.

According to Kandel, Davies and Ravels (cited in McGrath et al., 1990), despite the satisfaction that women derive from their relationships, the strains involved in these relationships constitute a greater risk factor for depression than strains in other realms of life. It seems that both men and women benefit from having a woman rather than a man as a friend, which may, however, be costly to women, according to Belle, and, Kessler and McLeod (cited in House et al., 1988). According to Bell (cited in McGrath, et al., 1990), women often feel obliged to be supportive to others which can enhance the risk of depression. Women usually have larger support networks than men, but often experience them as more draining than supportive (Webster, 1990). It is therefore hardly surprising that because women are more involved with others and their pain, they are also more subject to the "contagion of stress" than men (McGrath et al., 1990, p. 22). According to Eckenrode and Gore (cited in McGrath, et al., 1990), women experience as personally stressful the stressful life events that befall those closest to them. Caring for others can hamper a woman's own personal growth. Because women believe that their primary role is caring for others, they sometimes neglect themselves and fail to set limits on the demands for care by others (Webster, 1990). Furthermore,

it is the woman who feels guilty if relationships falter or fail, or if she should strive to achieve (Jack, 1991).

That women provide higher levels of support than men "partly reflect[s] structural features of the social environment (e.g., the division of labour at home) and the corresponding societal expectations for women, which have been more likely to place women in the position of support provider" (House et al., 1988, p. 311). Women are more likely to provide support to family and friends – they care for the children, and ageing parents. In addition, their jobs (e.g., nursing) are also more likely to involve caring for others (House et al., 1988). These behaviours exist as a result of individual propensities as well as social factors.

According to Spitze (cited in House et al., 1988), although women have entered the labour market in increasing numbers, changes have not been paralleled in the home with respect to the division of labour in the home where working women are still expected to take responsibility for both child care and housework . In addition, adequate childcare facilities have not been developed to cope with working and single mothers' needs (House et al., 1988). According to Ross & Mirowsky (cited in House et al., 1988, p. 311), "the existence and ease of childcare arrangements significantly reduce levels of depression among working mothers".

According to Aneshensel (1986), perceived social support is important in ameliorating the effects of role strain in women, and this seems to make a difference in why some women develop depression while others experiencing similar strains do not.

A number of researchers found that social support has a positive effect on mental and physical health. According to Vanfossen (cited in Hobfoll, 1986), women need social support at home as well as affirmation of their role both in the home and in the workplace. This would be ecologically consistent with their needs. Henderson and

Bostock (cited in Solomon, 1986) confirm the importance of close social ties for the maintenance of the well-being of women.

However, women as caregivers often find that the relationship is not reciprocal. Although they support others in times of crisis, they fail to receive support in their times of need.

Stress in Roles and Role-related Activities

Women often try "to be everything everyone wants [them] to be" (Walters, 1993, p. 397). They have multiple demands such as "economic pressures combined with family problems" (Walters, 1993, p. 398); overload; the help they need is often not forthcoming from those around them (men, for example, have not taken on more of the workload at home (Aneshensel, 1986; Webster, 1990); and they give unstintingly but it is not reciprocated. They believe that the mental health problems that they are experiencing are normal.

In addition, Aneshensel (1986), found that women who are unmarried or unemployed, and those who experience high strain within the familial and occupational roles, lack realistic alternatives to the roles which they occupy and are thus more vulnerable to depression. According to Aneshensel depression may result in part from the variance between women's actual experiences of the normatively prescribed roles and their expectations of the rights that should go hand in hand with these roles. Furthermore, a perception of inadequate supportive ties among the unmarried, and the married experiencing high strain, is linked to depression. The direct effects of perceived support on well-being are important for the psychological well-being of people. There is thus a complex interaction between role strain, social support and depression.

Women experienced greater role strain, a higher level of anxiety, and more depressive symptoms (Greenberger & O'Neil, 1993). Women are more committed to

parenting, which is associated with more depressive symptoms, while men are more committed to work which is related to fewer symptoms of depression. Also, women are more involved in family role demands whereas men are more involved in work role demands (Greenberger & O'Neil, 1993). Satisfaction in marital and parental roles is important for women. Younger women who spent fewer hours working and doing work-related activities, were more depressed as were younger women who were more involved in the care of younger children whose care is more demanding. It is important for women to have diverse sources of social support as opposed to the preeminent place of wives' supportiveness in men's lives. According to Baruch and Barnett (cited in Greenberger & O'Neil, 1993, p. 196), "women also devote more time to child care and daily household routines and despite demanding jobs, continue to view "spouse" and "parent" as their core roles". Depressed women "devote less time to work (the opposite of the relations between total work hours and role strain), are more committed to parenting, and see themselves as less successful at meeting their standards for being a wife" (Greenberger & O'Neil, 1993, p. 196).

Childhood Experiences of Depressed Women

Childhood development and more especially adverse parenting, play an important role in the development of depression in women. Stuart, Laraia, Ballenger and Lydiard (1990), provide a profile of the childhood experiences of women with depression. They found that, as children, they grew up in a family characterised by fewer interpersonal resources, and more chronic illness. They perceive their world as "minimally reinforcing and interactive" (Stuart et al., 1990, p. 50). This sets the stage for interpersonal difficulties and the failure to acquire skills in dealing with interpersonal conflict.

Effects of Depression on Children and their Development

Children of depressed parents are at risk for developing psychopathology. However, it is not possible to say that depression in parents *causes* psychopathology

in children. If depression in parents is accompanied by other risk factors, psychopathology in children may very well develop. Nonetheless maternal depression affects children (Orr et al., 1989). Guilt about the effect that depression is having on one's children can further exacerbate depression (Webster, 1990).

The way a child is affected is the product of interactions between child characteristics and family influences (e.g., parental characteristics, parent-child relations, and marital functioning and their interaction) in addition to extra-familial factors and their influence on the family system (Cummings & Davies, 1994).

A study conducted by Hops, Biglam, Sherman, Arthur, Friedman and Osteen (1987) indicates that depression in mothers may serve to provide a brief respite from negative aggression in the family and in turn, the family's aggressive affect suppresses the mother's dysphoric affect. Depressed women and their families are locked into a negative interactive sequence which can be further exacerbated by marital distress.

According to Dumas and Serketich (1994), depressed women behave in an aversive and controlling manner toward their children. Unipolar women as compared to women with bipolar disorder or chronic medical illness, were more negative and critical towards their children (Gordon, Burge, Hammen, Adrian, Jaenicke & Hiroto, 1989). Their children consequently responded with aversiveness and aversive affect. Generally, depressed women tend to evaluate their children's behaviour more negatively, and therefore these relationships are marked by more friction (Gotlib & Hammen, 1992). When mothers are less responsive, the children react negatively by displaying a variety of dysfunctions. However, Gotlib and Hammen (1992) remind us that the mother-child relationship is reciprocal and it is quite possible that the mother might interact negatively with difficult children and yet she might interact positively with her well-functioning children. Depression tends to affect how effectively parents cope with their children's misbehaviour.

Depression in mothers may impair child adjustment as it is associated with adverse parenting strategies which may lead to behaviour problems over time. The opposite could also be true - child behaviour problems could be the cause of adverse parenting practices (Dumas & Serketich, 1994). Depressed parents tend to be inconsistent with their children - they are either too harsh or too lax. Depression in mothers may also interfere with the development of a secure mother-child bond (Cummings & Davies, 1994). Younger children seem to be especially vulnerable to the mother's depression as they have such limited coping skills and are also less likely to develop them. Nonetheless, it is also true that older children who have been exposed for a longer period to the adverse affects of the mother's depression could also be at risk. However, the older children might have developed coping skills which ameliorate the negative effects of the mother's depression.

Depressed women's communication impacts on their children's development especially in the area of learning to understand and express emotion, and to distinguish among the different emotions (Breznitz, 1992). Research conducted by Radke-Yarrow, Nottelmann, Belmont, and Welsh (1993) found that not only did depressed mothers express significantly more negative affect than did control mothers, but there was a significant correlation between mothers' and children's affects, which were measured on different days. Unipolar mothers and the more severely depressed mothers spent more time in prolonged bouts of negative affect. There was significant synchrony between their bouts and the negative bouts of their daughters, thus pointing to the relevance of gender of child.

Depression affects the behaviour, cognitions and emotions of the parent. Direct influence could be that parents might be emotionally unavailable or insensitive to their children which leads to insecure attachment. Indirect influence could be that depression affects patterns of parent-child interaction or increases marital discord (Cummings & Davies, 1994). Particularly important is the way anger is dealt with by the parents. The witnessing of overt aggression may lead to externalising disorders in children; whereas the silent treatment may lead to internalising disorders in children. Anger may even be

denied which tends to confuse the child. Children affected by the interaction of marital discord and depression, may not be exposed to healthy ways of resolving conflicts (e.g., compromise).

Despite the fact that depressed women reported that their children experienced higher levels of internalising (including passivity, anxiety, withdrawal), and externalising problems (mainly acting out behaviours), and behaved in an aversive manner toward them, their children's behaviour did not in fact differ from children of asymptomatic mothers. This points to the relevance of the depressed mothers' perceptions. Children did, however, display more aversive affect toward symptomatic mothers.

According to Cummings and Davies (1994) because depressed persons appraise themselves negatively, hold unrealistic expectations regarding themselves and others, have lowered self-esteem, and low self-efficacy, their functioning with their children is impaired. Depressed mothers for example, have little confidence in their care giving abilities.

Depressed parents fail to provide their children with opportunities to socialise and develop the necessary interpersonal skills. This leads to an impoverished social network which renders the child vulnerable to psychological difficulties. The child then tends to become overdependent on his/her parents which leads to separation and adjustment problems (Cummings & Davies, 1994), and the cycle of depression repeats itself.

Women with Young Children

Depressive symptomatology is high among women with young children (Hall, 1990; Orr et al., 1989; Solomon, 1986). Mothers with young children are relatively house-bound and thus suffer loneliness. They have scant opportunity to pursue activities or to relax outside of the home (Solomon, 1986). According to Gavon, and Le Masters (cited in Solomon, 1986), they have the sole responsibility of caring for

young children. Therefore, according to Weissman and Paykel (cited in Solomon, 1986), they have limited opportunities (or time) to form social ties, which, according to Henderson, Byrne and Duncan-Jones (cited in Solomon, 1986), is an important factor in the emotional well-being of women. Hall (1990) stressed the importance of everyday stressors. These stressors were role overload, child-related worries, and problems with housing, interpersonal relationships, finances, and unemployment.

The Role of Education, Employment Status, and Family Income

Higher education is linked "with an increase in knowledge and skills that can enhance one's coping potential as well as one's sense of competence, mastery and life control" (Warren & McEachren, 1983, p.158) and is associated with fewer depressive symptoms (Greenberger & O'Neil, 1993). In a study by Warren and McEachren, (1983), lower education was associated with depression, and Walters (1993) found that depressed women tended to have a lower educational level. It seems that lower education is associated with poor coping skills. It is also feasible that lower education reduces women's chances of finding suitable employment.

Lower or non-employment is also associated with depression (Warren & McEachren, 1983). In a study by Walters (1993), depressed women were most likely to be working part time, and their position in the labour force was therefore more tenuous. According to Greenberger and O'Neil (1993, p. 194)

a significant, negative association between time allocation to work (relatively low hours of work) and lower family income, found only among younger women, suggests that younger women with part-time jobs may be reaping fewer financial rewards for their work efforts, which in turn might prompt greater psychological distress.

Lower family income and depression are therefore also linked (Warren & McEachren, 1983) and Walters (1993) also found that depressed women had low

incomes. Women fear the dissolution of their marriages because of the implications of women's economic dependence on men. Women often feel that they will not make it on their own. It is women and children who tend to become impoverished by post divorce arrangements (Lerner, 1988; Webster, 1990). Women are brought up to believe that they will be cared for by their husbands and children, and yet their experience often does not match their expectations.

Life Events

Stressful Life Events and Chronic Stressors

Although it is acknowledged that mental state influences life event reports, there is nonetheless a substantial relationship between life events and depressive symptoms in women (Fergusson & Horwood, 1984). Depression in mothers was found to be affected by socioeconomic adversity rather than psychiatric dysfunction (Dumas & Serketich, 1994). Stressful life events can include any event regarded as stressful, for example, health problems, or financial difficulties. Often a vicious reciprocal cycle exists in which "depression leads to more stressful environmental events, and environmental stressors increase the severity of depression" (Cummings & Davies, 1994, p.89).

Depression is one outcome of an equation between stress and supports. Stresses render a woman more vulnerable to depression, while supports protect her in the face of stress. In order for an episode of depression to take place, there needs to be a *provoking agent*, in the present. Of great significance is a *severe event* involving a loss or disappointment or an *ongoing major difficulty*, for example, poor housing. However, if there are also *vulnerability factors* present (in addition to the provoking factor) the likelihood of depression occurring is greater. Vulnerability factors include lack of an intimate relationship with a husband, having three or more children under the age of 14 living at home, and loss of a mother before the age of 11 (it seems that of importance is the quality of parenting after loss rather than loss per se), and lack of employment

outside the home. A common explanation for the various vulnerability factors is ongoing low self-esteem which is connected to negativity of core relationships (Brown, 1987).

Although women tend to develop depression following a severe event, not all women go on to develop depression. The cognitive-emotional response to an event as well as feelings of hopelessness are responsible for the onset of depression. In a study by Brown (1987), of importance was the match between a severe event and an area of high commitment. About one fifth of the women with a severe event in the follow-up year had a severe event that matched a domain in which they had high commitment. A second form of matching concerns ongoing marked difficulties present at the time of first interview and a severe event (Brown, 1987). These women "were also three times more likely to develop depression than those with other severe events" (Brown, 1987, p. 621). A third form of matching concerned role conflict which was however, highly correlated with difficulty events. Chronic subclinical symptoms were highly related to having a marked difficulty at the time of the first interview. However, Brown found that most women who developed depression had only one of the first two aforementioned forms of matching.

Ongoing difficulties serve to maintain depression. In order for depression to be alleviated, a reduction in their ongoing difficulties or a fresh start event is essential (Brown, 1987).

Conclusion

The development of depression in women is a complex process. However, it does not occur in a vacuum but within a context, and this context is most often the relational context. The relational context is also embedded within a larger context which also exerts its influence.

A climate of dramatic change has also contributed to depression in women. Over the past couple of decades, dramatic changes have taken place worldwide. Established

cultural norms have changed, civil rights, anti-war and women's issues have been heatedly addressed (but which have not always been satisfactorily resolved), and economic and employment problems have emerged (Hobfoll, 1986).

The South African context has added its contribution of stress to women's position in society. South Africa, in the 1990's, is in the process of unparalleled change in its history. It is a country in transition, characterised by violence, economic strain, and uncertainty. South Africans are faced with immense challenges and many people are experiencing psychological distress in different forms and in varying degrees. It is women who most often absorb the stress in the family and provide emotional nurturance at a time when they are also vulnerable and need to be cared for emotionally.

The restrictions of a patriarchal society also contribute to women's vulnerability to depression. Women tend to pour their energies into their children because opportunities for growth outside the home are blocked. Children growing up in this context may feel intimidated by the "powerfulness" of women and as adults, perpetuate the patriarchal system. Lerner (1988, p. 251) says: "The 'solution', of course, only perpetuates the problem and contributes, among other things, to the high incidence of female depression".

Although this chapter takes women's relational context into account, it nonetheless discusses depression from an objective viewpoint and neglects the constructivist stance which ascribes to the view that each person has a unique way of constructing the world which is reality to that particular person and is valid for that person. The world needs to be seen from a woman's subjective perspective and it is that story that needs to be told.

CHAPTER 4

SOCIAL SUPPORT

Introduction

In this chapter, the concept of social support will be introduced. The discussion represents the existing body of knowledge within the field. Social support will be discussed in terms of Vaux's (1988) ecological model. More specifically, support resources, support behaviours, and appraisals of support will be discussed. Thereafter, person and ecological factors will be the focus.

Social support is generally regarded as an asset by most researchers (Hobfoll, 1986; Vaux, 1988). House et al., (1988, p. 302) refer to the "positive, potentially health promoting or stress-buffering, aspects of relationships". Social support usually leads to a person feeling cared for, respected, and involved, and is linked to positive affect, life satisfaction and happiness (Gannon et al., 1992). Relationships promote health in a two-fold manner, by "providing a sense of meaning and purpose in life and by creating a set of constraints or controls on individual behavior" (House et al., 1988, p. 305).

Social support may serve to buffer stress, or directly influence well-being. However, it may also have no effect, and social involvement may also produce negative effects. According to Rook (1990), strains parallel support in social interactions, and Coyne and Bolger (1990) maintain that it is the absence of social stress rather than the presence of support that is health promoting or beneficial (Gannon et al., 1992). Nonetheless, if a person lacks close ties or a confidant, it usually indicates some form of difficulty (Robertson, 1988).

Definition of Social Support

There is still no consensus on a definition of social support. A vast number of studies have been conducted on social support. However, because studies have been based on different definitions of social support, results have been confounded (Schilling, 1987). Social support can best be regarded as a multifaceted construct. Previously, social support was studied in a unidirectional way, as a provision of the social environment to the person (Newcomb, 1990b). However, it is presently regarded as a process that occurs between the individual and the environment (Hobfoll & Freedy, 1990; Sarason, Pierce & Sarason, 1990). More specifically, Koeske and Koeske (1990) regard social support as a resource made available through interrelating with significant others.

Models of Social Support

A number of models of social support have been proposed by various researchers.

Hobfoll (1986) proposed a life span, ecological approach. He used the concept of "ecological congruence" which refers to the **person-situation fit** of social support and other coping resources. Thus, social support or any resource for that matter, may be either beneficial or deleterious for a given individual or group depending on the person-situation fit.

Newcomb (1990b, p. 55) proposes that "social support is a resource that evolves throughout life. It is shaped in a reciprocal, bidirectional process between **characteristics of the individual and those of other persons** in his or her social world". On a macro-level, social support may be studied across the lifespan, and on a micro-level, social support may be studied in terms of immediate transactions. He further proposes that social support is an aspect of the psychosocial construct of personal attachment or human connectedness.

In the same vein as the aforementioned models, Vaux (1990) has also used an ecological approach. In his model, Vaux perceives **social support as a process** and attempts to define aspects of this process as they occur within an ecological context. *Support resources, behaviours, and appraisals* are three distinct conceptual components of social support which occur in the context of relationship transactions between individuals and social networks. There are two major parts to these transactions. The first is to establish the interconnections between resources, behaviour and appraisals, and, secondly, to understand how *person and ecological factors* affect the support process (Vaux, 1990).

These models share much in common with each other, especially their ecological perspective. Social support will now be discussed in terms of the aforementioned factors in accordance with Vaux's (1988) model. The first of these to be discussed is support network resources.

Support Network Resources

Vaux (1990, p. 508) defines support network resources as:

that set of relationships through which an individual receives assistance in dealing with demands and achieving goals. Support networks may differ in size, structure, composition, quality of relationships and the diversity of wisdom they embody.

Network Characteristics

Density, size, and overlap, or integration, are salient features in support networks. Hansen, Fallon and Novotny (1991, p. 102) define **density** as "the extent to which members of the social network interact with or have ongoing relations with one another, independently of the focal person", **size**, as "the number of people encompassed by the

network" and *network overlap*, as "the degree to which two or more individuals share the same network".

Density

Dense networks, which are more homogenous, have beneficial effects that are different from those of the less dense, more loosely knit, more heterogenous networks. For example, in certain situations that create confusion, a person might benefit from a dense homogenous network which provides strong ties, consensus on values or action, and which is important in maintaining social identity, leading to health and well-being. However, in a situation where change is required, a dense network tends to inhibit change. Heterogenous networks are more suitable for promoting change (Robertson, 1988; Vaux, 1988). However, they tend to be more demanding on their members.

Network Size

There are differential effects for small and large social networks. According to Vaux (1988) a large network seems to offer some advantages over small networks: *accessibility* (there will always be someone available to provide support), *stamina* (it will be less vulnerable to exhaustion from chronic demands), *expertise* (it is likely to contain a member with specific expertise), *information* (it is likely to be a rich source of information), and *perspective* (it is more likely to offer greater perspectives on a problem or issue). Large networks are more likely to meet the varied needs of a person than a small network. However, many of these advantages depend more on diversity than on size per se (Vaux, 1990). Larger networks are associated with low-density networks, and small networks are associated with high density networks.

Overlap

Overlap has both advantages and disadvantages depending on the context. In certain contexts overlap might inhibit change, whereas less overlap might facilitate

change. It seems that especially in relationships such as heterosexual relationships, ties are strengthened because of network overlap. Network overlap between spousal networks seems related to marital satisfaction. Less overlap between husband's and wife's networks was found to exist in distressed couples (Hansen et al., 1991). However, overlap should not be confused with enmeshment which is regarded as unhealthy.

Network Composition

The composition of a network (for example, does the network comprise mainly family? or friends?) is also important and affects the nature of the supportive behaviour as well as support appraisals. It is important that there should be a fit between the type of relationship and the support that is provided, or that a person expects another to provide. For example, the support that a person would expect to receive from a spouse would be different from the support one would expect from a friend. Networks which are more diverse and are composed of competent people having a degree of obligation, seem to be the most beneficial. Networks composed mainly of family tend to lack diversity and tend to be enmeshed. They are found most frequently in disturbed relationships. They frequently hinder growth and maintain unhealthy patterns of interaction.

Quality of Relationships

The quality of a relationship is also important. A relationship characterised by closeness and reciprocity has advantages over casual, less reciprocal relationships. A close friend is more likely to be sensitive to his or her friends needs, to respond, and is more motivated to provide appropriate support even at great cost in terms of time and effort (Vaux, 1988).

Sources of Social Support

Cooke, Rossmann, McCubbin and Patterson (1988), identified the following sources of social support: a person's spouse or partner, children, other relatives, close friends, co-workers, church/synagogue groups, spiritual faith, community or neighbourhood groups, professionals or service providers, special groups, and lastly TV, radio, newspapers, magazines, pamphlets, and books.

The Development of Intimacy in a Relationship

Social support emanates from early relationships, and current relationships serve to perpetuate the patterns of those early relationships. Those individuals who had a secure attachment experience in childhood are able to achieve intimacy in relationships, that is, they have a model of what relationships are like. Conversely, those who experienced adverse parenting experiences are less likely to achieve intimacy.

According to Wynne and Wynne (cited in Sarason, Sarason & Pierce, 1990a, p. 113), intimacy can be defined as "a *subjective relational experience* in which the core components are *trusting self-disclosure* to which the response is *communicated empathy*". Jones (cited in Berg & McQuinn, 1989), and Sarason, Sarason and Pierce (1990a), believe that interaction intimacy leads to relationship closeness and a feeling of belonging, and to feeling that emotional and informational support are available. It seems that reciprocal disclosure within a supportive relationship helps combat loneliness (Berg & McQuinn, 1989).

Kelley et al. (1983, p. 38), define close relationships as having "strong, frequent, and diverse interdependence that lasts over a considerable period of time", which Sarason, Sarason and Pierce (1990a) also highlight.

Although intimate relationships contribute to a person's self-worth, on the other

hand, intimacy can also render a person vulnerable through self-disclosure which has both positive and negative consequences. According to Derlega (cited in Sarason, Sarason & Pierce, 1990a), on the one hand, self disclosure helps create an intimate relationship, and on the other hand it can lead to rejection or exploitation.

According to Brickman et al. (cited in Sarason, Sarason & Pierce, 1990a), although support is usually regarded as beneficial, the support provided in a close, intimate relationship may in fact have a negative effect by undermining the support recipient's esteem because of the implicit message that the person needs the support of someone else to solve his or her problems.

Intimacy, however, should not be equated with an absence of conflict. Negative emotion is a feature of close relationships and in fact, some close relationships are characterised by high levels of negative emotion. Generally though it seems that those involved in intimate relationships seem able to confront a problem without escalating it (Sarason, Pierce & Sarason, 1990).

Social Support and Marriage

According to Caplan (cited in Robertson, 1988), the most common social support system in all societies is the marital or family group. Support exists in marriages characterised by intimacy, and support from a spouse tends to have both positive main and buffering effects. Support from a spouse, for example, tends to buffer a mother against the stress of daily hassles. It is, however, true that even though a spouse provides the highest source of satisfaction, he or she can also be a source of conflict (Sarason, Sarason & Pierce, 1990a).

Support from a spouse, especially when strain is experienced in the financial and parental domains of life, is beneficial. However, as both partners may be involved in home-related problems, in other words they both share the same stressful context, it is unlikely that a spouse will actually buffer the effects of strain or serve as a primary

coping resource in this context. On the other hand, if the strain is work-related or health-related, spouses might play an important buffering or coping assistance role (Ladewig, et al., 1990). However, having a spouse does not necessarily imply having a confidant. If a person fails to elicit support from his or her spouse, it tends to have detrimental effects on the relationship (Sarason, Sarason & Pierce, 1990a).

Social Support from Relatives

Support from relatives is another important source of support. Relatives seem to play an important role when financial, marital, and parental strains are experienced. Support from parents can be especially beneficial when a family needs financial and material help, and advice (Sarason, Sarason & Pierce, 1990a).

Support from Nonkin

Support from nonkin is another important source of support. However, the sources of different types of support should be culturally appropriate. Instrumental or tangible support from friends would be regarded as inappropriate if family members were available because there are different expectations associated with these different sources of support. Friends confide in one another and share similar interests and values. They are usually regarded as more appropriate sources of emotional support (Sarason, Sarason & Pierce, 1990a). Support from neighbours (often other mothers), who help out with child-care responsibilities, is also another important source of support (Greenberger & O'Neil, 1993).

According to a study by Lyons, Perrotta and Hancher-Kvam (1988), a chronic psychiatric sample had lower levels of perceived social support than a diabetic and an undergraduate student sample. When they distinguished between support from families and support from friends, both the diabetic sample and the psychiatric sample had lower levels of family support than the undergraduate college student sample. In addition, the psychiatric patients had lower levels of friend support. It seems that

"chronic conditions may interfere with a person's ability to get support from the family", but impaired friend support was more prevalent in the psychiatric sample (Lyons et al., 1988, p. 46). Family support for the psychiatric sample in fact predicted psychiatric distress. Although support from family is important, it tends to have detrimental effects resulting in pathology if relationships are enmeshed (Lyons et al., 1988).

The Relationship between Support Giver and Recipient

The quality of the relationship between support providers and recipients is important for personal adjustment (Sarason, Sarason & Pierce, 1990a).

Support givers may feel exasperated by their attempts at rendering assistance to someone who refuses help but who needs it. In a situation where support is provided, support givers expect the situation to improve, that is they expect the recipient's problems to diminish. According to Coyne, Wortman and Lehman (cited in Sarason, Sarason & Pierce, 1990a, p. 117), if there is no improvement, however, support givers may feel "angry, frustrated, and ineffective" leaving the recipient feeling guilty. The recipient may also feel guilty at receiving support. A recipient may feel indebted to support givers, especially those they dislike, which makes them feel uncomfortable. Although a support giver may have noble intentions, support offered may reinforce a person's vulnerabilities which may have a negative rather than a positive outcome. This highlights the importance of fit.

Network resources "must be developed and maintained, may deteriorate if neglected, and may be damaged by being pushed beyond their limits" (Vaux, 1990, p. 509).

Supportive Behaviour

Supportive behaviour "includes the wide range of specific acts generally recognised as intentional efforts to help someone" (Vaux, 1990, p. 508). Modes of

supportive behaviour include emotional (Cooke et al., 1988; House et al., 1988; Pattison, 1977; Robertson, 1988; Vaux, 1990); informational (House et al., 1988; Robertson, 1988; Vaux, 1990); social companionship (Pattison, 1977; Robertson, 1988; Vaux, 1990); and instrumental (House et al., 1988; Pattison, 1977; Robertson, 1988; Vaux, 1990).

Cohen, Mermelstein, Kamarck and Hoberman, and Cutrona and Russel (cited in Sarason, Sarason & Pierce, 1990b), have mentioned the necessity of fit between type of support and the specific type of need activated by the stressor. In other words if there was a need for instrumental support, only instrumental support would be regarded as beneficial. However, in a study by Barling, MacEwen and Pratt (1988), although respondents differentiated between different types of support such as instrumental, emotional, appraisal, and informational support, respondents perceived all forms of support to be emotional. Moreover, this finding was not affected by the person who provided the support. The crucial element was the presence of some form of support.

Costanza, Derlega and Winstead (1988) referred to three main conversation categories that might help a friend cope with a forthcoming crisis. The first was *disclosure of feelings* which may, however, make the situation appear more threatening and lead to a high level of negative affect. However, talking about feelings after the event may have positive benefits due to the catharsis experienced by "ventilating and dissipating their negative feelings" (Costanza et al., 1988, p. 191). Therefore, it seems that the timing of disclosure of feelings is important. The second is *problem-solving talk* involving "instrumental or problem-solving discussion [that] could reduce negative affect if it suggests a way to deal with the stressor" (Costanza et al., 1988, p. 184). The third is *unrelated talk* which tends to be helpful because it distracts (Costanza et al., 1988).

Appraisals of Support

Appraisals of support are "subjective evaluations, global or focused, that people make of their support network resources and the supportive behaviour that occurs

within these relationships" (Vaux, 1990, p. 508). Sarason, Sarason and Pierce (1990b), similarly emphasise the important links between potentially supportive transactions and the personal meanings people attach to them.

According to Sarason, Sarason and Pierce (1990b), individuals tend to have stable and distinctive patterns of perceiving social relationships. This affects the expectations they have concerning the receipt of supportive behaviours. Individuals need to perceive that support is forthcoming for it to have any beneficial effect on outcomes such as health. Social relationships can affect the way people perceive the world or potentially stressful events or situations (House, et al., 1988), and can even influence the actual stressfulness of situations by altering perceptions, in addition to actually alleviating the impact of stressful life events (Jorgensen & Johnson, 1990).

Individuals need to believe that there are people who value them and care about them enough to render support if they need it. This is referred to as a "sense of support" (Sarason, Sarason & Pierce, 1990b). It is this perception of being loved that is protective, not in the sense of protecting individuals from harm, but in the sense of fostering a belief in their sense of connectedness to others and the belief that the resources they may require to achieve their goals are available within themselves, or through a combination of their own efforts and that of others. This belief is strengthened when others are willing to provide support which enhances their belief that there must be something commendable or worthwhile about themselves to warrant such a positive response from others.

The "sense of acceptance" is seen as part of a personality constellation that promotes effective coping and enables individuals to take advantage of such offers of help (Lahey & Cassady, 1990; Sarason, Sarason, & Pierce, 1990b). In fact, much of the association between perceived support and psychological distress can be accounted for by individual differences in negative cognition. If individuals have negative beliefs about the self, it biases individuals' information processing and may lead to distress. If individuals have low perceived support, they "may be more

distressed because of negative biases in evaluating and remembering the support that they do receive" (Lahey & Cassady, 1990, p. 341). Lopez (1993, p. 313) found that partners in distressed relationships focused on undesirable events or partner's behaviours and viewed the outcomes as "intentional, dispositionally informative, and blameworthy". These cognitive biases in distressed couples lead to a continuation of the pattern of distress-maintaining interactions. In nondistressed couples cognitive processes lead to benign reactions that minimise the subsequent impact of negative events on relationship functioning. In both distressed and nondistressed relationships, the interactional consequences of these cognitive processes presumably reinforce the perceiver's initial attributions (Lopez, 1993).

There are those (e.g., Coyne & Bolger, 1990) who believe that support that is most beneficial usually goes unnoticed, which seems to contradict the idea of support appraisals. However, if it is the appraisal of oneself as a person worthy of care from others that is regarded as beneficial, Coyne and Bolger's (1990) views might not necessarily be contradictory.

Person Factors

Personality factors, social assets and skills, help-seeking behaviour, distress which may mobilise or diminish support, affect the development, maintenance, use and appraisal of support resources.

Personality

An individual's personality may impact on the environment, attracting or alienating others. According to Vaux (1988, p. 70), "a variety of relatively stable personal factors may influence the development, maintenance, or utilization of support network resources". The view of Sarason, Pierce and Sarason (1990) includes the personality of both the recipient as well as the provider of social support.

A person who has high **self-esteem**, and **mastery**, or **an internal locus of control** (Cutrona, 1989; Hobfoll & Freedy, 1990; Newcomb, 1990b), and who is **self-confident**, **extroverted**, and **cheerful** is likely to attract others (Cutrona, 1989; Newcomb, 1990b). Others enjoy having them around, and they tend to have extensive social networks, while the converse also applies. Cutrona (1989) believes that these personality factors, in addition to a person's mood, affects an individual's appraisal processes. Hobfoll and Freedy (1990) refer also to intimacy with a key other, which is associated with self-esteem, as involved in stress resistance. They also believe that mastery and self-esteem are resistant to depletion because successful coping tends to replenish and strengthen them. However, under circumstances when self-esteem is directly challenged, and self-esteem is not sufficiently strong to overcome the stressor, then self-esteem is prone to depletion.

As already mentioned in the previous section, **perceived social support** has been considered a personality variable because it remains relatively stable over time. According to Tolsdorf (cited in Barrera & Baca, 1990, p. 542), **network orientation** is conceptualised as a personality factor and refers to "an individual's openness to receive aid and positive regard for interpersonal support". Early attachment experiences are crucial to the development of social support as a personality variable. Parker and Barnett (1988) confirm the importance of maternal care during childhood to the availability of close supportive relationships during adulthood.

When the early attachment experiences are favourable, children feel safe to explore their environment secure in the knowledge that they can return to the safety of their mother when they have the need to. This leads to the development of cognitive and social coping skills, which in turn lead to feelings of personal effectiveness (self-efficacy), self-worth, and the capacity to establish, tolerate, and maintain intimacy, rendering the person less vulnerable to feelings of anxiety and self-preoccupation which, in the form of worry about failure and the dangers of exploring new avenues, is a central feature of anxiety. In turn, this leads to task-focused rather than emotion-focused coping. It also teaches children that other people in their environment can be

trusted to provide support in times of need. The combination of these two factors (learning the necessary skills and being able to trust others to meet one's needs) teaches children that they are able to influence their environment and contributes to the development of an internal locus of control which refers to "an interrelated set of beliefs and expectancies about (1) the individual's ability to perform behaviors leading to desired outcomes and (2) the responsiveness of the environment to the individual's behavior and the need to maintain his or her well-being" (Sarason, Sarason & Pierce, 1990b, p. 142).

In adult life, people who have had positive early attachment experiences, will be more proactive in seeking help (which is a direct result of their internal locus of control) because it is their perception that help will be forthcoming from those around them (Conn & Peterson, 1989). They will also tend to be more satisfied with the support they receive than are other individuals, and will be less prone to experience guilt, anger or shame at receiving assistance from others. Those who perceive themselves in a negative way and who view social interaction negatively, may not seek support, which maintains their psychological maladjustment. It seems that "highly anxious people do not explore, do not persist, and are reluctant to embark on new ventures because their attention is directed too much to themselves and not enough to the task at hand" (Sarason, Sarason & Pierce, 1990b, p. 142). This sense of acceptance is viewed as a personality characteristic "that contributes to the perception of social support separately from what the environment actually offers at any particular time" (Sarason, Sarason & Pierce, 1990a, p. 110). The patterns that people develop tend to continue in adult life because individuals seek continuity and familiarity. In fact, these patterns may even be transmitted across the generations in the new parent-child dyads.

Social Assets and Skills

According to Newcomb (1990b), those who demonstrate personal competence

possess effective, adaptive and broad coping skills, have a lot to offer, and attract others, while the converse is also true. They bring their assets into their interactions with others.

According to Sarason, Sarason and Pierce (1990a) there is a link between social support and differences in skills and behaviour, between social support and expectations about relationships, and between social support and the perception or interpretations of what actually transpires in these interactions. Those with heightened interpersonal skills possess a sense of self-efficacy, or mastery, leading to adaptive behaviour under stress, low levels of anxiety, a positive self-image, positive expectations of interactions with others, and a positive view of how others will adjust (Sarason, Sarason & Pierce, 1990a). Good coping skills lead independently to both adequate social support and positive health (Cutrona, 1989). Those who are competent or who have pre-existing dispositions are predisposed to have social relationships which are adequate and beneficial, and consequently lead to better health (House et al., 1988).

Network Orientation and Help Seeking

If a person has a positive network orientation, he or she feels positive about using support resources and this effects the person's mental health in a positive way. Conversely, a negative orientation refers to negative feelings about using support based on experiences with ineffective supports from overloaded and ineffective networks. Support satisfaction is directly related to a positive network orientation - a person has to be willing to receive support. Network orientation is influenced by and is influenced by support experiences.

In a study by Pretorius (1994), he found that when there was a low level of support, there was a strong relationship between stress and depression. However, as the level of support increased, the relationship between stress and depression weakened. Those who had a negative network orientation and high support, showed

higher levels of depression than those with either average or low support. People with average support showed less depression than those with either low or high support. According to Pretorius, for those with a negative network orientation, there is an optimal level of support that is beneficial. However, if this level is exceeded, the existence of support has an even more negative consequence than low levels of support.

Hobfoll and Freedy (1990) considered the traits of mastery and self-esteem as essential in creating and managing social support. Under conditions of high stress, women high in mastery, manage stress by utilising social support but under conditions of low stress, they rely on their own personal resources.

The active seeking of social support may be consistent with an internal locus of control. According to Sandler and Lakey (cited in Grace & Schill, 1986), internal locus of control subjects coped better with stress than external locus of control subjects because they used the social support they received more effectively. Cummins (1988) found that individuals with an internal locus of control used support as a means to cope with stress and which therefore buffered them against stress. However, this study also found significant main effects of social attachment and social integration which suggest that feelings of emotional closeness and belongingness are important to a sense of well-being (i.e., lower levels of symptoms) regardless of the individual's perception of locus of control.

Social Ecological Factors or Social Context Factors

Social ecological factors or social context factors also shape social support processes. Macrosystem factors include patterns of community and cultural or ethnic values, and microsystem factors include habitat, workplace and the 'manning' levels of other behaviour settings, family of origin, current family, and social roles (Vaux, 1990).

Stressors

Inasmuch as support might alter stressors, stressors influence support. This means that environmental circumstances and the behaviour of individuals can threaten resources, cause their loss, or prevent anticipated gain (Hobfoll & Freedy, 1990).

Stressful life events involve dramatic changes in support. Support may diminish because of death, loss of work, relocation, illness or stigma, and divorce. Those who show signs of pathology, for example, tend to be shunned (Newcomb, 1990b). While it is true that pathology may be the result of this exclusionary behaviour, it is also true to say that pathology results in aversive behaviour which leads to avoidant behaviour from others. Newcomb also mentions how people's negative behaviour attracts certain people, whose expectations serve to maintain that negative behaviour keeping the person stuck. He also discusses the importance of physical health whereby social support may improve physical health, while poor physical health or disability, may deplete social support resources. On the other hand, stressful life events may activate network resources and promote social networks. This may in fact lead to the individual becoming aware of the resources that are available and may promote a more positive appraisal of support.

Family

The family of origin is important in the development and maintenance of the support network. Early attachment experiences, modelling supportive interactions, providing opportunities for social interaction, and sanctioning specific relationships, are aspects that contribute to supportive relationships (Vaux, 1988). Families differ in their family orientation, and in the way they promote personal growth. This shapes social opportunities, affecting the kinds of person one meets, and how and under what circumstances one interacts. For example, cultural, recreational, and religious orientations will provide different opportunities to socialise.

The family itself is also a direct source of support. Families, however, differ in level of cohesion, degree of conflict, and level of expressiveness, according to Moos, Insel and Humphrey (cited in Vaux, 1988).

In adulthood, family of origin influences will usually be complemented by the person's own family.

Social Roles and Settings

According to Vaux (1988), a person's social roles and the settings that he or she occupies influence the development and transactions with a support network. *Parenthood* involves a dramatic change in social roles and settings occupied by the mother especially, and can lead to impoverished support resources because opportunities for interaction are constrained or, on the other hand, may even lead to their improvement. *Work settings* can also promote or restrict interaction. Of importance is whether one works with other people, things, or data, which will have differential effects on opportunities for socialisation, meeting new people, and developing relationships. The nature of tasks, the social organisation of the workplace, and the social climate also contribute in important ways. The *manning of settings* is also important. Those involved in undermanned settings (i.e., when there are too few people to perform the program of a behaviour setting) seem to derive greater benefit than those in overmanned settings (i.e., when there are too many people to perform the program of a behaviour setting). It would seem that the availability of settings that are undermanned will contribute to the development of support networks.

Housing and Community

A person's habitat will influence the nature of social relationships and the potential for supportive relationships. It appears that people need opportunities to socialise as well as for privacy. This seems to provide people with a sense of control over their

environment which is beneficial to positive social interaction and relationship development.

Community also influences the nature of social relationships. Factors such as size, identity, degree of interaction, and external connection, might influence local networks and support resources. According to House et al. (1988), urban life can negatively effect the quality and quantity of social relationships. As opposed to urban networks, rural networks tend to be more dense and comprise mainly relatives. Religious involvement in rural areas, and work in urban areas, are important in social integration.

Less support is a result of the rising divorce rate, changes in divorce laws, and fewer children. A person's marital status is a key indicator of social integration and is strongly linked to health and well-being. Macrosocial structures and processes affect social support and are at least partially influenced by public policy which tends to contribute to less support. Although there has been a dramatic increase in female labour force participation over the past years, child care facilities are still inadequate. Some sectors of the population are deprived socioeconomically which also affects social involvement (House et al., 1988).

Support Network Stressors

This aspect deals with the negative effects of support networks. When relationships deteriorate, adjustment will be necessary especially if the person invested much in the relationship. Secondly, conflictual relationships may be a person's only form of support. In fact, stress is strongly associated with conflict in a relationship. Thirdly, stressors may have indirect effects within social systems (Vaux, 1988).

According to Rook (1990), social relationships in themselves, can paradoxically be a source of stress as well as support. Put another way, social networks can have beneficial as well as deleterious consequences. Networks have potential "to weaken

self-esteem, to reinforce problem behaviours, and to restrict access to new opportunities" (Robertson, 1988, p. 315). Because social support is a process, interpersonal interaction may change over time from being supportive to involving conflict (Robertson, 1988).

Negative interactions exert an adverse effect on emotional health which outweighs the beneficial effects of positive interactions. Bolger, DeLongis, Kessler and Schilling (cited in Rook, 1990) found that everyday stressors of an interpersonal nature were more disruptive than everyday stressors of a noninterpersonal nature. Rook (1990, p. 119) used the term *social strain* "to refer to actions by a member of a person's informal social network that cause the person to experience an adverse psychological or physiological reaction (e.g., anger, sadness, elevated neuroendocrine response), as well as reservations about the relationship itself".

Different kinds of social strain have differential effects on health. Negative effects result from critical remarks, a person's insistent requests for social contact, another's clumsy attempts to provide support, social support that is ineffective, social support from unwanted or aversive social contact, and attempts to control another which promotes deviant or unhealthy behaviour (Rook, 1990).

Surprisingly, support is sometimes received under conditions of high conflict which seems to indicate that network conflict is not completely debilitating. In a study by Barrera and Baca (1990) on 78 mental health outpatients, enacted and frequent support seemed to compensate for the presence of network conflict. Nonetheless, in highly conflicted networks there was low support satisfaction compared to a higher level of support satisfaction in unconflicted networks (Barrera & Baca, 1990). In conflicted networks, network members may be perceived as having "exceeded some threshold of helpfulness" (Barrera & Baca, 1990, p. 550). Social support given in a context of conflictive relationships, may lead, for example, to feelings of indebtedness that increase rather than decrease distress. Support providers in turn, may experience guilt and ambivalence that undermine their efforts to provide support for long-term needs

within the context of conflictive relationships (Sarason, Pierce & Sarason, 1990). In addition, in less voluntary relationships, and in relationships where there is inequitable power, for example, with relatives or work supervisors, the relative amount of conflict is greater (Sarason, Pierce & Sarason, 1990). Some resources that facilitate receipt of support may be depleted during stressful circumstances (Hobfoll & Freedy, 1990).

Research on interpersonal strain suggests that interpersonal conflict with those who are part of a person's intimate network cause great distress. Conflict with a spouse appears to have the most damaging effects (Rook, 1990). The results of a study conducted by Hansen et al. (1991), showed that distressed couples, that is those with marital problems, report smaller networks and less overlap between husband's and wife's networks than was the case in nondistressed couples.

In sum it would seem that although social relationships are usually more beneficial than deleterious, negative social exchanges "can have potent effects" (Rook, 1990, p.129).

Network Vulnerability

A person in need requires support. The ability of a network to meet this person's need is related to network size, composition and quality of relationships. However, network members who occupy a similar ecological niche are also vulnerable to the same stressors as the focal person. This in itself may make the network vulnerable, and unable to provide support. Network members may find themselves competing for alternative resources (for example, jobs), or adapting in different ways (developing a community organisation or relocating). Network members may even experience similar needs to those of the focal person. They may also lack "financial resources, transportation, information, wisdom, time for chores or relaxation, or self-esteem" (Vaux, 1988, p. 87). They may be quite willing to help, but may not be able to do so.

The social process occurs within a social ecology. Personality factors, social

assets and skills, help-seeking behaviour, distress which may mobilise or diminish support, affect the development, maintenance, use and appraisal of support resources as does the social context. In the short term the support network may be mobilised and in the long term those who have shared a lot together might promote supportive relationships. However, chronic demands may extinguish supportive behaviour and exhaust support resources. More immediately, stressors may involve a dramatic removal of important support resources, (e.g., the death of a spouse), create obstacles to resource use (e.g., job loss or relocation), alter the context of support (e.g., the impact of divorce on network resources shared with the spouse) or create psychological barriers to support provision (e.g., stigmatising illness or victimisation). The above processes may hinge on the personal and social assets of the focal person and on the ecological niches that he or she occupies (Vaux, 1990).

Conclusion

From the foregoing discussion it is obvious that social support is a very complex issue. Interconnectedness to others may not meet the needs of individuals and in fact, may contribute to their experience of stress. It seems that even positive relationships are unable to overcome the powerful effects of role strain in negative relationships. In addition, support may actually exert a negative influence on individuals by making them feel indebted to the caregiver. Finally, those with impoverished networks also suffer. These ideas are pertinent to this study on the role of social support in the lives of depressed women. It should be clear by now that depressed women's experiences of social support could be expected to be, by and large, negative.

In this study, people are considered relational beings existing in a social context which influences the way that they think about their worlds. As opposed to the discussion in this chapter which examines social support from without the system, this study will give women a voice and the focus will be on their perspective of how their experience of depression is connected to their relationships.

CHAPTER 5

CONSTRUCTIVISM

Introduction

This chapter provides a brief historical overview, tracing the changes from the objective stance of Cartesian-Newtonian philosophy to the subjectivity of constructivism. Constructivism's fit with second-order cybernetics and the shifts in constructivist thinking will also be discussed.

Constructivism was selected as the epistemological framework of this study. It refers to the way that observer's create a reality that is consistent with their ideas, and the ideas of their social and cultural contexts. Women who perceived themselves as depressed were given an opportunity to tell their stories around the role of relationships in their world of experience. The stories of the participants were recounted through the eyes of the researcher. This research therefore says as much about the researcher as it does about the participants whose stories she narrated. Constructivism is therefore consistent with storytelling and is coherent with hermeneutics, which is the specific qualitative approach to be used in the analysis of the data in this study.

Brief Historical Overview

Cartesian-Newtonian philosophy epitomises the notion that a reality exists that can be proved, a fixed reality that is independent of the observer. It is based on the assumptions of *reductionism or atomism, linear causality and neutral objectivity*. *Reductionism or atomism* focuses on the basic elements of an object or phenomenon. It was thought that these basic elements could be more easily understood and measured, and an understanding of the whole could be achieved by recombining the elements. *Linear causality* implies cause-and-effect, that is, that A causes B. *Neutral objectivity*, assumes that one may arrive at the truth only if one is truly objective (Fourie, 1991).

However, Einstein's theory of relativity, Planck's quantum theory, and Heisenberg's uncertainty principle, demonstrated that more complex phenomena than those found in classical physics, could not be explained in this way, and the notion of an objective reality was questioned. For example, in terms of quantum physics, "the observation that light consisted of either particles or waves, depending on the way it was observed" (Fourie, 1991, p. 2), challenged the idea of objectivity of observation. A new way of thinking was required to replace the traditional way of thinking, and this led to a different way of viewing of the universe. The universe now came to be seen "as an indivisible whole, whose parts are interrelated and can be understood only as patterns of an ongoing process" (Fourie, 1991, p. 2). This new view with its emphasis on wholeness, circularity, and subjectivity, opposes the Cartesian-Newtonian notions of reductionism, linear causality, and objectivity.

While the natural sciences were trying to accommodate the new world view, the social sciences adopted the Cartesian-Newtonian way of thinking because they wished to gain credibility as a scientific discipline. In the social sciences a phenomenon was studied and reduced to its elements. Adherence to a belief that research must be objective in order to arrive at the truth, led to research which attempted to be free from observer bias. A linear cause-and-effect sequence was attributed to most behaviour. Pathology, for example, which was believed to reside within the identified patient, had distinguishable causes, depending on one's theoretical lens, which could be identified, isolated, quantified, measured, and predicted. Therefore it was said that a pathology was caused by specific factors, or alternatively, that certain factors caused or led to pathology. Doherty (1991) regarded Freud as a good example of a modernist who focused on the microcosmic details of the individual psyche while ignoring the impact of the larger, social context. These microcosmic details were reified, and became widely accepted. According to Doherty (1991, p. 40), the modernist ethic was "less is more".

However, as more complex problems were encountered in the social sciences and with the advent of family therapy, the Cartesian-Newtonian way of thinking was challenged. This development co-occurred with a study by Bateson, Jackson, Haley and Weakland (1956) into the communicational context of schizophrenia. Despite the criticism that was levelled at this study because it remained linear in nature, it nevertheless heralded a movement towards description rather than explanation, towards taking context into account and the associated "concepts of interrelatedness, wholeness and patterned events" (Fasser, 1989, p. 11). General systems theory, second-order cybernetics, and ecology, played a role in the new way of thinking, and constructivism can be linked to all three. The terms, systems theory and cybernetics, are not mutually exclusive and are often used interchangeably which can cause confusion. Therefore, as advocated by Becvar and Becvar (1993), no distinction will be made between systems theory and cybernetics. The ideas that are consistent with systems theory will be included in the discussion on cybernetics.

Second-order Cybernetics and Constructivism

Cybernetics is defined as "a theory of interaction between open systems and sub-systems" (Fourie, 1991, p. 5). It is concerned with what we see and refers to "the science of information, pattern, form, and organization" (Keeney, 1982, p. 154). It is necessary to distinguish between first-order and second-order cybernetics. The postulated difference lies in the *positioning* of the observer of the system. This affects the way that reality is punctuated and created by the observer and is therefore linked to constructivism according to which one speaks about an "invented reality" which means that reality is the creation of people (Watzlawick, 1984).

In *first-order cybernetics*, the observer who furnishes descriptions about the system is considered to be objective, that is, the observer is located outside the system being observed. In terms of first-order cybernetics the therapist would therefore view the family system from the outside. He or she would analyse the inputs to and outputs from the system, and would focus on the system's interdependence with other systems.

This approach therefore, excludes the idea of interaction between the observer and what is being observed within a larger context.

However, it became more and more obvious that the observer's way of thinking and observing influenced what he or she was observing. It was therefore considered impossible for the observer to be objective. According to Haley (cited in Keeney, 1984) it is necessary to include the therapist in the description of a family. At the level of *second-order cybernetics*, the observer therefore includes him- or herself in the description of the system and he or she describes the system from within the system.

Everything that we know depends on the distinctions that we draw. Both first-order and second-order cybernetics offer different but complementary ways of seeing, and therefore the sense of inclusiveness that is implied means that it is not necessary to make *either/or* choices. We generally tend to think in *both/and* terms. For example, a system can be described as autonomous or as interdependent with other systems. The first belongs to the domain of second-order cybernetics because the system is described from the perspective of the system itself, and the latter to first-order cybernetics because the system is described from an observer located outside the system.

The belief in the autonomy of systems refers to the way that the system is viewed as closed to the inputs from other systems. Both system and observer mutually interact within a larger system that is closed, and no reference is made to an external environment. Changes may occur, but the "changes involve structure, or the way in which the organization of the whole is maintained" (Becvar & Becvar, 1993, p. 84). In other words, a system's "structure changes to maintain its organization" (Keeney, 1982, p. 163). "Structure" refers to the processes that a system uses to maintain itself whereas "organisation" refers to its wholeness.

The new system created by the therapist/researcher, and participant is viewed as a *meaning system* and both therapist/ researcher, and participant contribute

reciprocally and collectively to define the problem. At the level of second-order cybernetics, according to Varela and Johnson (cited in Becvar & Becvar, 1993, p. 82), "everything that is going on is entirely self-referential: whatever you see reflects your own properties". From this perspective

there is a concern with not only the problem but also the context in which it is embedded in terms of the meaning of each as described by both the client and the therapist. Rather than discovering behavior we create it, or believing is seeing, and how we language becomes crucial. (Becvar & Becvar, 1993, p. 53)

Because of the different realities that each person creates, it is no longer possible to speak about a universe but a multiverse of realities (Tjersland, 1990). Becvar and Becvar (1993, pp. 89-90) state:

Perception now becomes a process of construction; we invent the environment in which we live as we perceive/construct it. We create our reality, our world, by assimilating and accommodating input via our conceptual structures or personal world view.

These ideas link with the belief that the world that individuals live in, is created by them and makes sense to them. The culture in which individuals exist cannot but influence their way of viewing and constructing the world. That is, the observer's observations are influenced by the way he or she thinks and observes which are also informed or limited by the cultural and social context in which the individual finds him or herself.

Constructivism is therefore central to a second-order perspective of psychotherapy (Efran, Lukens & Lukens, 1988).

Radical Constructivism

It was a Chilean biologist, Maturana (cited in Crosby, 1991), who discovered that it was the organism, that is the perceiver, rather than the perceived, that determined what was perceived. Maturana discovered that a frog does not see an object, such as a fly in the same way that humans see it. In fact, the frog does not even see the fly unless it is moving from left to right across the field of the frog's vision. The frog sees the fly merely as an object not as something "fly-like" and when it crosses its vision, the frog instinctively reacts to it.

It is in this way that Maturana (cited in Crosby, 1991) can maintain that in a five member family therapy session there are five families being described and not five different views of the same family. Different family members depict different realities. These realities cannot be combined to give a clearer understanding of the family under consideration. Therefore, from this point of view, an objective family does not exist. Each family member's view of the family, that is, their construction of reality, is accepted as valid. For each family member, "family" elicits a different set of meanings. It is at this point that "we see the observer becoming part of the observed" (Crosby, 1991, p. 7). The observer creates reality from his or her very act of observation. This is almost tantamount to saying that reality does not exist without an observer.

Varela (cited in Crosby, 1991), a mathematician and neurologist echoed the same principles as Maturana and believed that the focus should be on the properties of the observer rather than on the observed, emphasising the recursiveness involved in the creation of reality.

In this way, the ideas of Maturana and Varela (cited in Crosby, 1991) are consistent with the belief in the autonomy of systems, and the conviction that organisms are structurally determined.

According to Von Glasersfeld (1988, p. 83), the two basic principles of radical constructivism are firstly, that "knowledge is not passively received either through the senses or by way of communication, but it is actively built up by the cognising subject" and secondly, that "the function of cognition is adaptive and serves the subject's organisation of the experiential world, not the discovery of an objective ontological reality".

In other words, reality is constructed through a person's active experience of it. Therefore the reality that we create is what we know. The world in an objective sense cannot be known, that is, we can never have objective access to that world. Radical constructivism "does not deny an ontological "reality" - it merely denies the human experienter the possibility of acquiring a True representation of it" (Von Glasersfeld, 1988, p. 86).

Radical constructivists thus deny the reality of an external world independent of human mental activity - reality only exists as it is linked to the constructs of the observer (Jonassen, 1991; Von Foerster, 1981; Watzlawick, 1984). Constructed meanings "shape and organise experience; simply put, meaning *is* reality" (Duncan, Parks & Rusk, 1990, p. 166). According to Von Glasersfeld (cited in Fourie, 1994, p. 6), "what is observed in living systems, is constructed, partly by the observer and partly by the observed". An observer behaves in accordance with his or her reality and looks for consensus for his or her reality. If there is consensus, a domain of consensus in language exists between observers and not because the area of agreement has an objective existence independent of a context. However, radical constructivists failed to account for the effects of a dominant social reality that influenced the creation of meaning (Held, 1990).

Social Constructionism

A recent development in constructivism is social constructionism. Social constructionism is "the claim and viewpoint that the content of our consciousness, and

the mode of relating we have to others, is taught by our culture and society: all the metaphysical quantities we take for granted are learned from others around us" (Owen, 1992, p. 386). In other words, "understandings are socially created by a group of believers" (Owen, 1992, p. 386).

Berger and Luckman (cited in Speed, 1991, p. 400) contend that "we socially construct reality by our use of shared and agreed meanings communicated via language; that is, that our beliefs about the world are *social inventions*". For example, in the context of the Western world, there is a belief that one should be faithful to one's marriage partner in a monogamous marriage. This belief does not exist in an objective sense but is socially constructed and adhered to as if it was the "truth".

White and Epston (cited in Speed, 1991, p. 400), concur "that the particular meanings we impose on behaviour are dictated and organised by whatever 'dominating analogies or interpretive frameworks' are currently available". They believe, furthermore, that these "ultimate truth stories" are responsible for the development and course of "mental illness" and "family dysfunction" (Becvar & Becvar, 1993, p. 303). People's personal stories are subjugated and denied in favour of the dominant belief system which tends to pathologise those who do not meet its expectations. As a consequence, people begin to think about themselves and their relationships in ways that are consistent with problem-saturated stories.

Coale (1994) puts it slightly differently. According to her, clients usually discuss the dominant discourses of their lives with therapists. These dominant discourses are like lenses that reflect social and cultural themes. However, therapists should also listen to the nondominant stories that clients tell them, as they may contain possibilities which could facilitate change. The stories that clients frequently bring to therapy (or to the research situation as they did in this study) about themselves, often revolve around their failure in some way to meet the expectations and standards of their culture's dominant discourse. These expectations and standards frequently are more congruent with the past than they are with present social conditions. For example,

working mothers today may feel that they are neglecting their children, and are failing to meet expectations regarding motherhood because in the past, expectations regarding their adequacy as mothers revolved around them being full-time mothers. The sense of failure which clients feel when they evaluate themselves against these standards which are no longer relevant, infiltrates their beliefs about themselves and they feel less competent to cope effectively with life. Changing social conditions also lead to new dominant discourses which do not replace the existing dominant discourses but which lead to conflict between them. For example, women today are expected to be successful career women, and, at the same time, they are expected to be excellent mothers. These two dominant discourses are in conflict with one another. It is virtually impossible to be successful in both contexts simultaneously. Frequently there are implicit assumptions, which can be more powerful than explicit assumptions, hidden within dominant discourses which serve to disempower people. For example, the belief "that women are entitled to the support of men and that abortion, which offers more independence to women, jeopardizes this entitlement is one example of an implicit assumption of a dominant anti-abortion discourse" (Coale, 1994, p. 10). Cultural dominant discourses can also pathologise nondominant discourses. For example, the dominant cultural discourse regards the nuclear family as the ideal family. This discourse may pathologise a single-parent family that is functioning well. Problematic realities associated with these discourses can be "deconstructed" and new realities can be "reconstructed" or rather co-constructed or co-created by therapist and client so that meaning is transformed (Coale, 1994). These ideas are particularly relevant for this study.

Owen (1992) focuses his discussion slightly differently. In accordance with the ideas advocated here, he maintains that even the emotions that people display are linked to the social rules of the group that the person belongs to. Owen further maintains that social constructionism views relationships between people as either conforming to or lacking a fit with the idealised roles or ways of relating to others. This view is particularly relevant to this study where participants do not seem to meet the expectations of idealised roles in the contexts in which they exist. The emotions and

cognitions that accompany these behaviours “form part of a power play between participants in a drama” (Owen, 1992, p. 388). This idea is also pertinent to this study where depressed participants become part of a power play in their social contexts. From this perspective, psychopathology is seen as a behaviour that is taken after a period of powerlessness. It puts pressure on others to redress a power imbalance, or it enables the person to move in transition to a different social context. Psychopathology breaks the rules of the society either by exaggerating some aspect, or by inverting the normal role of the person. These ideas are particularly pertinent to this study.

The terms constructivism and social constructionism were differentiated purely for the purposes of clarity and to show the progression in constructivist thinking. The term constructivism, used in this study includes the ideas of social constructionism put forward here.

Co-constructivism

Speed (1991, p. 401) offers an alternative to realism, constructivism, and social constructionism in speaking of **co-constructivism** which is “the view that what we know arises in a relationship between the knower and the known”. This view acknowledges that a structured reality exists but recognises that people highlight different aspects of it according to their ideas or meanings about it and the ideas and meanings of their social and cultural context, which becomes their reality. If a structured reality exists, it becomes possible to choose between one set of ideas rather than another set of ideas. The set of ideas that will be selected will be the one that fits the reality of what is there. This is not to say that we can know absolute truths about reality, but Speed contends that reality nonetheless exists independently of the constructions thereof. In co-constructivism, a therapist constructs a reality in interaction with the members of a family. This reality is not the only one possible. Many different realities, but not an infinite number, are possible. Consistent with her beliefs in a structured reality, Speed

is of the opinion that therapists see something that exists as well as share meanings about reality. This view adopts a *both/and* stance rather than an *either/or*.

As it relates to family therapy, co-constructivism entails a therapist constructing "in interaction with a family an account of events, patterns and problems" (Speed, 1991, p. 403). This implies that the family has

a structure and process independent of the meanings the therapist attributes to it. A therapist's account of [the family] will be partially determined by the structure and process of the family and partially by the ideas the therapist bring to bear (including those determined by membership of a particular professional group and particular culture) as well as by how therapist and family 'system' evolve together in therapy. (Speed, 1991, p. 403)

Speed (1991, p. 407), says "just because reality is filtered through our perceptions does not mean it does not exist and does not reflect those perceptions."

Language and Constructivism

Reality is co-constructed in language by the observer internally to him or herself, and externally, through the observer's communication with others (Efran et al., 1988). The observer does this internally by drawing distinctions between what is observed and what is known (Kenny, 1989) and involves the use of personal constructs or meanings. For example, if a person observes another person who is sad and dejected, this person compares what she has observed with other known behaviours. She might use the word "depression" to name what she has observed and she communicates this construction in describing this person to others. Communication with others is through verbal and non-verbal language. Verbal communication conveys the spoken or coded message. Non-verbal communication conveys the aspects of communication which qualify the coded message through the use of vocalisations, body language, and so on.

Language itself creates realities. If all knowledge is the result of individuals' constructions, then it follows that meaning associated with language is also subjective. And yet despite this fact, language as a medium is relatively successful in individuals' communication with others. Throughout people's lives the processes of accommodation and adaptation occur in order to obtain a semantic fit between words and concepts as they interact with others. If the meanings that people attach to language is too idiosyncratic, this will become apparent in the way that others respond to their communication, and they will need to adapt it accordingly (Von Glasersfeld, 1988). Using the afore-mentioned example, most people from a Westernised culture understand what is meant by the term "depression" which would probably conjure up a similar description.

Reality is constructed through social discourse - through language - and is agreed upon through conversation (Real, 1990). According to Maturana (cited in Real, 1990), a new reality is brought forth through conversation. A conversation is best understood as a paradigm for describing interactions between autonomous systems whether between human or nonhuman systems, or between living or nonliving systems (Griffith, Griffith & Slovik, 1990). In conversation, participants engage in dialogue that enables each one to offer his or her perspective and, at the same time, it creates the opportunity to hear the perspective of the other. According to Dell (cited in Real, 1990, p. 263), the term "'conversation' means 'to turn with'", and as the conversation "turns", shifts in frames lead to new descriptions. Descriptions, including descriptions of patterns, are created through language.

Of importance, therefore, is language, and the stories people tell about themselves (Doherty, 1991). Howard (1991) claims that if science can be construed as a form of storytelling offering different realities, then it becomes logical to assume that the stories that people recount might also have validity. Theories or explanations can be construed as explanatory narratives or myths that are currently held but which can change (Owen, 1992). Stories are socially constructed through language (Coale, 1994). In fact, problems are also stories that people have come to believe about themselves

(Hoffman, 1990). Each story is the storyteller's own construction of reality, and no single story is superior to another. These stories or narratives "are embedded or contextualised, and are co-constructed" (McLeod & Balamoutsou, 1996, p. 73). An emphasis on narrative and discourse rather than on fixed categories of health and pathology, free both client and therapist to construct stories that are congruent, that is, that fit, with the participant's own reality (Doherty, 1991).

In the therapeutic relationship, a person enters the relationship with his or her own reality, or story, containing the symptom, and in therapy, this reality is de-constructed and a new reality or story, is co-constructed. The system which constructs the "new" reality, or story, contains the therapist and the process is a linguistic one (Anderson & Goolisham, 1988). However, according to Coale (1992b), language should not be regarded as the only vehicle through which meanings can change. It is but one reality. Meanings can also change through changes in behaviour. She therefore posits that a both/and perspective be adopted which includes "language/cognition as an avenue to behavioral change and behavioral change as an avenue to language/cognition change" (Coale, 1992b, p. 14). This idea is particularly relevant to less verbal clients, and therefore is pertinent to this study where a participant, from a different language and cultural group to the therapist, was involved.

The ideas in this section are relevant to this study in which the researcher recounts the participants' stories.

Constructivism and the Present Study

As became clear from the foregoing discussion, reality is always the unique creation of people. A person creates meanings which develop in context "and social and cultural contexts are a part of the meaning clients and therapists bring to the therapy arena" (Coale, 1994, p. 5). Each person's reality is equally valid and says as much about this person as it does about what is being observed. Who we are, colours what we observe. It is therefore as important to focus on the properties of the observer

as it is to focus on the content of the person's reality, "thus emphasizing the recursiveness involved in our creation of reality" (Crosby, 1991, p. 9). That each person's reality is his or her own unique construction does not mean that there cannot be a "shared reality". It is nonetheless important to recognise that someone else's reality cannot be my reality. However, it is possible that there are certain aspects of someone else's reality and my reality that are similar. It is this area of overlap or congruence between the two realities that is referred to as a shared reality (Crosby, 1991).

A co-constructed reality exists in the domain of shared meanings which Maturana (1975) calls a "domain of consensus" and Bateson (1972) an "ecology of ideas". Fourie (1991, p. 8) says: "The reality which is co-constructed in a system cannot be just anything, it has to fit with the ideas which the participants have about themselves, about each other, about the problem and about the world in general". All realities are not equally valid. One reality can be more useful to a system or have a better fit than another reality and in therapy, a more useful reality can be co-constructed for a family whose present reality is unhelpful (Fourie, 1994).

Different theoretical models help to organise the observer's "own perception and experience regarding the client's presenting problem" (Duncan et al., 1990, p. 167). The theoretical language and content conceptualisations that pertain to the perspective which is coherent with the observer's framework, "may be viewed as metaphorical representations which explain and organize the therapist's reality" (Duncan et al., 1990, p. 167).

Thus, the researcher or observer should be in touch with the way she views the world. The "I-Thou" encounter is a respectful encounter between persons participating in conversation (Real, 1990, p. 260).

The implications of constructivism for this study are the following: Firstly, the researcher is never free of her own bias (Crosby, 1991). The researcher includes

herself in the description of the system. Secondly, through the very process of interaction with participants, the researcher becomes part of what is being observed. She therefore has some impact upon their perceived realities, inasmuch as they have some impact on her perceived reality (Crosby, 1991). Thirdly, both participants and researcher bring their own realities informed by their own ideas as well as the ideas of their social and cultural context into the research situation. Fourthly, the researcher needs to recognise how these social and cultural discourses may contribute to the participants' beliefs regarding their depression. Fifthly, meaning is created in language through conversation and involves storytelling. Next, the researcher's epistemological frame will colour what she sees (Crosby, 1991). In addition, the researcher constructs her reality of what she perceives depression must be like for the subjects and then proceeds to reconstruct that reality by imposing her interpretation and experience of the client on to the client herself (Crosby, 1991). Finally, that certain realities, such as economic hardship, exist which are independent of the perception thereof.

Conclusion

Constructivism focuses on "meaning-in-context" (Coale, 1994, p. 5). In this study, new meanings are generated and are continually undergoing change as the observer/researcher engages in conversation with her research participants. They lead to each negotiated choice from the alternatives open at each point in time, and enable people to find new meanings in their life situations by "restorying" their problems in ways that liberate them from the way that they have storied their lives thus far.

CHAPTER 6

RESEARCH APPROACH

Introduction

In this chapter qualitative research will be discussed in general. This will be followed by an explanation of how the constructivist approach will be used in this study, and the role of the researcher will be outlined. Thereafter sampling and selection, data collection, and data analysis processes, will be described.

Quantitative research methodology is consistent with the Cartesian-Newtonian epistemology which was briefly outlined in the previous chapter. This approach hinges on the belief in a reality "out there" waiting to be *discovered*. Consistent with this idea is the belief that research must be objective in order to arrive at the truth, in other words, the research must be free from observer bias. Quantitative research belongs to the tradition that is concerned with "objectivity, measurement and outcome" (Wassenaar, 1987, p. 26). From this perspective, researchers use data that can be measured, and they therefore reduce what they are researching to units devoid of the subjects' larger contexts in order to understand reality. Many researchers who follow this approach therefore believe that if they are not using an experimental design, and are not measuring something, they are not in fact doing research.

With the shift in focus from individuals to larger systems, standard diagnostic procedures were called into question because they failed to take into account the individual's interrelatedness within systems, and focused chiefly on intrapsychic or situational factors. Traditionally-oriented theorists, for example psychodynamic theorists and behaviourists, attributed a linear cause-and-effect sequence to most behaviour. The traditional quantitative approach was thus not considered appropriate to a field whose data was order or pattern.

There has been a wealth of research on social support and depression in women.

Most of this research has been coherent with the Cartesian-Newtonian philosophy whereby the researcher, from his or her objective vantage point, has been considered to be in the best position to describe the problem (Jack, 1991). Feminist thinkers believe that this approach has entrenched ideas that have perpetuated the subjugation of women (Callaway, 1981; Gergen, 1985). In addition, a belief that depression has an objective existence within the person led many researchers to ignore the contexts in which depression manifested itself and to engage in what Mischler (cited in Jack, 1991, p. 24) called "context stripping". With the shift in thinking, these views were challenged and the focus has turned to the depressed women themselves who are now considered as being in the best position to describe their experiences within the contexts in which depression occurs. Of importance is how they perceive their experiences, and not whether their reports accurately reflect "reality". Allowing women to tell their stories gives them a voice which needs to be heard. Jack (1991, p. 25) says:

The knowledge we are gaining from epidemiological and biological research can point to risk factors associated with depression, but such research cannot explain why, in similar social and relational contexts, some women become depressed while others do not. To know the response a woman has to her context, we need to know the meaning she makes of that context - how she interprets her actions and evaluates herself and her worth within her culture and her relationships. Listening to depressed women's reflections about themselves, paying attention to their words and recurring themes, can help us to restore their experience from invisibility, to bring it out from behind the screen of traditional interpretations.

Qualitative Research Paradigm

Quantitative and qualitative research paradigms generally make different assumptions about the nature of reality and they have different research objectives. Qualitative research is usually equated with a new way of thinking about the world.

However, qualitative research covers a wide range of approaches, and some approaches may still embrace some of the assumptions of Cartesian-Newtonian philosophy.

Qualitative research as opposed to quantitative research provides a rich source of data. Goetz and LeCompte (cited in Moon, Dillon & Sprenkle, 1990, p. 358) describe social science research along four continua. They characterise qualitative research as more “constructive”, “generative”, “inductive”, and “subjective” than quantitative research which they depict as more “enumerative”, “verificative”, “deductive”, and “objective”. According to Moon et al. (1990, p. 358), qualitative research reflects a phenomenological perspective and researchers “attempt to understand the meaning of naturally occurring complex events, actions, and interactions in context, from the point of view of the participants involved”. They go on further to add that “these researchers look for universal principles by examining a small number of cases intensively”. They also try and understand phenomena in a holistic way. According to them, the specific characteristics of qualitative research designs are the following:

1. They are informed by **theory**. A specific epistemology guides the researcher giving him or her a specific lens for looking at the world. A specific qualitative approach, for example a constructivist inquiry, also referred to as hermeneutics by Crabtree and Miller (1992), is undergirded by an epistemology which is consistent with the methodology.
2. The **purpose** of research is clearly stated before the research project is commenced. **Questions** tend to be open-ended and discovery-oriented and may change as the study proceeds. Questions tend to focus on “what” rather than on “why”. According to Stiles (1993, p. 607), “‘what’ questions elicit material of which clients have direct knowledge”. These questions are also more suitable for telling stories. The focus is not on linear causality but on context, and events and actions are viewed holistically.

3. **The role of the researcher** is more active and participatory than in quantitative research. Researchers develop close relationships with participants who also play a more active and egalitarian role and may even become co-researchers or collaborators. Researchers, as the primary data collection instrument, clarify their roles as researchers and acknowledge their biases.
4. **Sampling and selection:** Many types of sampling are possible although researchers usually deliberately select small samples which fit the research aims. Researchers prefer to look intensively at a few cases which highlight individual differences and context. According to Goetz and LeCompte (cited in Moon et al., 1990), convenience selection, comprehensive selection, quota selection, extreme-case selection, typical-case selection, unique-case selection, and reputational-case selection, are some of the types of selection that may be used.
5. **Data collection:** Data is collected using both interactive and noninteractive methods. Data is usually visual or verbal rather than statistical. Data is collected by means of interviews, observations, or by means of document analysis, and can be in the form of field notes, video tapes, and audio tapes.
6. **Data analysis:** Data can be analysed in various ways so that patterns can be discerned. In some cases elaborate coding systems are used. Patterns emerge from, rather than being imposed on, data. The researcher needs first hand knowledge of the data. This approach is time and labour intensive.
7. **Results:** Results are usually in the form of assertions, discovered theory, or taxonomies (categorical systems).
8. **Reporting:** The goal is to re-create the reality studied.
9. **Reliability and validity:** Reliability and validity in qualitative research are conceptualised differently from quantitative research designs. In quantitative research

designs, reliability refers to the reliability of the measuring instrument and validity to measuring what it intends to measure. Reliability and validity should be coherent with the methodology, and, in qualitative research designs, refer to trustworthiness and credibility which can be assessed in terms of a number of specific strategies. In qualitative research "reliability refers to the trustworthiness of observations or data", whereas "validity refers to the trustworthiness of interpretations or conclusions" (Stiles, 1993, p. 601). Stiles (1993, pp. 602-607) mentions the following strategies with regard to reliability:

- * "Disclosure of orientation" which refers to the researcher's specific orientation including expectations for the study, preconceptions, values or theoretical allegiance.
- * "Explication of social and cultural context" which refers to the investigation's context.
- * "Description of internal processes of investigation" refers to the investigator's internal processes or the impact of the research on the researcher.
- * "Engagement with the material" which refers to the researcher's relationship with the participants in the study as well as with the material. The researcher needs to establish a relationship of trust whereby he or she seeks to understand the world from the perspective of the participants.
- * "Iteration: Cycling between interpretation and observation" which refers to the "dialogue" between theories or interpretations and the participants or text.
- * "Grounding of interpretations" which refers to the linking of interpretations to the content and context, for example, themes are linked with examples from the interview text.
- * "Ask 'what' not 'why'" which grounds experiences in a context and is more suitable for telling stories.

According to Stiles (1993, pp. 608-613), validity involves the following strategies:

- * "Triangulation" which refers to information from multiple data sources, multiple data collection and analysis methods, and/or multiple investigators (Moon et al., 1990; Stiles, 1993).
- * "Coherence" which refers to the quality of fit of the interpretation.
- * "Uncovering; self-evidence" which refers to making sense of our experiences and which Potter and Wetherell (cited in Stiles, 1993), call "fruitfulness."
- * "Testimonial validity" refers to the validity obtained from the participants themselves.
- * "Catalytic validity" which refers to the degree to which the research process makes sense to the participants and leads to their growth or change.
- * "Reflexive validity" refers to the way in which the researcher's way of thinking is changed by the data.

Justification for Choosing a Qualitative Research Approach

A qualitative research approach is coherent with a constructivist approach, the theoretical perspective of this study, whereby the co-constructed stories of the participants are told through the researcher's lens, whereafter the researcher gives her account of the stories of the stories.

Participants tell their stories in conversations that take place between researcher and participants. This is consistent with "the idea that people make sense of and communicate their experience through stories" (McLeod & Balamoutsou, 1996). The emphasis is on social life and how participants construct social meaning. How a person constructs meaning is believed to be idiosyncratic to the person. This runs counter to the positivist assumption that "everyone shares the same meaning system" and experiences "the world in the same way" (Neuman, 1994, p. 63). The aim is to understand the subjective world of participants which is best realised through a qualitative research approach.

Qualitative research is also consistent with hermeneutics whereby the researcher “enters an interpretive circle and must be faithful to the performance or subject, must be both apart from and part of the dance, and must always be rooted in the context” (Crabtree & Miller, 1992, p. 10). The recursiveness implied in this account is particularly suited to a qualitative research design, whereby, unlike the idea of predictability inherent in quantitative research designs, a lack of predictability is what is most often encountered.

Reliability with Reference to this Study

Reliability will be achieved in the following ways in this study: The researcher will disclose her orientation. Secondly, she will explicate the social and cultural contexts of the investigation's context which will become evident from the stories. Thirdly, with reference to the description of internal processes of investigation, how the investigation will affect her will be mentioned. In addition the difficulties that she might encounter will be discussed, as well as how the themes could enrich and extend her understanding of social support and depression in women. Fourthly, the researcher will establish a close relationship with the participants, and will engage closely with the material. Fifthly, reliability will be achieved with reference to iteration. The researcher will dialogue with the text which will include audiotapes and transcripts. She will listen, read, conceptualise, re-read, reconceptualise, and her observations will change and evolve in the process (Stiles, 1993). Next, interpretations will be grounded by linking them to excerpts from the original text and the context in which they occurred. Finally, the researcher will ask the type of questions that could elicit material about which the participants have direct knowledge, and which will lead to the telling of stories.

Validity with Reference to this Study

In this study, validity will be achieved through triangulation from multiple data sources, collection methods, and multiple voices. Coherent interpretations which fit with

the experiences of the three women and their worlds will be offered. In addition, it is hoped that the study will enrich and extend the understanding of the readers of the research helping them to make sense of the subject. Next, catalytic validity will be obtained from participants whose lives will hopefully be affected by the encounter. Reflexive validity will be obtained because the researcher's interpretations will keep changing as the researcher engages in the hermeneutic dance.

Theoretical Perspective of this Study

Constructivism

Introduction

In this present research, a **constructivist approach** which is coherent with a qualitative methodology will be followed. This approach was discussed fully in chapter 5 and its specific application to this research study will be discussed in the following section.

Orientation

Constructivism refers to the process by which reality is *created* by the observer. What is observed is given meaning by the observer and it is in this sense that we can say that reality is created. The constructivist speaks about an "invented reality". If two or more observers agree on an observation they have co-constructed their reality (Hoffman, 1990; Von Glasersfeld, 1984). However, constructivism should not be confused with solipsism which implies the belief that "anything goes" (Fourie, 1994, p.13). A co-constructed reality exists in the domain of shared meanings which Maturana (1975) calls a "domain of consensus". These shared meanings cannot be anything. They need to fit with the ideas of both researcher and participants, as well as with the ideas from other sources connected to that context (Fourie, 1994). *Implication of this approach* is that each person has a unique way of constructing

world which is his or her reality and which is valid for him or her. This frees the researcher from having to decide on whether the participant's reality is "correct" or "false".

In this study, the assumption is that the researcher as well as the three participants have their own way of viewing and making sense of their worlds. The researcher as well as the participants bring their own realities into the research context. The researcher tries to understand the participants' worlds from their points of view and to listen to the dominant discourses. In other words, she shares in the participants' meanings and in the meanings that contain the problem. In interaction, through conversation, the researcher also offers her meanings and alternative constructions. Because realities are constructed linguistically, they can be de-constructed in language (Hoffman, 1990), or alternatively, through changes in behaviour which can also lead to changes in meaning (Coale, 1992b). In other words, if meaning is created or constructed in language, it can be de-constructed and a new reality or meaning can be created (Fourie, 1994). The researcher and participant are then able to re-construct or co-create a different reality in language or in behaviour. This new or alternative reality provides a different context to the one where the meanings around a problem was central. This approach therefore offers many different possibilities for change.

How a Symptom is Viewed

From a constructivist point of view, a symptom does not exist in an objective sense (Fourie, 1994), but it refers to behaviour that is given meaning and is co-created in language (Anderson & Goolishian, 1988). However, the very act of naming someone as "depressed", for example, illustrates the limitations inherent in language. Naming a person in a certain way gives the impression that the symptom exists in an objective sense within that person (Fourie, 1994). In this study, the word "depression" or "depressed" refers to a consensual linguistic definition and not a reality in the objective sense.

Role of the Researcher

In keeping with the constructivist approach, the researcher as observer is also included in the description of the system. The observer not only influences what he or she is observing by the very act of observation, but the observation is also influenced by the observer's way of observing and by his or her way of thinking about things. The researcher should be aware of how he or she thinks about things and what theories inform his or her thinking. How researchers describe what they see indicates their epistemological base which directs their action, and therefore, the research says as much about them as about their participants. The researcher and participants are both active participants in the research process and each one brings to the research situation his or her own "unique purposes, expectations, backgrounds, outlooks, and personality organisation" (Bopp & Weeks, 1984, p. 53). The specific nature of their relationship, at a given time, in a particular context, is a product of the particular interaction of the two individuals. At the same time, the nature of the relationship influences both participants and researcher. "Therefore, what happens in [the research situation] is a function of the [researcher] and client, on the one hand, and of their relationship on the other" (Bopp & Weeks, 1984, p. 53). Researchers form a close relationship with their participants and trust develops over time. Researchers are like detectives trying to reach an understanding of the event (Fourie, 1994).

The purpose of research should be clearly stated before the research project is commenced. In this study the researcher informed participants that the researcher was conducting research on the experiences of depressed women from their vantage point. She also told participants that knowledge about depression in women had been obtained chiefly from the results of tests administered to depressed subjects, and that a gap existed that needed to be filled by depressed women's own accounts of their experiential world of depression. This study would give them the opportunity to tell their stories around the roles of relationships in their worlds. She explained to participants that she felt that as they had experienced depression first hand, they were the experts in the field of depression, and had an enormous contribution to make to the box

knowledge on depression. She also told them that their story could perhaps help somebody else who was suffering from depression. She hoped that in this way meaning would be attributed to their suffering which would then not have been entirely futile. The aim of the research was to tell the story around the role of relationships in the world of women who present with depression.

At the outset of this study, the researcher described her role as a researcher to her three participants. She informed them about her interest in depressed women which began when she discovered that most of the women that she counselled were depressed. This led to her wanting to understand more about depression, the nature of which seemed to elude her. She pondered on her observation that depressed women had impoverished social networks and seemed to lack supportive ties. It seemed to the researcher that depressed women lacked a favourable environment in which to grow and develop. The researcher's questions at that stage were quite simplistic and naive. She wondered whether impoverished social networks necessarily led to depression because women did not receive the emotional support that they required, or perhaps whether depression led to diminishing social networks, or perhaps the impression that support was not forthcoming from those around them.

The researcher also believed that women who have young children would be more prone to developing depression because of their isolated existence at home, and also because of the additional pressures of coping with younger children who need far more care than older children, especially if additional help or support from those around them was not forthcoming. This idea was based on literature that she had read, as well as her contact with depressed women.

Concurrent with her contact with the participants, the researcher conducted an extensive literature survey on the subject of depression, depression in women, and social support, which also contributed to her perceptions.

A Brief Personal Statement

At this point the researcher wishes to make a personal statement about her background. It is then overt.

The researcher is a Caucasian female. She is married and has two children, and chose a career in psychology. Although she has experienced the emotion of depression, she has never experienced *depression* as such. Nonetheless, she is still able to identify with the women in her study as a woman, and herself a mother. However, she does not assume that her experiences as a woman are necessarily those of her participants. She viewed her encounters with each of the participants as a cross-cultural encounter. She respected that each person belonged to her own unique cultural context and way of viewing the world.

Some Important Ideas which Informed the Researcher's Thinking

The autonomous nature of systems. In the previous chapter, second-order cybernetics was discussed. From this viewpoint, systems are conceptualised as informationally closed and as autonomous. The implication of the researcher's belief in the autonomous nature of systems for this study meant that the researcher respected the autonomy of participants and did not believe that she had the power to influence the participant system. The researcher could perturb a system but the system was only able to change in the way that its particular configuration allowed it to change. The only behaviour that the researcher could effectively change was her own behaviour.

Systemic organisation. A system such as a family, although comprising of family members, functions not simply as a collection of people, "but as an autonomous organism with its own rules and roles, its own structures and processes" (Bloch, 1984, p. 387). A system such as a family should also be considered as a part of a larger field

which precludes treating it permanently as a closed system (Auerswald, 1985). Sylvia, Mapule, and Edith were all members of a family and these ideas influenced the researcher's views.

Breunlin and Schwartz (1986) comment that it is unlikely that the pattern in a family can ever be fully known by an observer and that different observers will punctuate the pattern into sequences in different ways, highlighting different sequences (Bloch, 1984).

Change and Stability. Change and stability are viewed as part of an evolutionary process. Schwartzman (1984, p. 232) says that "change at some level can be understood as an attempt to maintain unchanged a more basic aspect of a more inclusive system." A system pushed beyond its self-regulating limits, restructures to maintain the system at another level. In other words, a system changes in order to stabilise. This view coloured the way that the researcher viewed participant's attempts to change but which served to maintain and conserve the system.

Health and Pathology. A symptom, such as depression, manifests itself when "a system is adjusting itself" because of the "disturbance created by an escalation of one of its variables" (Atkinson & Heath, 1990, p. 146). According to Keeney (1983), a symptom appears whenever individuals make conscious and consistent attempts to maximise experiences, actions or patterns that upset the balance by promoting the interests of some part of the system at the expense of the interests of another part of the system (Atkinson & Heath, 1990).

On another level, pathology results when the environment is unable to meet the individual's needs due to insufficient resources or due to their unequal distribution.

The focus is on how the system works and the symptom is viewed as part of the relationship system rather than being exclusively located within one person (Keeney, 1979). From this perspective, it is the pattern that is regarded as dysfunctional rather

than the person evidencing symptoms and the attitude of the researcher or therapist becomes more compassionate as the players are viewed as "caught" in a recursive pattern. According to Sluzki (1983), the problem is not constructed by the family, but instead, it is the problem that structures the family. These ideas informed the researcher's thinking about depression in this study.

The Researcher or Therapist. The researcher views her role in the present study in the following way.

The therapist (or researcher in this case) is part of the system and according to Bateson (cited in Keeney, 1984, p. 32) is "therefore subject to all the constraints and necessities of the particular part-whole relationship in which he [or she] exists". The therapist/researcher acts on the participants simultaneously with the participants acting on the researcher. The therapy/research system "is therefore a whole system consisting of the simultaneous interaction of all parts. These simultaneous interactions self-referentially identify, define, and constitute the whole system" (Keeney, 1979, p. 124).

Clearly, this researcher's way of viewing the world will influence her way of viewing the role of relationships in the world of women who show depression. The researcher is positioned not outside the system but in the system. What the observer observes is determined not solely by the qualities of the observed, but by the nature of the observer's organisation and structure.

The role of the researcher is therefore that of "participant-facilitator" (Real, 1990, p. 259). The self-in-system perspective stresses both the facilitative and participatory role of the therapist. The only behaviour directly accessible to the therapist's control is her own behaviour. The therapist is always "respectfully *engaged* with the multiple realities that he or she encounters" (Real, 1990, p. 260). The therapist should have humility, "the common sense to take personal responsibility for oneself within the system, and the political sense to acknowledge that social discourse is indeed social not merely idiosyncratic" (Real, 1990, p. 260).

Sampling and Selection

Many types of sampling are possible although researchers usually deliberately select small samples which fit the research aims. Research participants or informants are selected because they are able to provide "rich descriptions of the experiences" that are being studied, that is, they have personal experience of the subject. They "must be able to articulate their experiences and be willing to give complete and sensitive accounts" (Wilson & Hutchinson, 1991, p. 269). Researchers prefer to look intensively at a few cases where individual differences and context are highlighted.

In this study, sampling was purposive - unique-case and convenience selection were used. Participants were selected who could provide rich descriptions of the subject under study, that is of their depression in the context of their relationships.

The sample comprised three women, who perceived themselves to be suffering from depression. These participants had experienced subjective distress, which was characterised by among other things, sadness, feelings of helplessness and hopelessness, low self-esteem, irritability, specific physical symptoms, and interpersonal difficulties. It was the researcher's perception that Sylvia seemed to experience the mildest form of depression, followed by Mapule, whose depression seemed slightly more severe. Edith suffered from moderately severe depression. During the researcher's contact with her she was hospitalised and received electroconvulsive therapy. All the participants had young children who were considered to add to the stress of the depressed mother.

Friends of the researcher put her in contact with participants who had young children and saw themselves as depressed. All three women had in the past experienced a depression for which they had sought psychological or psychiatric help.

Participants were asked if they would be willing to participate in this study. Two of the participants, namely Sylvia and Edith, were willing to participate when they were

first asked, while the third participant, that is Mapule, said she would only consider it after the first interview, whereafter she agreed to participate.

The researcher obtained the written consent of participants to tape record sessions and to use the information solely for the purposes of research.

Data Collection

Personal data, such as name, age, address, husband's name, names and ages of children, occupation, husband's occupation, and hobbies or interests, was obtained from a personal data form which participants completed at the beginning of the first interview.

The interview was the method used to obtain information. An interview may be structured, or unstructured as was the case in this research study. It can be broadly defined as a face-to-face interpersonal situation where one person, the interviewer, asks another person, called the interviewee, questions in order to obtain information which is relevant to the research problem (Kerlinger, 1986). However, this definition seems to imply inequity in the roles. The interview in this study was modified to be more consistent with a conversation between researcher and participants.

Questions tended to be open-ended and discovery-oriented and focused on "what" rather than on "why". According to Stiles (1993, p. 607), "'what' questions elicit material of which clients have direct knowledge". These questions are also more suitable for telling stories. The focus was on context, and events and actions were viewed holistically.

The interview provided a context for a relationship to develop between the researcher and participants over time. The interaction process itself, which occurred between researcher and participants, was assumed to reflect the participants' unique patterns of interaction. This process was enlightening because it provided information

about the way participants in this study interacted and the effect they had on others, including the researcher. The researcher formed a relationship with participants, and this relationship was in itself a form of support and was thus seen to be of therapeutic value. The quality of the interaction between researcher and participants ensured the validity of the research.

The interview was flexible and was adapted to each individual's situation. Meanings were explored and the researcher was able to check out whether or not she had understood participants correctly. If she misunderstood what her participants were saying, they were able to correct these misunderstandings. In keeping with constructivism, the researcher and her participants co-created meanings through language or conversation. Realities that were not helpful or useful were de-constructed and new realities were co-constructed in the interview context, realities that were congruent with the participants' ideas and contexts. In this study, the interview provided information about how women perceived their world of experience.

A person's constructions are related to a context and are "all part of the larger universe of stories" (Crabtree & Miller, 1992, p. 10). Storytelling is coherent with a constructivist approach and refers to the stories of each participant told through the lenses of the researcher in terms of patterns and themes that were identified.

Participants were invited to tell their stories. This did not mean that they told their whole story but they recounted only those parts that were relevant to the presenting problem - the role of relationships and depression in this case. These stories provided the researcher with an idea of their orientation towards life, the pressures surrounding their lives, their characteristic ways of dealing with problems and so on. Thus part of the work between participants and researcher involved "life-story elaboration, adjustment or repair" (Howard, 1991, p. 194). In the process "two life stories come together and each life trajectory is altered by the meeting" (Howard, 1991, p. 196). The

story thus becomes a way of finding meaning in our lives when we see ourselves as actors "within the context of the story" (Howard, 1991, p. 196).

Family members tell stories which have scripts which are tightly written. These scripts tend to curtail their behaviour and it is the therapist who can offer an alternative script which can in turn change the scripts of family members. It is important that the researcher or therapist does not accept the family's script as the truth or only description because it will block alternative ways of viewing.

Method of the Interview

The researcher interviewed subjects over a number of sessions which were determined by the participants themselves. In the case of Sylvia, six interviews were conducted, in the case of Mapule, five interviews, and in the case of Edith only three interviews were conducted.

During the series of interviews, information on the importance of childhood relationships, recent stressful experiences, relationship with spouse and spouse support, the effect of having children, support from friends or family, employment, social activities, interests, links to organisations, and so on, were obtained. Also, the contexts in which participants experienced their depression was examined.

In addition, the researcher also offered alternative meanings in the course of the conversations that occurred between researcher and participants. Both the researcher and the participants were actively involved in co-creating alternative realities.

Data Analysis

Data analysis is the process whereby order, structure, and meaning is imposed on the mass of data that is collected in a qualitative research study. It is described as

"a messy, ambiguous, time-consuming, creative, and fascinating process" (Marshall & Rossman, 1995, p. 111).

An interpretive approach was selected. This approach can be traced to Max Weber (1864-1920), the German sociologist. This approach can be defined as: "the systematic analysis of socially meaningful action through the direct detailed observation of people in natural settings in order to arrive at understandings and interpretations of how people create and maintain their social world" (Neuman, 1994, p. 62).

Interpretive social science is related to hermeneutics which

emphasizes the human experiences of understanding and interpretation and is presented as people's detailed stories ("thick description"), which serve as exemplars and paradigm cases of everyday practices and "lived experiences." These practices and experiences are identified, described, and interpreted within their given contexts (Wilson & Hutchinson, 1991, p. 265).

According to Neuman (1994, p. 61), hermeneutics

emphasizes a detailed reading or examination of *text*, which could refer to a conversation, written words, or pictures. The reading is to discover embedded meaning. The theory says that people carry their subjective experience to a text. When people study the text, they absorb or get inside the viewpoint it presents as a whole, and then develop a deep understanding of how its parts relate to the meaning of the whole.

Hermeneutics as a discipline was originally concerned with the interpretation of ancient Biblical texts. Modern hermeneutics was developed by Heidegger (1962) and

Gadamer (1975; 1976) as a general philosophy of human understanding and interpretation. This method recognises that people are embedded within a social, cultural and historical context which affects how they make sense of their world. According to Rowan and Reason (1981, p. 133):

Understanding can be seen as a fusion of two perspectives: that of the phenomenon itself, whether it be an ancient text, the life of an historical figure, or a current social or psychological event or process; and that of the interpreter, located in his or her own life, in a larger culture, and in an historical point in time.

Hermeneutics is the method of data analysis selected for this study. It is coherent with a constructivist approach. Crabtree and Miller (1992), refer to Shiva's circle. Shiva is the androgynous Hindu Lord of the Dance and of Death. They explain: "A constructivist inquirer enters an interpretive circle and must be faithful to the performance or subject, must be both apart from and part of the dance, and must always be rooted in context" (Crabtree & Miller, 1992, p. 10).

The aim of hermeneutics is "to discover meaning and to achieve understanding" (Wilson & Hutchinson, 1991, p. 266) or to make sense of "that which is not yet understood" (Addison, 1992, p. 110).

It is based on the following assumptions (Addison, 1992):

- The participants in a research give meanings to what is happening in their lives which are important if researchers are to understand their behaviour.
- Meaning can be expressed in different ways, not only verbally.
- The meaning giving process is informed by the "immediate context, social structures, personal histories, shared practices, and language" (Addison, 1992, p. 112).
- The meaning of human action is not a fixed entity. It is constantly being

negotiated, and changes or evolves over time, in different contexts and for different individuals.

- The process of interpretation enables a person to make sense of his or her world. However, these ideas are informed by the interpreter's values and therefore the notion of "truth" or correspondence to an objective reality, are not important issues in this approach which does not adhere to the belief in an objective reality.

This method does not have a set of prescribed techniques (Addison, 1992). The following approach has been adapted from Wilson and Hutchinson (1991) and Addison (1992) and involves the following practices:

1. The researcher reads the entire set of interviews of each participant to get a feeling for the whole. The researcher needs to immerse herself in the participant's world so that she can make sense of that world.
2. The interviews for each participant are summarised and excerpts from the original text are used to support the proposed themes that the researcher has identified.
3. Dialoguing occurs between what the researcher reads and the contexts in which the participants find themselves; between the researcher and her supervisor and other colleagues; between the researcher and the account itself, her own values, assumptions, interpretations and understandings.
4. The researcher maintains a constantly questioning attitude, looking for misunderstandings, incomplete understandings, deeper meanings, alternative meanings, and changes over time, as she "moves back and forth between individual elements of the text and the whole text in many cycles, called the 'hermeneutic spiral'" (Tesch, 1990, p. 68). According to Addison (1992, p. 113), "analyzing is a circular progression between parts and whole, foreground and background, understanding and interpretation, and researcher and narrative account".

5. The final report is a narrative account of the participants' experiences that creates possibilities for change. Three interpretive and presentation strategies are the following:

- * Paradigm cases, which reflect the whole. They depict participants in their contexts.
- * Exemplars are similar to paradigm cases "except that they are shorter stories...that capture similar meanings in objectively different situations or contexts" (Wilson & Hutchinson, 1991, p. 272).
- * Thematic analysis which involves identifying the common themes from the data and using excerpts from the data to substantiate those themes.

The following steps which are linked to the context of the aforementioned practices were executed in this study:

Step 1: The taped interviews were transcribed.

Step 2: The researcher carefully listened to the tape recordings while simultaneously reading the transcribed interviews. The data from each tape was reduced into units of meaning. The researcher then formulated a summary from these natural meaning units. The summaries of all the interviews of each of the participants were then summarised into the stories of each candidate, which may be found in the appendix.

The stories of each subject were told by the researcher. The way the story was recounted in part, reflects the researcher's construction of reality as she cannot be excluded from what is being observed. Who the researcher is, thus coloured the way the story was ordered and told. She nonetheless tried to reflect these stories as accurately as possible.

Thus far the analysis was mainly on a content level. The analysis then moved to the interpretive level, the level of meaning.

Step 3: The researcher carefully read and reread the original transcriptions, and elicited patterns and themes, or descriptions, or categories, which were relevant to the research context - to the story around the role of relationships in the world of women who exhibited depression. How they tried to cope was also discussed.

The role of the researcher's relationship with participants was also a story that had to be told. Her relationship with participants formed part of their world of experience and therefore could not be excluded from the discussion. This relationship was evaluated in terms of how helpful or how unhelpful it was, from the researcher's perspective, as well as its helpfulness from the perspective of the participants. The emerging processes that were perceived to be helpful or unhelpful from the researcher's point of view could serve as guidelines for those dealing with depressed persons.

Step 4: The researcher then recounted the story of the stories. This description portrayed the recurring themes that emerged from the stories of all three participants. General themes emerged that subsumed other themes, but they were nonetheless idiosyncratic and context-specific. Other themes seemed more pertinent to an individual participant. In addition, how they coped, as well as the emerging processes that were perceived to be helpful or unhelpful from the researcher's point of view, as well as what was regarded as helpful from the participants viewpoint, were discussed. These processes could serve as guidelines for those dealing with depressed people.

Step 5: The researcher undertook a comparative analysis between the common themes associated with depression which emerged from this study, and the literature on depression and social support.

Step 6: In the concluding chapter, this study was evaluated, and recommendations for future research were proposed.

Conclusion

The information elicited in this study helps us to understand the inner or subjective world of participants, how they think about their own experiences, situations, problems, and lives. It attempts to portray the social and historical world that the person is living in. It illuminates the meanings of relevant events, experiences, and conditions from the participants' vantage point. Furthermore, it arouses or deepens our empathy for the participants and, more specifically, the world of the depressed person.

In this research, unlike the statistical explanations that are given in empirical positivistic research, descriptions or explanations of behaviour are provided in an effort to make sense of the worlds of depressed women. These descriptions or explanations have pragmatic value but are not in any sense meant to convey the idea of being "the absolute truth". According to Cecchin (1987, p. 406), "when we assume that we have an explanation, we often give up looking for other descriptions". It is important that multiple descriptions should be generated rather than trying to determine whether the explanations provided are true or false. This helps to build a more systemic view. The shift in this approach is towards a focus on pattern, and also the multiplicity of possible patterns, which offers alternative ways of viewing, and has important implications for intervention. Of importance is how all these descriptions fit together rather than whether or not they provide the most logical explanation. We also need to respect the integrity of the system and judge it neither as good or bad. The system is "simply doing what it does, and that this doing is the it that does it" (Cecchin, 1987, p. 408).

CHAPTER 7

MY STORY OF SYLVIA'S STORY

Personal Data

Participant:	Sylvia	(32 years old)
Husband of participant:	Rex	(33 years old)
Children:	Nathan	(9 years old)
	John	(5 years old)
Participant's occupation:	Housewife	
Husband's occupation:	Engineer	

Introduction

This story is based on the transcribed interviews between the researcher and Sylvia. Sylvia's biography is provided in Appendix 1. In this chapter the setting for the interviews will be sketched and the nature of Sylvia's isolation will be described. This will be followed by a brief account of the researcher's impressions of Sylvia. A discussion of the emerging themes follows. Attention is also given to how Sylvia tries to cope with life as she experiences it. The researcher's relationship with the participant will be discussed in terms of what was helpful and what was unhelpful. In the conclusion, Sylvia's story is summarised.

The Setting

Sylvia and her family moved into a house in one of the newer suburbs in the east of Pretoria, a month prior to our first interview. It was a modest home, set in a neatly-kept garden. My initial impression was of a house that seemed too small to house all the furniture and clutter. Both Nathan and John were present during the first interview

and played boisterously in the garden, only disturbing us every now and again. Her mother arrived in the middle of the interview and we had to stop but were able to continue when her mother left.

The remaining six interviews were conducted in the morning during school time so that we would not be disturbed by the boys. Nonetheless, quite a number of our interviews were disturbed by her mother on whom she relied for transport as she did not have transport of her own. One of the interviews was conducted at my home because Rex was on leave at the time and she had access to his car. However, he had no knowledge of me and was not cognisant of her involvement with me. The five remaining interviews were conducted at her home.

Residing in one of the newer suburbs of Pretoria and not having her own transport, meant that Sylvia lived an isolated existence. She did not live within walking distance of the shops, and the bus transport system was unreliable and infrequent. She was totally dependent on her mother for transport. Her mother would arrive every day and collect her to go and fetch the boys from school and nursery school. She therefore had scant opportunity to socialise with other mothers. Once a week she attended a mothers' group in her church of which she was the leader. However, most of these mothers had babies or children, who were much younger than her two children. And so apart from their shared membership of the group, they had very little else in common. She told me during the final interview that her mother had decided that it was no longer convenient for her to fetch the children every day, and Rex was obliged to make arrangements to fetch them during his lunch hour. This further entrenched Sylvia's feelings of isolation. She had very little contact with the outside world apart from the weekly meetings of the mothers' group. In addition, she did not have any domestic help in the home and did all her own housework, which also kept her housebound and maintained her feelings of isolation.

Sylvia's social world shrunk over the years as many of her friends relocated to other parts of South Africa, or abroad. In addition, they rarely socialised as a family or

went out on weekends, except to attend church, and consequently they led a socially impoverished or restricted life. Sylvia felt ambivalent towards her home and felt both imprisoned in her home, as well as safe in her home.

My Impressions

At our first meeting, Sylvia met me at the door and was neatly dressed in a track suit bottom and a T-shirt, which was her standard dress code for the remaining interviews. She was overweight and homely-looking. She had a friendly disposition and I found it easy to communicate with her. It therefore puzzled me why she in fact had so few friends. I found her very open, but I had to earn her trust before she was willing to confide in me. The information that she did eventually confide in me during the fifth interview, was crucial to understanding her and made it easier to comprehend why she had so few friends. The depth of her unhappiness touched me.

Emerging Themes

Theme of Rootedness versus Feelings of Alienation

Both Sylvia and her sister were adopted. The idea of not knowing where she came from was consistent with a loss of self-identity and feelings of alienation, and was instrumental in her search for her biological parents. She has since been able to make contact with her biological mother.

Feelings of alienation were also apparent in her conviction that she did not feel that she belonged in this country. She was unable to identify with any group and consequently felt unable to put down roots. This was linked to her idea that she had to be self-reliant and cope with crises or problems on her own. And yet she had a strong desire for rootedness, to feel a sense of belonging, which she believed she would find if she escaped her unhappiness in this country and went to America. It seemed that she perceived that her environment was contributing to her problems and keeping her stuck

as it were, and that paradoxically, it would be in escaping that she would be able to belong. She failed to see that by embracing self-change and learning to confront rather than escape, could be an alternative route which would meet her sense of belongingness. She said:

In some ways I actually get scared by my own strong, strong desire of actually going....I don't know really why I have this drive. I don't know if its my selfishness or if its just wanting to be for the good of Rex and the children, or if its just me that wants to get out because of the problems that I have....I actually want roots. I don't feel this place is home anymore. It is the weirdest feeling....I don't feel like I belong here....I don't fit in with the Afrikaner....I don't fit in with the English....If I went to England I would feel a stranger there but I think my wanting to go to the States not too southern, but midwest, maybe New York, Connecticut way. I think I would fit in there because they have also got different backgrounds you know....Those are the things that I actually wanted to write on a piece of paper. Its part of me....I'm showing you that this is how I am feeling.

Competence versus Incompetence

Her adopted mother was a trained physiotherapist, and her adopted father was an architect, as well as a minister of religion. In her view, her mother's professional competence made her incompetence in not having a career, more salient.

She had **low self-esteem, was self-critical, and self-condemnatory**. Her low self-esteem centred around the belief that she had not accomplished anything worthwhile in her life. She was a homemaker and had no career, nor the skills to pursue one. Although she possessed computer skills, she failed to see how they connected to a career. She wanted to write a crossword book, a play, or a book. She said:

I also bring myself down....I am very critical of myself, extremely critical.

'Whose going to want to do your silly crosswords and because you have not had any luck with any of the other people that you have done crosswords for, what good are you?' And uh, even writing a play or book, 'everything has been done and you're not going to think anything original'. And that puts me slap bang in my tracks and I cannot move forward over that and that is one of the things I am battling with at the moment.

The *theme of being afraid* was also evident. In speaking about her fears she explained that she was scared of failing:

I'm scared of trying something else. I almost know its going to take a hang of a lot to succeed, not only in the financial venture, but in my mind. That's one of the things that I am actually afraid of.

She was also scared of success, fearing that success would be followed by disaster. It seemed better not to know success in case it was taken away.

In some ways I'm scared of doing well because you're doing well, what is lurking around the corner? Is disaster going to come and hit this thing. I'm actually scared of succeeding.

She felt helpless and stuck in her life because she did not know what career direction to take. Thus the *theme of stuckness* was apparent.

Even now, I still feel even now, what now? My kids are at school. I have got the mornings. I can do something, but what? What can I do?...I want to be out, maybe talking to people and going places. Yesterday, I had the car. I felt like a normal person. I feel stuck. I would like somebody to say: 'Hey, Sylvia, you know this is what you should do and go for it and um, and I can see that you are going to be good at that sort of thing'.

It seemed that Sylvia experienced a *loss of self*. She did not know what she wanted. She put *family loyalty above loyalty to herself* and found it easier to immerse herself in her family, more specifically her boys, than to look to herself. She yearned to accomplish something worthwhile that would be acknowledged. What she wanted others to see was the following which she wrote to me in a letter:

Within lies dormant a lady, a gentle person, a hard working entrepreneur, a woman. All entities have so much to give and receive....I want to be accepted as someone who has achieved something worthwhile or even significant.

Loyalty to the Ideas and Expectations of her Christian Beliefs versus
Disloyalty to these Ideas and Expectations

She was raised in a devoutly Christian family and continued being loyal to the ideas and expectations that were consistent with her Christian beliefs regarding the family.

Although deeply religious, she also firmly believed in astrology which was inconsistent with her Christian beliefs, but was nonetheless consistent with her fatalistic beliefs. It could also be viewed as a form of rebellion against the religious context in which she found herself.

She married a man whom her parents singled out as being suitable because he came from the same Christian background as she did. His parents were missionaries in their church. However, she was rather cynical about them as she experienced the consequences of the incongruence between their faith and their behaviour.

The *theme of her loyalty versus Rex's disloyalty to the idea of marriage* was apparent from the beginning of their marriage. Just after they were married, Rex was called up by the Defence force to serve on the border. She was absolutely devastated,

but was more hurt because he enjoyed being away on the border. It entrenched her feelings of isolation and she felt powerless to do anything about it.

He was having a ball. I was sitting at home. I only had a temporary job at the time. I didn't really have work. I was sitting alone in a flat surrounded by [the people from the company my husband worked for]...It was the most awful thing. My family....I think my folks thought that I should stand on my own two feet....and to have to cope with the situation like that....and I was really hurt, really hurt, and things just started going bad.

In keeping with her Christian beliefs, she always remained loyal to the idea of the husband being the head of the home, even if she was actually the one who made most of the decisions. As she said:

The trick is letting him feel that he is the strong one and the one to make the decisions and be the head of the household. Somebody said that to me. Actually my neighbour. She said: 'Sylvia, you must let the man think that he is the be all and end all of everything, and then you won't have any problems', and that's what I've been trying to do.

Her last sentence was quite ironical given that she experienced a multitude of problems in her marriage despite ostensibly deferring to Rex. The **theme of control** was also relevant here and embraced the belief that Rex was the acknowledged head of the home in a Christian sense, whereas she was actually the one who was in control and orchestrated events.

Sylvia retained her **loyalty to the idea of marriage** even though her marriage to Rex was unhappy. She said:

But I'm feeling I've got to do something, but on the other hand, the whole Christian idea about going after another man is quite ridiculous. But I

think the Lord knows the problems that I have and I think He will provide and, am I being too critical? And am I not being open enough? Or ummm, what am I doing wrong? Or am I doing right and He wants me to stay here and grit my teeth.

She described her relationship with Rex by writing down what she felt:

He and I have not had a meaningful relationship in a long, long time. We have managed to keep the status quo and have functioned and acted as if everything is perfectly fine....In these years of living together, yet having no affection and no real interest. I accepted it because what was really meaningful to me was to keep the family intact but I'm drying up inside.

She experienced the way Rex treated her as abusive.

It is not, if you could see the bruises and the broken bones or the, then you can say 'Hey! Leave the guy', but the emotional and mental abuse that one has to put up with. It is not yelling and screaming at me or, but its the underhandedness and the comments and the lack of support and the digs that he has every now and again, and the lack of interest. It is a whole emotional and mental thing that goes on you know, and its caused a hang of a lot of problems.

Again the **theme of loyalty to the idea of family** predominated. In addition, the **theme of loss of an ideal** was evident. Rex had failed to meet her expectations as a marriage partner. He was not the strong provider that she had hoped he would be.

Her **loyalty to the idea of marriage** also involved the **theme of avoiding dealing with issues** whereby she consciously chose to be passive and silent, and not confront the issues at hand, especially in her marriage, which she acknowledged was just a facade. She consciously chose to be silent, to be voiceless, as opposed to the

vociferousness of her sexual exploits which were her "voice" that communicated about her failed marriage. Thus the **theme of silence versus vociferousness** was also apparent. Her and Rex never dealt with their problems. The collusion of silence was also maintained because of her belief that if the problems were not acknowledged, the necessity to discuss their relationship problems did not exist. She lived around the problem. This theme was repeated when her mother remained silent on the issue of her extra-marital relationships and did not confront her directly, but confronted one of the men she became involved with. However, her mother's belief that Sylvia should find employment outside the home, was indicative of her covert criticism of Sylvia. Rex also never alluded to this relationship although his desire for her to be employed outside the home, and his irritation with her for not equipping herself for the market place, might suggest that he was aware of the relationship and hinted at his veiled anger towards her. Thus the **theme of being criticised or judged versus being accepted** was evident.

The **pattern of avoiding dealing with the issues at hand** was also evident in Rex. He was unable to cope with stress and became physically incapacitated when faced with stress, which put the burden of coping with the issues at hand on her. He failed to join the family unit which consisted of her and the two boys. She believed that she did not really know him because he remained on the outskirts of the family unit, and she believed that he did not know her because she kept him at a distance. In his family of origin, he also remained on the fringes. In this way, the **theme of alienation** was perpetuated.

Sylvia believed that if a man did not have a good relationship with his mother, it was reflected in the way that he treated other women. Rex did not have a good relationship with his mother and did not have a good relationship with Sylvia. Thus this pattern was also being repeated.

There was inequitable task involvement in the home which caused Sylvia to feel bitter. He was also uninvolved with the boys.

Sylvia desperately wanted to go to America to escape her unhappiness and also because she believed that going to America would keep the family together even though her relationship with Rex was in shreds. She said:

I don't want to go [to leave the marriage]. I want the family unit. I want the family to be what I wanted it to be. Strong close and working.

This involved the **theme of family loyalty** as well as the **theme of avoiding dealing with issues** and maintaining the status quo so that the necessity of having to change and betray her loyalty to the family would not materialise. However, she also vacillated between **the idea of loyalty to the idea of marriage and loyalty to her own needs** which could mean leaving Rex and finding someone else who could fill the void in her life. Loyalty to her children, as her idea of family, was a non-negotiable issue in her mind. Her children were of paramount importance to her. Although her marriage with Rex had been a failure, and was linked to her unhappiness, she paradoxically needed him to escape from her unhappy situation. This idea of relocating to America, however, existed in her world of make believe rather than in any real sense, because it became apparent that Rex had no intention of going. She believed he was her 'passport' to America because it was through him that she would be permitted entry into that country. She faxed his curriculum vitae to a firm in America and he was absolutely furious with her. Her **feelings of stuckness** were further entrenched when it seemed to her that he wanted to remain in this country, with what was familiar and did not want to try something new, such as a move to America. There was a fit between her **need to avoid change in the family and her need to make a change** and go and live in another country. However, this latter need was part of her idea of how to solve her problems, and she persistently clung to the idea. Both Sylvia and Rex tried to avoid change in their own ways and this locked them into a system characterised by sameness. It was her belief that if Rex's life opened up, hers would also change for the better, but he seemed to be holding back. This served to further highlight her **external locus of control and passivity** because she believed or expected somebody or

something else to orchestrate change in her life, but never herself. This made her feel even more helpless because even though she tried to manipulate the lives of others, she was powerless to make them do what she wanted them to do. A pattern that was repeated was that although Sylvia resented her parents trying to live her life for her, she also tried to live Rex's life for him, which he also resented. She would have liked to start again but was unable to turn the clock back. She would have liked the chance to make a fresh start but her **feelings of helplessness** immobilised her. Her intentions remained stuck as ideas and the ideas were unable to be transformed into action.

Her depression was connected to her failed marriage. She said:

Its sad, very sad. But I don't want to dwell on it. It drags me down and makes me so depressed.

Her loyalty to Rex as head of the house affected her social life. She deferred to him on this issue, and because he disliked the few friends that she did have, she found herself without friends. She made no attempt to challenge Rex on this issue and her main aim was to avoid dealing with the unpleasantness that it could have caused. On the other hand, Sylvia herself restricted her social life. She presented an acceptable facade to others, but kept people at a distance, and did not allow them to come too close, in case they found out what she was really like. She projected an image that was acceptable and was consistent with her Christian beliefs, but derived no satisfaction from it because of the way she manipulated the beliefs of others regarding how they saw her. She said:

I wonder if they ever really know the real me. They don't know what all happens, all the things....I'm a good actress. In some ways I put on an act and manipulate the situation. I manipulate the way they think about me.

And so in this way she perpetuated her **feelings of isolation**. The **idea of loss** was also evident in that friends that she made when she was younger, she has "lost"

because they emigrated or relocated to other countries or other parts of the country. This further reinforced her feelings of helplessness that forces beyond her control were directing her life. The family system in which Sylvia found herself was closed, that is the boundaries between systems were relatively impermeable, and there was minimal flow of information between systems due to the isolated nature of her existence. She therefore had little support from friends and her one friend that was supportive did not live in close geographical proximity to her.

The Theme of Failing to Meet versus Meeting Expectations

The ***theme of failing to meet versus meeting her expectations*** was tied into her idea of the wife being the dependent homemaker and the husband being the dependable breadwinner. Rex failed to meet her expectations in this regard as his income was insufficient to cover their expenses and she only contributed to the family income in a small way. She said:

That's what I'm doing, stuff from home, you know, so that it doesn't interfere with the children. If I had to go out and work it would definitely interfere with the children. Nathan is a very sensitive kid and I think if I wasn't here for him, he would battle, and so I am here.

Rex, however, expected her to go out and work and felt that she should have geared herself towards this nine years ago. Her mother also believed that she should obtain employment outside the home. The expectations of Rex and her mother conflicted with her beliefs. Sylvia found herself caught in a no-win situation. The ***theme of dependence versus independence*** was also apparent. She was kept in a dependent situation and yet independence was expected of her. At the same time she was expected to be a submissive, dependent wife. Incongruence existed between these discourses. Even though she was married, she was still dependent on her mother for emotional, material, and practical support, and was dependent on Rex, financially. Although she contributed to the family income, what she earned was insufficient for her

to survive on. Rex's inability to provide for them financially also served to maintain her dependence on her mother for material support. She was raised as a special child but paid a price for being a favoured child, because being treated in this way did not prepare her for adult life and adult responsibilities. She did not develop the skills that would foster independence. This ***pattern of favouring a child*** was being perpetuated in her family whereby she favoured John above Nathan. Being treated in this special and favoured way also led to the development of her dependence and passivity because she acquired expectations about how others should treat her, rather than self-directed, proactive behaviour. Sylvia was highly critical of her mother and yet paradoxically, had a symbiotic relationship with her, and needed her approval. She depended on her mother to encourage her and to be positive, and when this did not occur, she tended to slip into depression. The ***theme of her criticalness towards others versus her acceptance of others*** was thus also evident.

Sylvia was treated as favoured, as *something special*, and the metaphor which so aptly described her position was that of a pretty box wrapped in pretty paper with a ribbon tied around it, but nobody really cared what was inside the box. Her parents failed to meet her expectations regarding how she believed she should have been loved. She resented the fact that her parents did not acknowledge her as a person in her own right. It seemed that being treated in this special way where the external appearance was esteemed and which met the expectations of others at the expense of her own needs, fostered in Sylvia the importance of appearances. The ***ritual of maintaining appearances*** at the cost of personal happiness continued. 'As long as it looks good' would seem to be a motto that was being perpetuated.

The ***theme of helplessness associated with an external locus of control and passivity*** was evident as Sylvia believed that she was at the mercy of external forces. The consequence of this was passivity and she abdicated her responsibility to do anything about her situation. The ***theme of avoiding responsibility versus assuming responsibility*** was apparent and she expected others to assume responsibility for changing her situation. She used words like "expects", "wishes", "was hurt" and so on,

which indicated passivity. She passively expected or wished that things would happen to her that would change her situation. She believed that God was orchestrating her life. She was fatalistic in her outlook which further entrenched her passive way of dealing with the world. She blamed her parents for her unhappiness because they pushed her into a marriage to a person of their choice. She lacked interpersonal and life experiences, and job skills because of their overprotectiveness. She harboured resentment towards her parents for her restrictive upbringing, and for the way they intruded in her life in their desire to control her life and make her decisions for her. While she was blaming others, she did not have to take responsibility for her life. She coped with her problems by escaping into her fantasy world. She felt totally stuck in her unhappy marriage and blamed her parents for this. It was as if the whole system was stuck and she clung to the idea that she was incapable of doing anything about it.

How She Tried to Cope

Sylvia tried to cope on her own via *fantasising, using her mind, repression, making believe, manipulation, becoming voiceless, seeking revenge and becoming depressed.*

She *fantasised* about having a relationship with a man who would fall in love with her and meet her needs and expectations. She became involved in an extra-marital relationship in which she expected to find what was missing in her relationship with Rex. She said:

The pattern being repeated is that I got to the stage where I wanted another man. I wanted the tenderness. I wanted to be loved. It happened before, and it happened before that chap and its happening again now.

Her extra-marital relationships introduced change into the system while maintaining the status quo. She could escape into an illusion of the type of relationship closeness that she longed for while not actually having to confront the meaningless

relationship that existed between her and Rex. When the man she was involved with, discarded her in favour of somebody else, feelings of helplessness overwhelmed her especially as she suspected that she was pregnant with this man's child. On the other hand, she believed that this was her ultimate revenge against Rex. To be expecting another man's child when Rex believed it was his child gave her immense pleasure and a feeling that somehow she had got her revenge. However, she still did not deal openly with the problem and did not seem to take into account that maybe he suspected that it could not be his child. Once again she found herself in a no-win situation even though initially she had believed she could win. The depression that she experienced after her second son, John, was born was linked to this experience and to the guilt that she no doubt experienced as a result of her religious convictions. She consulted a psychologist and this was how she described herself at the time:

I had very low self-esteem and I thought nothing of myself. I was just plodding along. I was living from one moment to the next minute.

She felt betrayed in that those that she trusted betrayed her trust in them, and the way that she coped with her pain was evident in the following:

In some ways it really hurt but I think that I have learnt subsequent to postnatal depression, that your mind is your best tool, and if you can process the pain and thoughts and stuff, you can get through it, and there's nobody to help you and you have got to do it yourself. I think like I told you last time, this self-hypnosis thing and you can say to yourself over and over again, and you work things out and you can actually, you can actually make believe. You can cover things over, not wipe things out. You can cover things over with a pretty bow and some nice pretty paper or covering or cloth, and its there in the back of your mind, far away gathering dust. And that's what I do and in some ways because even at home, one has to be seen and not heard. I think I have also developed that.

She coped by **using her mind** which was paradoxically her “best tool” and yet, her worst enemy, by means of **repression**, (avoiding dealing with issues,) and by **making believe**. Not being heard, was an idea that was strongly linked to her lack of acknowledgement as a person, and made her retreat into herself and led to her belief that she had to cope on her own which was not always effective. A **theme of having to cope on her own** weaved its way throughout our conversations. Rex let her down. So did the men that she became sexually or emotionally involved with. Even her parents let her down. Many of her friends also betrayed her by letting her down. She found herself alienated and on her own. She failed to see a connection between the type of relationship that she formed and the betrayal that she experienced. The types of relationships that she formed with men were doomed to failure right from the start because of her unrealistic expectations and conflicting motivation, and she set herself up to be hurt. She was also afraid of them succeeding since she feared that they would not last. Sylvia’s attempts at change in her marital relationship failed and the powerlessness that she felt was further entrenched. In order to regain power and to deal with her hurt, she resorted to revenge and doing things in secret which restored power to her. It made her feel powerful to seek revenge on men in general, in order to hurt them in the same way that she had been hurt by them. However, she did not deal honestly and openly with her relationships, and her pattern of avoiding dealing with issues, was once again perpetuated. Although she felt that Rex, her parents, and her friends, did her an injustice and believed that they hurt her, she remained quite insensitive to the hurt that she caused them, and her betrayal of them. Sylvia’s **manipulation of others**, instead of dealing with relationships in a more open manner, and her critical attitude towards others, did little to improve her relationships.

Manipulation was therefore another coping strategy that was pertinent and is linked to the theme of control versus powerlessness. Manipulation was her form of taking control and emanated from the helplessness that she experienced in her life. She manipulated her mother, Rex, and her friends. But with the feeling of power that initially accompanied it, also came the sobering realisation that she had to pay a price for manipulating others. She believed that she had **to become voiceless** so as to

maintain the status quo. However, she believed that manipulation was her only option. She said the following with regard to the way that she manipulated her mother:

I manipulate, its still a manipulative circumstance that I'm in. I derive tremendous benefit from the relationship. I've created the relationship. I don't see eye to eye with my mom on a lot of things but I keep quiet for the sake of the status quo and getting things the way that I want them to be.... Yes, I do pay a price, but if I don't do it I would still be sitting here.... I would be in a worse situation.

The pattern whereby she avoided dealing with issues was further perpetuated in the way she dealt with her unhappiness by ***fantasising and escaping into her world of make believe***. In this way a vicious circle existed. Her extra-marital affairs and fantasies served the function of lifting her out of depression. However, when her fantasies were challenged, or the reality of the disappointment and hurt she experienced when her attempts at relationship closeness were thwarted because of the self-defeating and self-destructive nature of her attempts, she lapsed into ***a state of depression and became sick***. Becoming sick did not elicit the "closeness" she desired from Rex and led to further feelings of helplessness and depression as she realised that the help that she expected was not forthcoming. She put it like this:

It [the hurt she experienced from Rex] makes me sick [here she is meaning she becomes sick in her body]....It is like a [psycho]somatic illness and I'm sick of this place, sick of being in this physical place, but the emotional place I am in, I am sick of it and it has made me physically sick.

My Relationship with Sylvia

Introduction

There was an instant rapport between Sylvia and myself that set the tone for our relationship right from the start. I experienced her as easy to get along with and always found her a very likeable and agreeable person. My positive attitude towards her helped me to have a more balanced outlook towards her and prevented me from being locked in to focusing only on her weaknesses. It also helped to introduce difference into a system characterised by the sameness of criticism and judgementalism. It freed her to tell her story in the hope that the mistakes that she had made would prevent someone else from making similar mistakes. It helped her to gain meaning from her suffering which previously she could only construe negatively.

When she revealed her fixed ideas to me about certain issues that restricted her thinking, such as her belief in the hopelessness of her situation and her conviction that she was unable to do anything about it, we discussed alternative realities or meanings, opening up possibilities. This in itself was empowering because it was up to her to accept or reject those realities. In this way her autonomy as a person was respected. Unlike her parents who tried to live her life for her, I respected her right to live her own life, and make her own decisions.

My Perspective of the Helpfulness of this Relationship

Challenging Fixed Ideas - Hearing and Seeing

Sylvia believed that in her family, both her nuclear family, as well as her family of origin, she was expected to be seen and not heard. It therefore became important for me **to listen** to her and **to pay careful attention to what she was saying**, and **to go beyond mere appearances**. The fact that I wanted to hear her story and listened to what she said was therefore an idea and an experience that was quite foreign to her.

She experienced it as a relief to talk to somebody and externalise what she was thinking and feeling. I really tried *to understand her situation and reflect clearly* what I understood her to have said which she could correct if necessary. If she said something and I was not certain that I had understood her clearly, I *asked questions* so that my understanding could be clarified. The belief that she was not being listened to, isolated and alienated her. It was also important for her *to hear my feedback* and the meanings that I attached to what she said. The only perspective she had on her life was her own. Communication with me provided *alternative realities which expanded possibilities* in her thinking.

Consistent with her parents' belief that she should be seen but not heard, she believed that she had always been treated as this pretty box, wrapped in pretty paper, with a ribbon tied around it, but nobody cared what was inside the box. Her parents focused on external appearances, that is on how things looked, but did not look to see what was inside. She therefore believed that they were not interested in her as a person but were happy as long as she portrayed an image that was congruent with their beliefs and expectations. She also perpetuated this pattern and did not allow others to untie the ribbon to see what was inside the box as she was scared that they would not like what they saw. It therefore became important in this context, that I should *look beyond the facade* to discover what was inside the box. I wanted to discover her as a whole person, to find out the depth and richness within. We discussed the idea that health was more consistent with wholeness than perfection. The safe context of our relationship allowed her to risk herself, and to experiment with a different way of relating to people. She opened the box and allowed me to look inside. She experienced *acceptance* from me instead of the censure and rejection that she anticipated. I accepted her "warts and all" and did not dwell on the negative, the issue of her extra-marital relationships as well as the accompanying behaviour, but rather on trying to understand the depths of her unhappiness, the role of her relationships, and the context that influenced her behaviour. A *different way of relating to her* from what she had previously encountered was *modelled*. I believe that it was healing for her to receive

unconditional acceptance from me and it allowed her to start developing trust instead of the distrustful and suspicious attitude that she harboured towards most people.

Because of the metaphor that she had used to describe herself, I asked her to bring along a box in which she was to put things that she wanted me to see. It became **a visible metaphor** (Moore, 1993). This allowed her to make the process of allowing me to discover what was inside, more concrete or more real. Instead of conforming to the expectation that she should be seen and not heard, she enabled me to see inside and to hear what she was saying, that is, she could now be seen *and* heard. This exercise made her think about what she wanted me to see, and she was required to create meaning and explain to me what this box, papered in Beatrix Potter characters, (a mouse and a bird), symbolised for her. Her behaviours that she projected on to the mouse and the bird were **positively reframed**. The importance of meaningful relationships in her life, such as the relationship with her children, as well as her ability to enjoy solitary pursuits were acknowledged, as was her need for companionship and happiness which was not being met. I left the initiative with her about what she put in the box. She wanted me to see her strong desire to go to America and escape her present unhappiness. It made it more salient for me as well as for her. She also wanted me to read the psychologist's reports on her family. She thought that I would find them informative as they supplied information about the personalities of her and her family from the psychologist's professional viewpoint. She also put in a letter which she had written three years previously about her feelings regarding her marriage. It was a very personal account of her relationship with Rex. She also put in the words of a song by Phil Collins. These words showed that she had insight about the years of her life that had been wasted and which filled her with regret. She was revealing the depths of her unhappiness to me and bearing her feelings. She was offering me something precious of herself, her brokenness, which I treated as sacred. She allowed me to see inside, and I listened to what was said. She started the process

of how to find a way of how to get out of that box or how to find a way to

give other people the permission to open it up. Often in a way that is risky. Are people going to like what they see?

She wanted others to see what was inside her.

I'd like people to know me better, know me, all the things that I enjoy to do and the things that I hate. That I enjoy cross stitching and I like country things and that I hate baking and I hate ironing, and just things like 'How's the ironing going?' Joking, you know and just know me, I want people to know me better, I think.

Challenging Other Fixed Ideas

She only saw the negative side of herself, and failed to see what was good. On one occasion, she read to me the comments that her group at the church wrote about her in an exercise that they participated in. What became very clear was the discrepancy between the way others saw her and the way she saw herself. She saw herself through the tainted glasses of her extra-marital relationships and associated behaviours, and did not allow her good qualities to emerge. When those in her church group wrote positive comments about her, she wanted to believe that they saw admirable qualities in her but she knew that she had only trusted them with her facade and they did not really know her. I had really come to know her, secret and all, and I could still appreciate what was good in her. In order to balance her one-sided view, I **reinforced her good qualities by drawing her attention to them** and telling her what I appreciated about her. This was also a new experience for her.

She believed that the worst would always happen. We discussed the idea that it was not necessarily true that the worst would always happen - **things could actually work out better than expected**. I encouraged her to make a start and do something towards realising her dream of writing a crossword book.

You know often we have higher goals, but before we can get there, we have to first go the first step, and I think that what sometimes happens is that we take the first step and we succeed and that gives us the confidence to go the next step and then you can go the next step, and even if you fall somewhere along the line, you have the confidence of having progressed somewhere, somewhat, you know, and its for you to get that ball rolling in a more positive direction.

About a year after concluding our interviews, she wrote and printed her book which was not a crossword book, but a book where a person could list anniversaries, birthdays, films that they have seen, and so on. This gave her a tremendous feeling of accomplishment.

We discussed her belief that a person has to choose *either* one thing *or* another, and considered a ***both/and*** perspective. I acknowledged her loyalty to her family and highlighted her competency as a mother, but tried to balance her ideas by reminding her that she too was a person who had a right to have her needs met. I challenged her belief that her family would benefit because of her self-sacrificing attitude where her personal happiness did not count as long as the children were happy. I pointed out to her that when she was happy, the spinoff would be that she would be a better wife and mother. Because she denied her rights for so long, and did not think about herself, I ***encouraged her to think about what it was that she would like to do.*** What I said in the following quote, where I suggested a compromise, that she meet her own needs and still remain loyal to the family, ***fitted with her ideas.***

Your priorities are lying with your family but I think you need to balance your priorities also lying with yourself. I don't believe that we say 'Oh to hell with my husband and children. I'm just going to do my own thing.' That's also not going to work and its not going to work for you because you are not like that.

I introduced the ***notion of change*** which challenged her fixed ideas of maintaining the status quo in her life. We discussed how the expectations that we had when we were younger have been fulfilled and how we need to move towards new goals that were more relevant to our stage of life.

You go along a road and you get to a point where you can't carry on. You have to make a decision. Should I get off the highway or do I carry on the same way.

I believe it was helpful because it freed her to change, to reassess her life, and to take hold of her dream, and write her book.

I also ***offered an alternative to her belief*** that she should deny those qualities that she had that were inconsistent with her Christian beliefs, her parent's expectations which were embedded within a Christian belief system, as well as social expectations. This exposed the dominant discourse and ***allowed the nondominant discourse to come to the fore***. Although Sylvia was the strong one in the relationship and Rex was the weaker one, she did not acknowledge this strength in herself within this context. She clung to the idea that as the man should be the head of the family, her role as the strong one should remain hidden and unacknowledged. She was sacrificing her position of esteem so that he could retain his self-esteem. I also challenged this self-sacrificing idea and placed the focus on her as somebody worthy of having her needs met. I introduced the idea that a husband and wife could both be strong in different contexts. Again, I stressed the idea of a both/and perspective.

She believed she had two choices which were either to stay in the marriage or leave her marriage which clashed with her Christian ideas on marriage. I ***challenged her idea*** that going to America and creating physical distance between her and her past, was the only solution to her problems. Nonetheless, the impetus of the moment was used to encourage her to make a change that would lead to happiness.

Can you still see yourself living another 33 years like this?

Her **choices were extended** regarding staying in her marriage. If she remained in the marriage the possibilities were endless. Specific aspects of her situation could be changed, emotional needs could be fulfilled in other areas. The point was that meaning could still be found and the responsibility of providing this meaning did not just rest on Rex's shoulders, but could be extended to other areas.

Instead of viewing the tough time that she was going through in a negative light, I **reframed this idea positively**. I suggested that these times could be seen as times of growth and that people grow during different periods of their life.

You must remember that often you have to go through the valleys in order to climb the hills. Part of this is part of the process of growing. Some people grow earlier in their teenage years. Some are thirty-fivish or somewhere round there [when] they only start growing. It is not important when we grow. What is important is that we grow....You are going through a crisis in that everything is so dead around you in so many ways, it is making you feel uncomfortable. Often that is a very good thing because it gives you the energy, the impetus to move forward.

She viewed the way she was raised by her parents, especially her mother, negatively. While reframing the reasons for treating her as a favoured child, I acknowledged the lack of skills associated with it. I **did not try and minimise her feelings** associated with it or undermine her suffering in any way.

[We treat] certain of our children in a more special way than others and its because we love and care for them and yet what you are saying is that you were ill-equipped to deal with adult life and adult responsibilities.

She believed a person should deny the existence of their negative feelings and

then nobody need know of their existence. I respected her feelings, even the negative ones she felt toward her in-laws, but which she tried to minimise and downplay to make them appear more acceptable to what she believed were my expectations of a Christian. I conveyed that it was "okay" to experience negative emotions. As the interviews progressed she became more open about her angry feelings towards others and did not try and hide her anger from me. I think she began to realise that ***it was "okay" to experience negative feelings*** towards others.

Although a pattern existed that connected her unhappiness to becoming sick, and becoming sick to her feelings of helplessness and depression, when she realised that nobody cared and the support that she expected would not be forthcoming, I introduced the idea that ***patterns could change***. The idea was conveyed to her that depression was part of a pattern rather than residing exclusively within her.

Rather than challenge her pattern of coping with problems or crises by avoiding them, I ***used her fantasy world to explore possibilities*** and its non-threatening context, to view her relationship more realistically, and even to consider the possibility that perhaps Rex did not want to go to America.

Modelling a Different Way of Relating

A strategy that I believe was helpful was that I was able to ***model a different way of relating to her*** from what she was accustomed to. I listened to her and I saw what was inside her. I did not adhere to the prevailing beliefs and expectations that served to isolate her and was able to offer alternative meanings to the fixed ideas that she had developed. I was able to ***keep showing her a way out*** and help her to move beyond her place of stuckness in some instances.

If I felt it was appropriate, I brought in ***my own experiences*** in trying to identify with what she was experiencing. After she told me about how her friends had let her

down and betrayed her. I talked about having close friends and my own reaction at being let down. I also communicated *empathy*.

Whatever happens it does not take the pain away.

I *encouraged her to do things that she wanted to do*. She wanted to paint her room pink which she did and it gave her a sense of achievement.

I also needed to *match her mood*. When she was serious and very grave, I matched the tone of her mood. I also laughed with her when it was appropriate to do so.

I *acknowledged her as the expert* in terms of her experiences, and my attitude was humble. I wanted to learn from her. I was curious about the role of her relationships and what happened to make her depressed and I asked mainly “what” questions rather than “why” questions.

It was important *to allow her to set the pace* in the interview. Some of the questions that I asked in the beginning were premature and did not fit with the level of trust that had been built up. I became aware of this lack of fit and thereafter respected the pace that she set. Although in the beginning she hinted that there was something amiss in her relationship with Rex, I did not pry and allowed a context of trust to develop in which she could feel safe to talk more honestly and openly about her marriage. This relationship thus taught me to respect the pace set by participants rather than try and glean too much information too soon.

I *respected her right not to inform Rex* about our sessions. I felt it was important for her to believe that I aligned myself with her. She experienced betrayal from most people she had relationships with and it was helpful for her to experience the difference of encountering someone who was loyal to her.

I also **empowered** her by allowing her to work the tape recorder and in this way allowed her to be more competent than me because I did not seem to know how to operate it.

My Perspective of What Was Unhelpful

There were times when I **failed to expose the incongruence between discourses** (or expectations) and therefore helped to maintain the status quo which was unhelpful. For example, Sylvia tried to remain faithful to her Christian beliefs and the expectations of her parents embedded within that context, that she should be the dependent and submissive housewife and that her husband should provide and look after his wife and family. However, social conditions have changed and it has become an economic necessity in most households for a wife to be employed outside the home. Nowadays a woman was also encouraged to become autonomous and was not expected to be dependent and submissive. However, in another way, it was also possible that she wished to remain loyal to those expectations and did not wish to seek employment outside the home or be autonomous. That is, that she did not wish to submit to the expectations of the prevailing dominant discourse. By not exposing these incongruencies, I kept her in a no-win situation.

She frequently used the word "manipulation" to describe her characteristic way of dealing with those whom she wanted to control or influence. I provided **alternative meanings** to the meaning that she attached to this word but she clung stubbornly to its negative connotation and reflection of herself. Therefore, in trying to attribute a more positive and less negative meaning to this word, I succeeded only in entrenching it because it **did not fit**. If I had accepted the negative connotation which she attributed to it, I would have conveyed to her that I was cognisant of her view and that would have been far more helpful.

Although I acknowledged the importance of the idea of family loyalty to her, I suggested that her relationship with Rex needed to be dealt with. This suggestion

conveyed to her that I had not understood the importance of her family to her and it also communicated to her that I **expected her to change** her characteristic way of coping with problems which was to escape into a fantasy world. This was unhelpful and served to maintain her "stuckness."

There were times when I felt that she said things that she thought would please me and meet my expectations for change.

Sylvia's Perception of What Was Helpful

During our fourth session she read a letter that she wrote to me in the week. She believed that our conversations allowed her to bare her innermost feelings to herself and to me. Feelings she was not even aware of. She was pleased that she was able to help me and ultimately help others to prevent making the same mistakes as the ones she made, and felt that our sessions helped her to come to terms with her deep-rooted frustrations. She was able to verbalise her frustrations, her hopes and her dreams, and externalise what has been buried all these years of having to cope on her own.

Our conversations brought her to a point where she felt she would like to confide in me:

Because I must say we've been meeting each other for a while, and its chipping away at a wall, and there are things I'm not sure would benefit your research or it could actually influence maybe some part of your, what you want to say about me as a person cause of the things.. I've told you about some of the hurts and things. A lot of things that have happened to me. I have blocked, been blocking away completely, and I have just felt that as we have been talking that its the, its veiled, its not as deeply seated as it was. I'd rather forget the whole situation, things that have happened and start again. Some things I don't want to bring up again. It's going to be hurtful and I know. It took me a long time to deal

with it then and I don't want it to influence my growth. I've been wanting to grow, and its taken me a long time to put away things....Its like a bullet that its stuck away there, its not doing anybody any harm. I can carry on with my life. Its as if nothing happened.

She allowed the things that were hidden to surface. Then they could no longer fester unseen within her. I did not try and coerce her to tell me these things. I left the responsibility with her. I believed this respect that I showed her helped her to move forward and externalise them. And now for the first time she was able to talk about them.

I asked her directly what I did or what she did to make it easier for her to open up as she had done and confide in me.

It did take quite a few sessions to really get to a point where I was able to really accept that I could be totally honest and open and know that there wouldn't be any hidden agendas, you know. And I suppose its because I'm a suspicious type of person, very imaginative, and I think it was just a matter of time and I don't know there was just this rapport between us, this vibe, and also I think the way you respond to what I have to say and you didn't pack up your things and just walk out after I had you know, and you seemed genuinely interested and wanted to help.

I asked her what this experience had taught her about relationships. She replied:

I think the confidence in that there are people that you can trust out there, and you have just have to be a bit careful.....but there are people out there that are not so judgemental and self-righteous.

This enabled us to talk about relationships and how to go about forming them.

Therefore, it seemed that the relationship between Sylvia and myself opened up a new world of meaning and experience to her which was helpful.

Conclusion

Both Sylvia and her sister were adopted. She lacked a sense of rootedness and felt alienated from humankind. She did not receive the love that she expected from her adoptive parents, and she believed she was valued merely for what she represented. She entered adult life with few skills and consequently felt ill-equipped to handle adult responsibilities. She had low self-esteem, was self-critical and self-condemnatory because she had not achieved anything worthwhile in her life. Although independence was expected of her, she was caught in a no-win situation because of her dependency on others due to her lack of skills, and Rex's inability to provide adequately for the family.

She found herself caught between loyalty to her Christian beliefs regarding marriage and loyalty to her own needs. Although she remained loyal to the ideas and expectations of her Christian beliefs, she rebelled against these ideas in countless ways. For example, she believed in astrology, and she assumed control in her family while ostensibly deferring to Rex as head of the home. She found herself in a loveless marriage which failed to meet her expectations. Because of her belief in the sanctity of marriage and her belief in the importance of appearances, for example that the marriage should look right, it was not possible to acknowledge the existence of problems in the marriage and a collusion of silence was maintained. Rex did not meet her expectations as a husband and because of her extra-marital relationships, which were, however, never acknowledged, she also did not meet his expectations as a wife. She believed that she was manipulated into marrying Rex in the first place, and she manipulated others in return.

She attempted to meet her own needs and fantasised about being loved in the way that she expected to be loved. She had a number of extra-marital relationships but

these relationships which were her attempts at happiness, were doomed to failure. She felt betrayed by Rex, and by the men that she became involved with, and plunged into depression. The only way she could cope with her experience of betrayal was to take revenge, but revenge did not solve the problems and she remained stuck. In fact, her attempt to meet her needs through these extra-marital relationships prevented her from obtaining support because the Christian context in which she existed, did not allow this.

Her isolation maintained her depression and she fled into a fantasy world where she wanted to go to America to escape her unhappiness. Paradoxically, she needed Rex to open the door to America for her, although she also perceived it as a way to escape her unhappy marriage. She wanted change but wanted to maintain the status quo, and wanted to keep her family intact. She passively wanted someone or something else to initiate change for her. Whenever her fantasies were challenged, depression manifested itself. When her attempts to elicit support from Rex failed, she responded by becoming sick, which did not elicit the support she expected from Rex, and she responded with more depression. Again she would escape into her world of make believe, which was the only way that she could cope with depression. The cycle perpetuated itself and maintained the depression.

Her mother, father, and Rex, formed her close circle. However, they were not supportive and in fact contributed to her unhappiness. Her two sons brought her pleasure but they were too young to be supportive in any real sense. Her one friend who was supportive did not live in close geographical proximity, and she could not rely on her to support her when she needed it. Other friends whom she considered part of her friendship circle, were unavailable because either they no longer lived in Pretoria, or they resided in other countries. The women in her church group were her friends only in the context of the church. And Rex did not approve of her one other friend. Therefore, her isolation was maintained which was further entrenched because of her extra-marital relationships. She desired relationship closeness but her extra-marital relationships prevented her from allowing anyone to come close to her. Therefore her attempt at meeting her own needs and her attempt to change had entrenched her loneliness, and her loyalty to her Christian beliefs at the expense of her happiness, also

ensured that she did not win. There was a continual play between reality and fantasy, societal “shoulds” and her own needs. The theme of self defeat weaved itself through her story and her solutions were always doomed.

Forming a relationship with Sylvia afforded me the opportunity of getting to know her and share my meanings with her. It gave her the opportunity to communicate with me and share her meanings with me. I listened to what she had to say and vice versa, and we co-created new meanings. I challenged her fixed ideas regarding being seen and not heard, and I listened to what she had to say and went beyond mere appearances. I also challenged her other fixed ideas and offered alternative meanings. Other helpful strategies were also utilised. On the whole, I believe that the supportive aspects of the relationship outweighed the instances of our communication that were unhelpful. Inasmuch as Sylvia learned from me, I also learned and was enriched by her.

The story that I have told about Sylvia is not the only story that could have been told. This story reflects as much on Sylvia as it does on me. Nonetheless it is my story of her story.

In summary, the following themes emerged from Sylvia's story:

- The theme of rootedness versus feelings of alienation
- The theme of competence versus incompetence which included feelings of low self-esteem, self-criticalness and self-condemnation. This theme was also linked to the theme of being afraid, the theme of stuckness, and the theme of family loyalty versus loyalty to herself.
- The theme of loyalty to the ideas and expectations of her Christian beliefs versus disloyalty to these ideas and expectations. Subsumed under this theme was the theme of her loyalty versus Rex's disloyalty to the idea of marriage, the theme of control, the theme of loss of an ideal, the theme of avoiding dealing with issues, the theme of silence versus vociferousness, the theme of being criticised or judged versus being accepted, as well as

feelings of alienation and stuckness, and the existence of an external locus of control and passivity.

- The theme of failing to meet versus meeting expectations. Subsumed under this theme was the theme of dependence versus independence, the theme of her criticalness towards others versus her acceptance of others, the theme of helplessness associated with an external locus of control, the theme of avoiding responsibility versus assuming responsibility, the pattern of favouring a child, and the ritual of maintaining appearances.

The researcher's relationship with Sylvia was discussed from the researcher's perspective of its helpfulness to Sylvia. This discussion focused on the following factors regarded as helpful:

- Challenging her fixed ideas - hearing and seeing - which included clarifying issues, providing feedback, and relating to her in a different way.
- Challenging other fixed ideas which included positive reframing and providing different realities.
- Other helpful processes which included matching her mood, allowing her to set the pace, and regarding her as the expert.

Following this was a discussion of the researcher's perspective of what she regarded as unhelpful in her interaction with the participant.

- Failing to expose the incongruence between dominant discourses (or expectations) which maintained the status quo and kept her in a no-win situation.
- Failing to accept her meanings and providing meanings which did not fit.
- Failing to convey an understanding of the importance to her of family and communicating to her that the researcher expected her to change her

characteristic way of coping with problems which maintained her "stuckness."

In terms of her perceptions of what was helpful, it seemed that the following were helpful:

- The relationship that was formed between researcher and participant.
- The conversations which allowed her to externalise what had been "stuck" within.
- The openness, interest, and acceptance communicated by the researcher which contributed positively to her perception.

I would like to end with the words of a song by Phil Collins which Sylvia believed summed up her life. She wrote down these words on a slip of paper which she put in her box.

All of my life, I've been searching
for the words to say how I feel
I'd spend my time thinking too much
and leave too little to say what I mean.
I've tried to understand the best I can
All of my life.

All of my life, I've been saying sorry
for the things I knew I should have done.
All the things I could have said, come back to me now.
Sometimes I wish that it had just begun.
Seems I'm always that little too late.
All of my life.

All of my life, I've been looking
but its hard to find the way.
Reaching past the goal in front of me
while what's important just slips away.
It doesn't come back but I'll be looking
All of my life.

All of my life, there have been regrets
that I didn't do all I could.

The Setting

I met Mapule for the first time in my office at Unisa. The remaining interviews were conducted at her home, which was part of a housing complex for teachers, on a farm where the school she was teaching at was located, in the Johannesburg area. Prior to that she had been staying with her aunt in one of the nearby townships, and before that in the Pietersburg area. The interviews were conducted in the middle bedroom and we both sat on her bed.

Mapule was separated from her husband Patrick, but her children were usually present. Peter, her only son, and eldest child, was a big child for his age and was then in standard one at a school (mixed race school) in the area. He spoke fluent English and appeared a friendly, confident child. The eldest daughter, Tsepo, who was about 4 years old, also spoke fluent English and attended a nursery school in the area, and the youngest was the baby, Miriam.

There were always people in the house watching the television. I met quite a number of her neighbours, her aunts, as well as her cousins, and other friends whom she had met when she was staying with her aunt in the nearby township. My impression was of a home that was always full of people.

Although the inside of the house was inviting and comfortable, the outside was desolate. No attempt was made to cultivate a garden, or even grow grass.

Mapule's chief form of transport was the mini bus taxi, up until she bought a small, second-hand car. She also lived within fairly close proximity to a large shopping mall which was serviced by the mini bus taxi industry. However, her children attended a school in an area not serviced by mini bus taxis and transport for her children proved to be a major problem for Mapule. As it was not on their route, she had to pay a taxi

driver or friend an exorbitant amount of money to transport the children to school and back. She had hoped to form a lift club, but this did not materialise during the time that I had contact with her.

My Impressions

When I met Mapule for the first time in my office at Unisa, she was neatly dressed in a beige cotton dress. She greeted me with the traditional African handshake. I found her friendly and warm, but reserved and quite depressed. She told me on the telephone that she would decide only after our first interview whether or not she would be willing to see me again. After the first interview she decided she would like to see me again and we met on a fairly regular basis for about eight months. When I visited her at home she was always casually dressed, in shorts or ski pants. Mapule seemed very well integrated in her social milieu and yet experienced feelings of isolation and alienation despite her interconnectedness.

Emerging Themes

Theme of Loyalty and Disloyalty

When Mapule was three months old, her mother left her in her grandparents' care to take up a position as a domestic worker in Johannesburg. This left Mapule with the idea that her mother did not care about her and had abandoned her. This idea was also associated with a fear that she was going to be killed. This fear developed as a result of her grandfather slaughtering animals for feasts which was an African tradition. Although she was treated as a special child by her grandparents, this idea of abandonment was further entrenched when her mother took Mapule's sister, but not Mapule, to live with her. This *pattern of favouring one child* above another was also perpetuated across generations in that Peter, her eldest child was both the scapegoat of her frustration as well as the scapegoat of her husband's violence, and, at the same time, he was her special child and was thus favoured. Her grandparents died when she

was in high school, and she experienced a further sense of abandonment and anxiety that accompanied her loss. This **theme of abandonment** was further perpetuated when her mother decided to remarry and her stepfather rejected both her and her sister, but expected Mapule to leave school and obtain employment so that she could pay for his children to stay at school. She felt abandoned by her mother who could no longer pay for her schooling. Fortunately for Mapule, a priest at the boarding school that she attended, took over the financial responsibility of her education. Therefore, she learned to rely on practical help as the form of help to extricate her from problems, and to give meaning to her life. The sense of abandonment that she experienced was not something that Mapule wanted her children to experience, and yet the very nature of her lifestyle, whereby she often left her children with her aunts, or with her brother-in-law when she was still in Pietersburg, did not shield them from it, and therefore this pattern was being repeated.

The theme of abandonment and the distrust that she developed as a consequence, was consistent with the **theme of loyalty and trust**. Although in Mapule's eyes she never experienced loyalty from those who abandoned her, and learned that people could not be trusted, the idea of loyalty was central to her. Family loyalty was important to her, and she remained loyal to the idea of family even though her mother, her grandparents, her aunts, and her husband, Patrick, let her down and were thus disloyal to her.

Patrick let her down by not being true to his word. In this way he was disloyal to her. He would say one thing and mean another. She learned that his words could not be trusted but she remained loyal to him. They went and saw a psychologist. She said:

My husband would be very much uncommitted....and then most of the time, I would feel that, I would feel hurt and angry. We would go, like maybe coming to see you, and then we would discuss and give him a sort of a homework and then he never followed it up and then when we were supposed to go again - the problem I think is that he knew exactly what

I meant and every time I would go back with full part, he would not change because he would say exactly what I would like and then when I would go back, he did not follow up with what he said.

Patrick also let her down by being unfaithful to her. She had always trusted him implicitly and her faith in him was shattered when she sent one of her pupils to fetch something in her home when she was teaching at a school in the Pietersburg area, and he tried to kiss the little girl. He also let her down by listening to his grandfather rather than trust her word. He accused her of being unfaithful to him, and he also maintained that Peter and Tsepo were not his children. As a consequence of Patrick's grandfather introducing distrust into Patrick's belief system, the family atmosphere changed for the worse. Patrick became violent towards her and the children, and irresponsible with money. She took upon herself the responsibility of maintaining the family economically when he did not have employment. She could not trust him to provide security or to provide financially for them. She did not confront her problems because of her loyalty to the idea of family. Although the cracks appeared in her marriage and they went to a psychologist for help, she said:

I think I tried but there was no progress. Sometimes I feel I don't want to see some of the things. I just pretend I don't see. So I didn't want the marriage to be broken. So that's maybe why I didn't want to see those things.

Her attitude to the problems can be summed up as follows:

Maybe if we just go on, maybe we will grow out of the problems.

The *theme of silence* was also evident. Patrick wanted her to maintain a collusion of silence. He did not want her to disclose to anybody that they were having problems in their marriage. This served to isolate her and prevented her from obtaining support.

He also denied her feelings even though he encouraged her to tell him about them. She therefore stopped telling him and so her feelings stayed inside. She said:

He doesn't hear what I am saying

This *theme of not being heard* was linked to the *theme of abandonment*. Not being heard serves to isolate and alienate a person, and the person feels abandoned. This theme was also linked to her being out of step with both African culture as well as Western culture. She was not "heard" by the African community, nor the Western culture, because she belonged to neither one and this disconnectedness served to alienate her even further. She came across as a private person which was strongly linked to her distrust of others. She shared very little of what was going on in her life with others. Who could she trust but herself? This theme of not being heard was also present in her relationship with her mother whom she felt never heard her. It was further perpetuated when she moved to Johannesburg after deciding to leave Patrick because of the pattern of violence that existed in their relationship, and her Aunt Lettie did not hear what she communicated. In the African culture, there was a stigma associated with divorce, and her aunt believed that Mapule should remain loyal to the idea of marriage and return to Patrick despite the sheer terror that she experienced in their relationship. Her aunt placed this loyalty above her loyalty to Mapule which hurt Mapule deeply.

This theme of loyalty was also present in her loyalty to others at the expense of herself. She always put others first and was sensitive to the needs of others. This made her vulnerable to hurt from others when they failed to meet her needs and took advantage of her instead, and was a source of anger to her. It was strongly linked to her feelings of depression. She was loyal to Patrick but there was inequity in their commitment to one another and there were irreconcilable differences between them. She felt secure when there was money in the bank and was responsible in saving money for specific purposes, such as building a house. However, he was committed to spending money irresponsibly, even though he committed himself verbally to saving.

Whenever he wanted money to spend from their savings she would relent because she wanted to please him. She always gave in to him on money matters. She said that she wanted to believe the following:

It might be that if he gets the car he had his lesson, he won't break it again.

She was prepared to compromise, but he was not prepared to compromise - he wanted to spend it all. This angered her because he took advantage of her loyalty to him. Patrick also put loyalty to his grandfather above loyalty to Mapule and the children. Loyalty to a patriarchal system, which is consistent with the African culture, took precedence over loyalty to his wife and children.

When she was a teacher at the school in Pietersburg, she also tried to be loyal to opposing sides in a dispute, for example, she tried to please the pupils as well as the principal and teachers. Because she was prepared to listen to the views of both sides, she ended up being distrusted by the pupils who felt that she did not side with them. Her loyalty was construed as disloyalty. Also, in her present school context, she remained silent instead of having the courage of her convictions to voice her opinion when she disagreed with her teaching colleagues. She desired to please others and be accepted by them but at the expense of her integrity.

In her relationship with her aunts and her mother she also felt caught between loyalties. There was friction between her three aunts, and between her aunts and her mother. She tried to please them all, but although she listened to each side, she was accused of taking sides and this led to a lack of trust in her. In this context her loyalty was once again construed as disloyalty. It seemed that in one sense she took the responsibility to heal the rift between the parties, but in another abdicated this responsibility and believed the responsibility to heal the relationship was theirs. The end result was always the same. The loyalty she believed that she was showing others was repaid with distrust and she ended up feeling hurt.

Eventually, she could no longer remain loyal to the idea of family that included Patrick because of his violent abuse towards them. For the sake of preserving the idea of family, that included her and her children, she **sacrificed her loyalty** to him by abandoning him. Patrick's violence threatened their safety and security. His use of violence to gain dominance over her and her children whom she tried to protect, excluded him from the family circle and served to alienate him even further. In one sense she felt a sense of relief at her decision to leave him, and in another, she felt that she had not lived up to her expectations of herself as a caring person, nor had she lived up to the expectations of her African patriarchal culture and had forsaken her rootedness for the sake of her independence. She also felt guilty at leaving Patrick and believed that she had deprived her children of their father. This belief was somewhat unrealistic given his violent behaviour towards the children. She had low self-esteem as a result of his violence, and could believe nothing good about herself.

Theme of Control

Mapule needed to feel **independent** in order to feel in control, and did not like to depend on others because they would let her down. She therefore also did not want the sympathy of others as it made her feel helpless and that she was no longer in control. She tried to regain control in her efforts to please others, but this usually backfired because she was unable to please opposing parties. She especially did not want to be subservient to her husband, and wanted an equal relationship where she would be respected as a person in her own right, but Patrick believed that he should be "boss". She believed that she tried to please him and gave herself fully in her relationship with Patrick, which made her vulnerable and resulted in her being badly hurt. She therefore felt that she was not in control of what was happening. She also needed to have the security of money in the bank to feel in control of her life. In her marriage she was the stable and responsible partner who balanced her husband's instability and irresponsibility. It seems that this balancing role in her husband's life was also performed by his grandfather. In this sense then, Mapule assumed a more powerful role

than Patrick, but he wanted to regain control and wanted her to be subservient to him. Patrick's expectation was also culturally congruent given the existence of the patriarchal system in the African culture. She could not accept the subservient role in her marriage and especially could not accept the way he used his physical power to torment and dominate her. She was an independent thinker and despite her husband's abuse, did not allow him to dominate her on this level. He could not control what she thought even though he could dominate her physically.

After her move to Johannesburg, Mapule was also burdened by problems, such as transport and financial problems, that seemed insurmountable at times and made her feel that she was at the mercy of these external forces. She therefore did not feel in control of what was happening in this context of her life. To an extent, the social system was seen to be influencing Mapule's life to quite a large extent. The fact that she was an African living in South Africa meant that she was subject to the imbalances in the social system. The social system at that time was tipped in favour of the affluent, mainly White society, although this was expected to change in the not too distant future. The problems that she experienced were very real and their impact should not be underestimated especially in view of the African holistic perspective in which social and personal problems are seen to merge, and thus become difficult to disentangle. The way that Mapule and her family (and the people in the neighbouring houses) chose to spend most of their time inside their home which was very neat and comfortable, and neglected the outside of their home, could be construed as a metaphor for their ability to control what was happening inside their homes but reflected their inability at that stage, to control what was happening without. When they felt ready, they would be able to extend their borders and venture "outside".

The theme of control, in the sense of dominance was perpetuated across generations. Patrick's grandfather dominated in his home and he encouraged Patrick to do the same in his home. Although initially Patrick and Mapule's relationship was more equitable and Patrick would help in the home, Patrick bowed to the influence of his grandfather and stopped helping her. The grandfather also believed that the car that

they possessed should be driven by Patrick and not by Mapule who needed it to transport the children to school, for the simple reason that Patrick was patriarch of the home. Patrick also decided which members of her family Mapule was allowed to see. Because Patrick was not respected as patriarch, he used violence to dominate his family. He was a physically strong man and used his physical power to terrorise and frighten Mapule into submission. She believed that he could have killed her if he had wanted to but restrained himself to frightening her. He tried on numerous occasions to terrorise her by violent means. For example, on one occasion he held a pillow over her mouth, and on other occasions he tried to gas her. He would also stab at the mattress alongside her, with a knife, he burned all her possessions, and he tried to gain control of the money that they had. He was also physically abusive towards the children, especially Peter, from the time that Peter was three months of age. Whenever he became violent she tried to escape the situation. Thus the **theme of escaping the situation** was present. She said:

He was so violent when he came home especially with the children. I couldn't stand it most of the time when he came home, I would go out, and then because it was a boarding school, and I could sleep over in the school. And one day he came in and I went out and he burned everything, my clothing. He took my ID and all my documents....and then he went to withdraw money, as much as he could.

He used overt physical aggression, more specifically sex, and especially oral sex to dominate her. According to Mapule, it was her inability to escape him because of his physical strength, that was associated with her feelings of depression. The **pattern associated with her depression** involved her inability to escape, and the ensuing helplessness she experienced at being trapped in her situation. Whenever she thought about how he had violated her, even after she had left him, thoughts would descend on her to depress and anger her. She felt she wanted to disclose the nature of his abuse to me which she did in the form of a letter. The emotions that accompanied the writing of the letter plunged her into depression. Although she had escaped from him

physically, she could not escape the thoughts and seemed unable to control them. Her thoughts and the pain she experienced alienated her from others and even from herself to some extent. Once again she had been in a situation where no one heard her because her voice had been silent. Trapped in the silence of her thoughts exacerbated her belief that no one was listening. She said:

I just feel like screaming and I can't get it out.

Theme of Failure to Cope with Pressures

Another theme to emerge was Mapule's *inability to cope with the pressures of her life*. This also tied in with her belief that she was not in control of her life. Many times this brought her to breaking point as she perceived that her life seemed to be falling apart and going from bad to worse. She was losing control which made her feel anxious. She believed that she first suffered from anxiety when she was at boarding school. Her grandparents had died, and her mother was about to remarry a man who rejected both her and her sister. She felt totally abandoned. From then on she believed that anxiety prevented her from coping adequately and achieving academically. She experienced her inability to achieve academically according to her expectations as "the end of the world".

The tension that she experienced from the home atmosphere characterised by Patrick's violence made her anxious and suffer physically. This also tied in with the *theme of fear*. She also felt the pressure of having to keep the children quiet to prevent them from antagonising Patrick. It was not only she who suffered from pressure, the children also suffered and neither Peter nor Tsepo slept well until they moved to Johannesburg. She commented:

This feeling of when you are expecting danger, you know, and to be fearful every minute.

She miscarried a number of times, and both Peter and Tsepo were born prematurely. When she was pregnant with Miriam, she suffered from hypertension. It was then that the social worker, chaplain, and lawyer became involved and an enforced separation was agreed upon. Patrick was informed that he was not allowed to come to the home. However, her intense fear of him remained and when she returned to her home after the birth of Miriam, she was unable to sleep and became very depressed.

She was also very anxious about her financial problems and, in this area, a *theme of chaos* pervaded her life. She drifted from one financial crisis to another without ever really gaining control of what was happening. She was struggling to cope financially, after her move to Johannesburg, and was being helped by her aunts. This made her feel dependent and it made her feel that she was not in control. Wanting to be independent and yet remaining dependent caused her to experience inner conflict. She was also under additional financial pressure because of the debt that Patrick incurred by spending on accounts that were in her name, and which she was obliged to pay. After leaving Patrick, she stayed with her Aunts Esther and Elsie. This led to her experience of anxiety because she believed that she and the children were a burden to her aunts. She also experienced additional pressure because they placed undue expectations on her in terms of the amount of work that they expected her to do in the evenings after she returned home from a hard day's work. Her tiredness had also been a pressure on her, as had the new job, and her move to the farm.

She also experienced the pressures of motherhood, and was unable to meet her expectations of how she should behave towards her children. Instead of enjoying her children, she was irritable towards them and shouted at them, especially Peter. Peter's learning problems also added to her burden. She felt ambivalent towards the children, missing them when they were not there, but rejecting them when they were there. This made her feel guilty and inadequate as a mother, and lowered her self-esteem even more.

She believed that she failed in three things in her life - her marriage, her education, and in the way she behaved towards her children.

Theme of Being out of Synchronisation with Prevailing Cultural Expectations

Mapule attended a boarding school run by nuns and therefore was exposed to Western influences. This led to her independent way of thinking and to her lack of fit with the cultural expectations of her African culture. This caused friction between her husband and herself because the African culture is a patriarchal one. It also led to her feeling misunderstood by her aunts who believed she should remain in her marriage rather than divorce Patrick, because of the stigma associated with divorce or separation in the African culture. Mapule was out of synchronisation with her African culture and with Western European culture. She existed in a no-man's land and in this way the pattern of alienation was perpetuated.

Peter was similarly out of step with his African culture. He attended a mixed school attended mainly by White children. He was more comfortable associating with them than with Black children. He was not fluent in his own language (Sotho) and neither was he up to standard in English. In this way the pattern of being out of step with one's fellow person was being perpetuated across generations.

It was interesting to note that both Mapule and her daughter, Tsepo had traditional African names, whereas, Patrick, Peter, and Miriam had Western names. Patrick was more traditional and in step with his African roots, and Mapule, with her African name, was out of step with her African roots, and did not quite fit with Western tradition either. The names she gave her children also indicated that she had a foot in both camps. This could be construed as a metaphor for the lack of rootedness that many African people are presently experiencing. They have uprooted themselves, or been uprooted, from their African roots, but do not fit with Western beliefs and are thus marginalised.

How she Tried to Cope

Mapule tried to cope by *escaping the context of violence, responding with silence and passivity, scapegoating Peter, feeling obliged to do her share of the work, and maintaining a facade.*

Although she firmly believed that a person should confront problems and not run away from them, in the context of her husband's violence towards her, she found that the only way that she could survive was to run away. She had to be disloyal to him and abandon him by leaving him and moving to Johannesburg. *Escaping the context of violence* was the only way she could regain a semblance of control. This led to inner conflict because she was not behaving congruently with what she believed was right. Even though Patrick was physically abusing the children, especially Peter, Mapule did not try and intervene to stop him and *responded with silence and passivity*. Thus, his violence was balanced by her passivity. In this way she "abandoned" her children and did not protect them. The same pattern of abandonment which she had experienced was being repeated. Both her and the children suffered because of what happened in the family. Although she started divorce proceedings, to date, she still had not informed him of her intentions, or her whereabouts, as she was too frightened to tell him.

The theme of violence was repeated in how she treated Peter. She was so afraid that Patrick would become violent when he came home, that she coped by shouting at Peter so that he would calm down. The only effect that this had on Peter was to make him more anxious. He was the *scapegoat* in the family as he was the focus of Patrick's as well as her own anger. Because her and Patrick were unable to resolve their differences, they took out their anger and frustration on Peter, who became the external focus of their tension. This helped them to cope. There was no doubt that Patrick harmed her children, but she was also aware of the way that she had harmed them since leaving Patrick, especially Peter. She battled to control herself and was aware that how she was behaving towards him was not acceptable. She expected too much

of him and became angry and irritable with him when she was with him and he did not meet her expectations. This caused her to experience guilt because she was unable to live up to her expectations of herself as a parent. It was also connected to the ambivalence that she experienced towards her children. On the one hand she desired their closeness, and, on the other hand, she needed her space. When they came to her she wanted to push them away. This conflict also added to her distress and to the children's suffering.

A further pattern that was perpetuated was that the people that were part of Mapule's support system actually contributed to her distress. When she was staying with her aunts, she **felt obliged to pull her weight and do her share of the work** when she arrived home in the evening tired and spent. This meant that she had little time for her children which led to them demanding more attention from her. In her present situation, she found herself rushing from the time she arose in the morning until she arrived home after fetching the children. She found herself having to help with the supper as Esther, her friend who looked after Miriam, had to attend to Miriam, and later when it would have been possible for her to rest, she had to tidy up because Esther was attending night school. She consequently had little resources left for the children. When she moved to the house on the farm, she needed practical support from her aunts. However, her one aunt kept making excuses why she could not help her. This was the aunt that wanted her to return to Patrick. Also, her cousin was supposed to come and look after Miriam. At the last moment, she let Mapule down and said that she had to return to her village to look after her brother. Mapule **maintained a facade that she was coping** rather than request the support that she needed. Her interconnectedness thus served to perpetuate her distress. Although people were always present and she thought that they would help her, they did not always provide the help that she so badly needed.

Mapule's depression was associated with her relationships. The people that should have been there to support her were either physically absent, flagrantly abusive, or were present, but not supportive. She felt alienated as a person and

believed she could rely on no one to hear her. Her feelings of utter helplessness were associated with an external locus of control, and could have contributed to her depression.

My Story of my Relationship with Mapule

Introduction

I was not sure whether Mapule would turn up for the second meeting that I had arranged as she did not arrive for the first meeting that I set up. When I spoke to her on the telephone prior to actually meeting her, she informed me that she would decide after our first meeting whether or not she would see me again. I was therefore a bit apprehensive about meeting Mapule for the first time. I felt the pressure on me to gain as much information as I could in that first interview because I was not sure whether I would see her again. I also felt I needed to gain her trust, or prove myself, in some way. She arrived an hour late for our interview but that did not offend my Western penchant for punctuality because I was so relieved to see her! I found her reserved yet friendly. She spoke very softly and was feeling very depressed. After our first session, I felt that I had connected with her but was not sure whether she felt the same about me. Given her history of being let down by others, I felt that she was testing me to see if she could trust me. I passed the test and saw her regularly for the next eight months. As a White South African, the world of a Black South African was foreign to me and I wanted to understand more about Mapule's world as a depressed Black African woman.

My Perspective of the Helpfulness of this Relationship

Hearing

It was Mapule's belief that she was not heard. She believed that Patrick never heard her anguish when she trusted him with her innermost feelings. Nor did her mother hear her call to be with her when she was a child, her pain and terror at

believing her mother had abandoned her. There was also no one to hear the panic that she felt at being abandoned once again when her grandparents died, when her mother remarried, and when her stepfather rejected her and she was expected to leave the school where there was some semblance of security, to go and work. Neither did her aunts hear her pain when she told them about Patrick's maltreatment of her and the children, and expected her to go back to him merely to avoid the stigma of divorce. Therefore, it was important for me *to listen* to Mapule and hear her pain.

A pattern evolved in the way she communicated with me, which allowed her to develop a platform that provided her with a sense of security to be able to talk about what was really disturbing her and allowed me access to her world. I needed *to respect her pattern of communicating*. She would ask me a question about some practical matter that was bothering her. Once I had answered that question satisfactorily, then she would tell me what was really bothering her. This was usually something on a deeper, more personal level. It seemed that if I listened to what she was saying at a more superficial level, she could trust me to listen at a more personal level. In this way I *introduced difference* into a system characterised by its deafness to her pain. Feeling heard allowed her to open up and tell me about the things that happened to her in her life that have left an indelible mark on her and have damaged her self-esteem. These things centred on Patrick's violence towards her and his use of sex, and especially oral sex, to try and dominate her and force her into submission.

I found that many of the comments that I made were *restatements* of what she had said. The purpose of this was *to clarify* what she was saying for both myself and Mapule. In order to show her that I was hearing her frustration and pain, I clarified or restated what I believed she had said.

So he denies your feelings all the time?

So you weren't allowed to feel what you were feeling? So you stopped telling him?

Although Mapule was educated in English at a boarding school run by nuns, her mother tongue is Sotho, and English is not her home language. A problem that I therefore experienced was that there were times when I did not understand what she was saying and there were times when she did not understand what I was saying. Language difficulties could have hindered the communication process and it was therefore necessary to clarify the issues that caused confusion. These misunderstandings were due not only to the fact that English was not Mapule's home language, but that our cultural backgrounds were also different. Restating what she said was helpful to both Mapule and myself. It communicated to Mapule that I was listening, and if there were misunderstandings, they could be cleared so that I could hear what she was saying. It also taught me to respect a different culture and a different way of seeing things which I found helpful. I had to become creative and flexible in finding ways to reach her.

Our conversations also helped Mapule *to extend her understanding of the meanings of certain concepts or ideas*. For example, I extended the meaning of the word "abused" to mean more than just the physical abuse but to include emotional abuse as well. I believe this also communicated to her that I had understood her emotional pain, rather than that it merely challenged a fixed meaning associated with that concept. I commented:

I think we often are abused not just physically but I think its our emotions.
Its being not allowed to talk, not allowed to share what your are thinking
and feeling with another person.

I extended the possible reasons for the differences between her and Patrick, and introduced the idea that people grow at different rates, and that she had grown more as a person than he had, and, in certain contexts, the gap between them was too wide. She misunderstood me and thought that I meant that she had grown taller and bigger than Patrick! I realised that she had misunderstood and explained it to her again with this new insight. She showed a delightful sense of humour and laughed at her

misunderstanding. This was helpful to me in the sense that I became more vigilant in how I said things. It was helpful to her in that she could indicate that she did not understand and it was heard and acted upon.

I also communicated that I heard her pain by being **sensitive to the non-verbal cues** that she communicated to me. I did not only focus on the verbal communication. When she told me an incident centring on Patrick's irresponsibility with money, I commented in the following way:

So you're really feeling down in the dumps.

And she replied:

I feel terrible.

The **non-verbal cues that I communicated** to Mapule, were also important. It was not just words that conveyed understanding. I needed to communicate sincerely and honestly which I believe she found helpful.

In another way, exposing her ideas and feelings to me made her feel vulnerable especially when I responded with sympathy. In one sense, she wanted to be heard, and in another sense, she did not want to be heard. She needed to maintain the facade that she was coping. If I was sympathetic, she realised that her mask had slipped. It made her feel that she was no longer in control when her feelings of pain were so obvious to me, and were not under her control. Even when she did need practical support, her call for help went unheard at times, but she did not want her neediness to become apparent to others. It became important to convey that I **heard her pain without making her feel that I felt sorry for her** which seemed to entrench her feelings of depression. This was something that I did not accomplish successfully in the beginning but was able to correct, and, being able to do so conveyed that I **respected her need to feel in**

control. It was also important to **support practically** if there was a need and this was the gate that I used to reach her.

In offering **alternative meanings**, it was a challenge to me to make sure that these meanings were understood. If their nature was too abstract they did not fit her reality. Although the constructivist emphasis is usually on altering meanings through conversation and dialogue, in the case of Mapule, I found that it was more effective to mediate behaviour and experience linguistically and **to emphasise action rather than conversation**. This was found by Coale (1994) to be more relevant with less verbal clients, as was the case with Mapule, and was thus considered to be more helpful.

Practical Suggestions

I acknowledged her need for support of a practical nature - support to help her cope with the daily hassles. I asked questions that related to **finding a practical solution** to her dilemma, which she found helpful.

She tended to communicate in a fairly chaotic way, which I believe was a metaphor for how she coped with her life. She frequently combined disconnected ideas which left me puzzled. In addition, when she recounted a story, she would frequently begin at the end and then continue with the beginning of the story, and then return to the conclusion. This confused me until I recognised that this was her pattern of communicating. **By offering practical suggestions**, such as the necessity to make lists and prioritise what was on her lists, she was able to order her life and regain the feeling that she was in control, and that order was reappearing out of the chaos that existed. I did not, therefore, challenge her on the incongruence between her intense need to be independent and yet her dependence on me for practical suggestions or explanations which was my point of access to provide different possibilities for change.

It was important for Mapule to be given **explanations for behaviours** such as why she was told that Peter, who has learning problems, should not eat food with

colourants or preservatives. She found these explanations very helpful and it helped her to gain a better understanding of Peter's behaviour. It helped relieve the guilt she felt because of his learning problems - that she was not entirely to blame - and helped her to judge him less harshly. Therefore these explanations served to expand possibilities.

It could be said that in offering practical suggestions, or explanations, I was being too prescriptive, and that I was taking the responsibility on myself to bring about change, and encouraging her dependence on me, instead of allowing her to take more responsibility in what she did and become more independent. However, what I did was obviously helpful to Mapule. ***Standing beside her, and showing her how to create order out of the chaos***, was more helpful than frustrating her even more by insisting on her doing it when it had become clear that she was floundering in the chaos and did not know a way out. At one stage during the interview, I offered her practical suggestions about how to cope because she was so upset and had so many things that needed to be dealt with, such as finding a school for Peter, a pre-school for Tsepo, and someone to look after Miriam. She found these suggestions very helpful.

Expanding Possibilities

I kept ***showing Mapule that there was a way out***, that there were alternative ways of seeing things and ordering her chaotic world. I also felt an ethical responsibility to inform her that she should go and see a doctor if she felt that she could not cope and that there was treatment that would make her feel better.

I also suggested that change is part of life and that even though she cannot change things that occurred in the past, she could change things which would affect her present and future.

She had a negative picture of Peter, and saw him as a "problem" child. I ***reframed*** his behaviour and ***introduced different meanings*** for his behaviour. At the same time

I offered alternative meanings for why she felt the way she did about him and the learning problems that he had.

I think it is very hard for you because you are a teacher.

This opened up the conversation and other possibilities were offered, such as that there was a place for everyone in the world, even for those who are not academically minded.

It was also important to show her that people were more competent in some contexts and not others. If I did not know something that she mentioned, I **admitted my ignorance to her**, and so in that way, I made her feel that she was also an “expert” in specific contexts. She also corrected me if I misunderstood her which was empowering.

Exposing Conflict between Discourses

The dominant cultural discourse, which prescribed the dominant role of the man and the subservient role of the woman, was exposed. A new discourse was introduced which allowed the partners in a marriage to have an equal relationship with one another and not a hierarchical relationship. This strategy served **to pathologise the cultural discourse for the purpose of depathologising Mapule** (Coale, 1994).

In addition, it was necessary **to expose the conflict** Mapule experienced **between conflicting discourses**, such as being a caring and sensitive person, and being an uncaring and insensitive person by abandoning Patrick. The latter was the very thing that other people did to her which caused her so much suffering. I clarified the reasons why she decided on this move, and indicated that the context of her “uncaring” decision was the caring and sensitivity she showed towards her children. She could not be caring to both sides in that context and had to make a choice which was to leave the marriage. In another sense, the implicit meaning was that she was torn between the Black cultural expectations of interconnectedness and relatedness, and

her need to make an autonomous decision that would benefit her and her children. The decision she made did not fit the expectations of her Black culture but was more congruent with Western beliefs. In one sense, she found being connected to others stifling, and in another, beneficial. She depended on them, especially her aunts, for practical and financial help. However, interconnectedness did not automatically guarantee the support that she needed. This *implicit discourse needed to be exposed*.

It was helpful to talk about the way in which she tried to please opposing sides in embroiled relationships, and in so doing placed herself in a no-win situation which had negative implications for her. I showed her a way out, that there were ways of extricating herself from the imbroglio, and that all parties could win. What I said sounded very prescriptive but led to an insight regarding her aunt whom she thought understood why she had to leave Patrick and then appeared to side with him. She said:

Sometimes if you judged the situation and then say, it's better for the other person, the other one is going to feel you don't care about the person (here she is referring to thinking that her aunt does not care for her), but you care about the other one (that her aunt cares about Patrick).

Sometimes I just think that the same thing is happening to my aunt.

Our discussion helped her to understand why she was accused of disloyalty when she appeared to side with one party. In this way her world started making more sense to her.

Other Helpful Processes

I asked "*what*" questions which were more useful than "why" questions which implied cause and effect, and which were often difficult or impossible to answer.

The conversations that I had with Mapule tended to be more **directive** than the conversations that I had with other participants. I believe that this was more helpful in Mapule's case because it gave her a context of security and allayed her feelings of anxiety.

Whenever Mapule was very upset, I would take the responsibility of talking and allow her to listen. At other times, she spoke more and I listened. There was good **synchronisation** during our interaction. I found that I was working hard in the interview especially when she was depressed and she did not have the energy to work hard. I felt the full weight of her depression during those times. I felt that I had really "joined" her and was able to mirror what she was saying which I believe she found helpful.

It was important to **respect the pace** that Mapule set. She mentioned in a previous interview that there was something that she would like to tell me, but when I mentioned it in the following interview, she avoided the issue and asked me:

Is there anything you would like me to tell you?

As I had no inkling of what it was, I did not pursue the issue, which freed her to tell me when she felt the time was right. I respected her right to disclose hurtful information to me.

The Unhelpfulness of the Relationship from my Perspective

As the interviews proceeded she brought her problems to me to discuss. From one point of view this could be construed as helpful because she probably needed a sounding board and there was probably no one else who could help her in that regard. However, perhaps she had come **to rely on me as the "expert"**. From this perspective, it was regarded as unhelpful.

In order to minimise her need to be a perfect mother, and make up for her lack of mothering when she was a child, I offered suggestions on how to mother her children and create a safe and secure environment, by meeting her needs as well as the needs of her children. I introduced the idea of a both/and perspective. In so many other situations she had to choose between conflicting options, but in this context it was possible to please both sides, herself as well as her children. This highlighted the importance to her of different options fitting different contexts. However, in making suggestions about how to cope and be a better mother to how she perceived herself, I believed I unwittingly *played into the pattern* in which, although she was tired and pressured, she tried even harder to meet expectations and in so doing, heaped more pressure on herself which exacerbated the situation, and made her feel even more incompetent because she was unable to live up to her expectations. I tried to counter this, but what I said made her think that I was the perfect mother, and the more I tried to explain to her that I was not, the more entrenched the idea became.

There were times when *I talked too much* in suggesting options or in trying to get my point across. I also felt that I tried too hard which meant that I was *taking too much responsibility* and thus elevating myself too much in her eyes to be considered helpful. I believed that because I was White and intruding in the world of Blacks, I felt that I needed *to prove that I was trustworthy* and was not just there to “use” her. I did not consider this attitude helpful as it seemed to maintain my position as “expert” instead of “learner” which was what I really needed to be.

I experienced the full weight of her depression, and my response was to be encouraging. I do not believe this was helpful because *I wanted her to move out of her pain and did not want to stay with her in it.*

But you will make it, Mapule. I think at the moment when you are going through a dark tunnel, it looks like there is no light at the end of the tunnel, but the answer is just to keep going, to keep moving, you know.

In allowing her to be in pain and to come alongside her, would have been more helpful.

At one stage during the first interview, she became very depressed and I decided to highlight her positive characteristics in order to bring in a balance, and the last characteristic that I mentioned was her sensitivity to others. She did not hear any of the strengths that I highlighted. The only thing she heard was the last characteristic that I mentioned, which she regarded as the very thing that landed her in trouble. This was therefore very unhelpful to her. My *reframe did not fit*. However, it helped me to understand the pain she experienced when the care and sensitivity she showed others, was not reciprocated in any way.

When she was depressed it seems that she did not hear what people were saying. After the above incident, when I realised that I had not heard her and had been insensitive to her, I tried *to redress the error*, but she misunderstood me even more. This was unhelpful to her, but it helped me to understand the process of what happened when she was depressed and why some of her relationships appeared to deteriorate and failed to support her.

When she was depressed, she countered any *positive comments* that I made. She tended to believe only negative qualities about herself and refuted the positive. In one instance, I commented on her strength of character. She replied:

Most of the time I don't really feel strong.

However, this led to a description of the pattern that usually transpired between her and Patrick. It exposed the contentious issue in her marriage of her refusal to be dominated by Patrick. It also allowed her to listen to what I said in a new way and she was able to recognise instances of her strength as a person, which was positive because it gave her a new way of viewing her behaviour. She experienced this as a revelation.

Many of the aforementioned points that were labelled as helpful or unhelpful could also be labelled as unhelpful or helpful in another way. Therefore it is not possible to say for example, that reframing is an effective process as in certain contexts or in a different time frame, it might be unhelpful. It needs to fit with the client's meaning system.

The Helpfulness of the Relationship from Mapule's Perspective

After the first interview, Mapule asked me to please come and see her at her home, as speaking to me had enabled her to speak to others. She was able to communicate more candidly with her aunts and others.

When I offered practical ways in language of how to extricate herself from the imbroglio between opposing parties, she said:

It does help me a lot, talking to you. I feel a bit relieved.

These suggestions offered different meanings to her through action.

When we discussed creating a new home for her children without their father, one where they could feel safe and secure, she said:

Talking to you really makes me feel relieved because some of the things, I can't have talked to anybody, unless it's going to be confidential. I don't think, because the most difficult thing about myself is that I don't want people to know what is going on, and then even with the divorce, I don't know how I am going to carry it.

She needed to maintain her facade with others, but felt safe to shed it with me. Talking to me brought her to a point where she felt that she needed to tell me about the sexual abuse and violence that she has suffered from Patrick.

It seemed that providing her with explanations for her behaviour, expanded meanings which led to greater understanding. Regarding the explanations that I proposed in connection with the fear that she experienced when she was a little girl that she was going to be killed whenever her grandfather slaughtered an animal for a feast, she said:

And then even when you say maybe it is because of this. If I have a clue about why do I always have this fear, you know, it is better if you talk to someone and it is better for me, even if it is not right maybe. Just to have somebody giving me that suggestion, maybe it is this thing, it really makes me feel better.

It seemed that hearing her was the most helpful thing I did.

I asked her what helped, or what she did that helped her to move from the dark depressed place that she was in, to a place where she seemed so much happier. She replied:

That time, the first time I came to you, you know really I think you were the first person who understood how I felt, because you know, the problem was that I was talking to my aunt and then they didn't really want me to separate from my husband. They were encouraging him and that was really killing me....It was really killing me, because I know how I feel. They didn't understand at all. So the first time I came to you, I just thought you know, maybe it is just normal that I feel this way and then I tried to relax, and then to think about myself sometimes. Really to sleep at about 9 o'clock, because I used to sit and think, maybe for hours. I couldn't

sleep. You know I like sleeping, but if I used to sit and think about different things, then I can't fall asleep. Unless I just tell myself that I have to stop and sleep, or maybe have a bath or do some exercises. Since that time really, it is better. Even when you said I must write some of the things I want to do, then I think I am coping much better.

Actions mediated linguistically led to change.

When she moved to her own house on the farm it also helped her to move from the place where she was stuck.

Yes I think so because the problem with me, I told you that I was afraid of my husband. I couldn't sleep. You know every time I was just afraid that he would come and do anything. So I just felt that I was not secure. At least if I am here I know that he doesn't know the place.

Conclusion

Right from her babyhood, Mapule suffered as a result of the apartheid system which forced her mother, who was a member of a disadvantaged minority group, to seek employment in town and leave Mapule in the care of her parents. Mapule suffered from a sense of abandonment, and the ensuing experiences of her life confirmed this idea. She experienced anxiety as a result of the "pressures" that she perceived in her life and which handicapped her ability to cope. This pattern was repeated throughout her life and she has been unable to cope with the pressures which have confronted her.

Mapule was constantly caught in the conflict between opposing themes which pulled in different directions and set her up for experiences of failure. She found herself caught between her loyalty to African cultural expectations and loyalty to her ideas. Although she had a strong sense of connectedness to her family, her family's loyalty to the African culture took precedence over their loyalty to her. Patrick, her husband,

remained loyal to his African roots and the expectations that were consistent with it, and this loyalty also took precedence over his loyalty to her and the children. Her expectations contrasted with the expectations of her traditional African culture especially as regards roles in the family. She experienced her inter-connectedness with the African community as stifling and desired independence, but she could not win against the African cultural expectation of community. Her connectedness was experienced by her as disconnectedness because she did not receive the support that she expected from others, and she experienced a sense of abandonment and isolation instead. The only way that she could save herself and retain her loyalty to her idea of family, which excluded Patrick but included her children, was through abandoning her African cultural loyalties. This placed her in a no man's land, severing her roots and cutting off a source of support.

She also found herself caught in the restraints of being an African, a member of a disadvantaged group. Social restraints, financial problems, and personal impoverishment as a result of growing up in a world where she did not learn to trust others, nor develop coping skills, impacted upon her. Her depression was directly related to the "stuckness" that she experienced as a result of the African cultural expectation which stifled her and prevented her from escaping from an untenable situation, and her decision to escape the situation which meant forsaking her sense of rootedness and loyalty to her African cultural expectations.

The following pattern was evident in Mapule's life. She trusted someone implicitly, for example, her husband, and that person then let her down by taking advantage of her. This led to feelings of helplessness which resulted in anger at herself. She experienced guilt because of her desire to please others and guilt because of her passivity. She felt that she was no longer in control which led to depression. When she was depressed she tried even harder to please others which led to depletion of her minimal resources. She then behaved in a way that led to a worsening of her relationships with others which made her feel guilty. For example, she shouted and was irritated with the children, which made them more anxious and difficult to control. She

wanted to escape which she was unable to do and which reinforced her feelings of helplessness. And in this way her cycle of depression was maintained.

Although Mapule was a Black woman and exposed me to the world of a Black depressed woman, she also adhered to many Western beliefs, and although there were parts of her world that were totally foreign to me, there were also parts that I could identify and feel comfortable with. I enjoyed a good relationship with Mapule despite the few blunders that I made, and felt enriched by my encounter with her. I enjoyed her hospitality whenever I went to her home and felt very privileged to have been allowed into her world.

My relationship with her was also a form of support and I unwittingly perpetuated a pattern whereby individuals from the Western culture were more supportive and met her needs at those times when those from her own culture failed to do so.

What I perceived as helpful in our relationship was giving her a voice and listening to that voice, and making sure she also heard my voice. This also helped to bridge misunderstandings that arose because of the cultural gap that existed between us. Offering behavioural alternatives in language rather than focusing on merely changing meaning linguistically was also helpful. Practical suggestions also helped her order the chaos in her life and alleviated her frustrations in this regard. I also expanded possibilities and showed her that there was always a way out, and other ways of viewing people or situations. I also exposed conflict between discourses and used other helpful processes.

What I viewed as unhelpful was her perception of me as an expert, and her belief that I had expectations of her as a mother. I also tried too hard to minimise the fact that I was White. I also was uncomfortable and felt immobilised by her depression and did not allow her to be where she was at. I praised what I believed was a positive aspect of her functioning which she perceived was the very thing that had landed her in trouble, and the more I tried to correct my error, the less she heard me and the more

unhelpful I was. However, despite these errors, my sincerity in trying to understand her was communicated to her, and it far outweighed the negative aspects of our interaction.

Different voices and different ideas interacted together to create the story that I have told. This, however, was not the only story that could have been told, and it reflects as much on Mapule as it does on me.

In summary the following themes emerged from Mapule's story:

- The theme of loyalty and disloyalty. Other themes which emerged and which were connected to this theme were the theme of favouring one child above another, the theme of abandonment, the theme of trust and distrust, the theme of silence and the associated theme of not being heard.
- The theme of control and the associated theme of violence.
- The theme of failing to cope with pressures.
- The theme of being out of synchronisation with the prevailing cultural expectations.

The researcher's relationship with Mapule was discussed from the researcher's perspective of its helpfulness to Mapule. This discussion focused on the following factors regarded as helpful:

- Hearing, which included her pattern of communicating, restatements or clarifications, making sure that she had understood, sensitivity to non-verbal cues, and empathy but not sympathy.
- Practical suggestions, which also included explaining behaviour.
- Expanding possibilities, which included alternative meanings that fit, showing her a way out, and reframing.
- Exposing conflict between discourses which included pathologising the cultural discourse for the purpose of depathologising her, and taking implicit discourses into account.

- Other helpful processes, which included matching her mood, synchronisation, being more directive.

Following this was a discussion of the researcher's perspective of what she regarded as unhelpful in her interaction with the participant.

- Allowing the participant to rely on the researcher as the "expert".
- Offering suggestions about how to cope in certain areas, thus exacerbating her feelings of incompetence because of her inability to live up to her expectations.
- Talking too much and trying too hard to overcome my "whiteness".
- Not wanting to allow her to stay with her pain and wanting her to move out of it.
- Regarding as positive the very thing that she regarded as negative.
- Allowing misunderstandings to develop in not realising that she was selectively hearing what the researcher was saying.
- Offering positive input.

From Mapule's perspective, what was helpful was the following:

- Giving her a voice and listening to her.
- Conveying understanding.
- Offering suggestions of how to cope in specific situations.
- Offering explanations for her behaviour which she did not understand.
- Allowing her to feel safe in a relationship which respected her need for what she said to remain confidential.

CHAPTER 9

MY STORY OF EDITH'S STORY

Personal Data

Participant:	Edith (33 years old)
Husband of participant:	Martin (37 years old)
Children:	Muriel (3 years old) Andrew (1 year old)
Participant's occupation:	Music teacher / Housewife
Husband's occupation:	Scientist

Introduction

This story is based on the transcribed interviews between the researcher and Edith. Edith's biography is provided in Appendix 3. In this chapter mention will be made of her home setting, and hospitalisation. This will be followed by a brief account of the researcher's impressions of Edith. A discussion of the emerging themes follows. Attention is also given to how Edith tries to cope with life as she experiences it. The researcher's relationship with the participant will be discussed in terms of what was helpful and what was unhelpful. In the conclusion, Edith's story is summarised.

The Setting

Edith chose to come to my home in the morning for the three interviews so that we could proceed uninterrupted by her young children. She was always punctual and neatly dressed.

I gathered from our conversations that her home was her private domain and she did not open it to many people. Her in-laws respected her ideas in this regard and would always telephone to find out if it was convenient for them to come and visit, but her parents would take the liberty of arriving uninvited which she experienced as an intrusion of her privacy. She did the occasional entertaining but on the whole did not welcome people into her midst.

During the period between the first and the second interviews, Edith was hospitalised for two weeks and received electro convulsive therapy consisting of 6 shock treatments. After her release from hospital, we set up an interview. However, she had a relapse and the family felt it would benefit her to get away. She cancelled the appointment and she went to Durban to visit her brother. On her return she telephoned me and we made an appointment for the second interview. The third interview was conducted three months after the first interview.

My Impressions

I found Edith very willing to talk about her depression and also keen to co-operate in any way that she could. She communicated openly with me, and, although I found that she listened earnestly to my comments and suggestions, she was more intent on telling me her story. I appreciated her frankness and her trust in me and felt especially privileged to share in her story.

Emerging Themes

Theme of Favouring a Child versus Scapegoating a Child

Edith was the third child in a family of four children. She was an independent child and excelled at school. She was the favoured child in her family and perpetuated this ***pattern of favouring one child above another*** in her own family where she favoured her son, Andrew, above her daughter, Muriel. In her family of origin, her youngest

sister, Anna, was the scapegoat. And in her nuclear family, Muriel was the scapegoat. Thus the *pattern of scapegoating a child* was also perpetuated across generations.

Theme of Being Aware versus Being Unaware

Although her parents were very proud of her achievements, she received mixed messages from them. On the one hand, they demonstratively conveyed their love to her, and on the other hand, they were totally disinterested in what she did. In this way, the idea of *being aware of what was overt versus being unaware of what was covert or concealed* developed. She believed that although her parents' love was outwardly demonstrated, in other words it was overt, they loved what she represented, and in this way she felt that they did not love her the way that she believed they should have loved her, and confused affection with love. This theme was also obvious in her depression, which she first experienced when she was still at university, and which remained covert. She was not aware that what she was experiencing was in fact depression.

I think I was even suffering from a form of depression then, although one didn't realise it. It wasn't so severe, you know, it was something one could tolerate and handle.

She married Martin whom she met at university and they moved to White River, a Lowveld town. Before the birth of Muriel, she suffered from severe migraine headaches which she believed were also a covert form of depression. She was aware of the migraines but unaware of what they concealed. After Muriel's birth, she was once again unaware that what she was experiencing was in fact depression. In other words, it remained covert. After Muriel's birth, she remarked:

We never labelled it as depression for a whole year, but it was just trying to cope.

After Andrew's birth she was again unaware that her bouts of crying were depression-related.

Then, you know, when you're coping, you don't realise it is actually a depression. I went through a week or so where I cried and cried and cried, and I went to my gynaecologist and he put me on to Prozac.

This *theme of being aware versus being unaware* was also evident in a dream of rotting teeth that she recounted to me during the first interview. She believed that it signified the decay that resulted when people pursued the wrong values and did not value what was important, that is, their relationships. This dream led to Edith assessing what was important to her and it made her value her relationships with Martin and with her children. However, this in itself became a problem because she became perfectionistic regarding her relationships, especially her relationship with her children. This tied in with the *theme of perfectionism* whereby her expectations of herself in this role were unrealistically high and set her up for failure. In her very effort to prevent the decay of the things that she valued most, that is, her children, she perpetuated the decay because she could not attain her standards of excellence as a mother. Consequently, she plunged into depression and chaos, and abdicated her responsibilities in this regard. Another reason she desired to be a perfect mother was to compensate for her youngest sister, Anna, whom she regarded as a useless mother. It seemed that what got to her was that something could start off untainted and beautiful, such as one's children, and that things that one cannot control, or are covert, would come and decay them. In the same vein, she believed that her sister Anna, of whom she was extremely critical, "decayed" her illegitimate daughter Vicky. Edith, however, became aware that she also perpetuated the "tooth" decay in the way that she behaved aversively towards her own children, especially Muriel.

I had got to a point where I was swearing at them, I was just so out of control.

This awareness destroyed her and sank her into depression. In her eyes she was no better off than her sister whom she despised. Thus she had not lived up to her **perfectionistic expectations of herself** and felt an utter failure. She was aware of her noble intentions, that is, they were overt, but, what was concealed destroyed what was overt, that is, her behaviour was incongruent with her intentions and destroyed what was innocent. She could not accept that she could start off “good” and end up “bad”. She believed that even her spirituality “decayed” because of her depression and she felt disconnected to God. She lost her peace and joy. This theme of being aware versus being unaware was also evident in her friend Nicky whom she met when she was hospitalised for electro convulsive therapy and who has multiple sclerosis.

I mean, there she's got this body that is decaying and yet she's, there is something remarkable in her, you know, and then you get people who are totally fine, their lives are beautiful on the outside, when in fact there is a decay which they don't see.

The Theme of Control versus Powerlessness

The **theme of control versus powerlessness** was also apparent. The idea of being unable to control what was happening before it was too late made her feel powerless. Her **external locus of control** became obvious during the recounting of another of her dreams during her third interview. She was ski-ing on a dual highway at speed, which was very frightening to her. She was expected to be competent, but even then, she was still not assured of reaching her destination because of all the obstacles in the way. She believed that if she reached her destination. it would merely be due to luck. She felt that she was at the mercy of external forces and that there was nothing that she could do to change the situation.

This theme was also obvious before Muriel's birth when she felt in control of her life and could be contrasted with the helplessness she felt after Muriel's birth, because of Muriel's incessant crying, when she believed that she had lost control of her life.

However, she would regain control surreptitiously by demanding the involvement of others, "making them" take control, so that she could abdicate her responsibility.

And so for me, whose always been quite organised, and it turned my world upside down, and of course, made one feel very inadequate and all those sort of things. But I think it took its toll on the day, I remember when the cracking signs happened was one day I slapped her through the face. I phoned my husband immediately and I just said 'Come home'.

Her husband decided to accept a job offer in Pretoria and just after their move to Pretoria, a doctor diagnosed that Muriel was suffering from acute and chronic earache. Edith was physically exhausted by this stage. Once again, she resumed control covertly by requesting her husband to take her to a doctor.

So I basically collapsed. My nerves were shattered and I knew, I remember one night distinctively knowing that if she cries again I am going to throw her through the window and kill her. And I said to my husband that he must take me to a doctor right now or I am going to kill my child.

She could not cope, abdicated her responsibility, and handed Muriel over to her mother.

This theme of *being in control versus not being in control* was further perpetuated by the anti-depressant medication that her gynaecologist prescribed. She had, in a sense, demanded his "expertise." However, the medication intensified her feelings of inadequacy that she was not able to control what was happening in her life and she therefore decided to retake control and she stopped taking the medication before it had a chance to work. The conflict surrounding the choice between two opposites, in this case between powerlessness and control, led to a no-win situation. In retaking control, she plunged even further into depression and powerlessness. She

then attempted to regain control and attempted suicide by taking an overdose of pills. She wanted to escape the misery of her life. She believed her children would be better off without her and abdicated her responsibility in this regard. Thus her attempt to take control by deciding to end her life, in addition to the ***theme of avoiding responsibility versus taking responsibility***, were also evident.

Her emotions were also out of control.

What I found I was having was very extreme moods and also excessive. I would get angry about something. Say the gardeners came and did not get the bed right and went skew, I would be angry about that for the whole day, sort of murderous angry....If Muriel cried, something in me just snapped. I couldn't handle her crying even if it was legitimate. Even now, I have no patience if she cries. I couldn't care. I just want to freak.

She also saw her depression as a chemical thing, something that she was unable to control. However, she believed that society expected her to take control over it.

She also felt powerless because she could not control the way that her parents behaved which failed to meet her expectations. The ***theme of failing to meet expectations versus meeting expectations*** also became evident. The helplessness that she felt as a result of her parent's failure to meet her expectations was also associated with her depression.

Feelings of helplessness, associated with her sister's refusal to allow her to adopt Vicky, her sister's child for whom she took responsibility, were also connected to her depression. She was not permitted to take control of what was happening. She believed her sister used this child to manipulate the family and wield power over them.

She also felt out of control when she could not meet her ***perfectionistic expectations of motherhood***.

Last night I said to Muriel 'Just keep quiet' because there was something on the news. And she didn't keep quiet and I got irritated and shouted 'Muriel!', and that was the only thing I shouted but it almost destroyed me inside to think I had shouted like that. And the depression. I just felt it set in and I went to bed feeling terrible.

If she failed to meet her expectations, she escaped into her self-condemnatory thoughts. She abandoned the situation, relinquished her control and became depressed. She did not confront her problems, such as her relationship with her sister, Anna. She wanted a perfect relationship with her sister but seemed powerless to attain it, and therefore opted out and refrained from dealing with it. Paradoxically, her parents were very dependent on her and yet wanted to control her. This gave her mixed messages which were confusing. Their one message was that she was not able to control her own life and therefore they must assume the responsibility, and yet, on the other hand, they also represented chaos to her because they seemed unable to control their lives and she felt that she should assume that responsibility.

The Theme of Chaos

The *theme of chaos* was also evident and seemed to be consistent with the *theme of failing to meet her expectations*. The following pattern was evident. Edith's inability to meet her perfectionistic standards gave her the idea that she was unable to control what was happening in her world and that it had degenerated into chaos which was "confirmed" by her experience. She responded by relinquishing her responsibility, and succumbed to feelings of helplessness and inadequacy. Chaos reigned in her world and she became depressed which can be construed as another form of chaos. She, therefore, perpetuated chaos and remained "stuck". It was up to someone else to take responsibility and intervene to re-order her world. She would then once again become perfectionistic in her efforts to retake control and the cycle would repeat itself, and in this way maintain itself. Edith did not believe that she had choices and the

theme of stuckness was also evident. She remained trapped in the cycle of depression.

This **theme of chaos** was also evident after Muriel's birth when her organised life disintegrated into a state of chaos. The birth of her children signified a move from certainty to uncertainty. She could not cope with the uncertainty which, to her, was synonymous with chaos and her efforts to implement a perfectionistic pattern to control it, failed and perpetuated the idea that she could not cope.

The pattern of failed expectations was repeated when the doctor she first consulted when she arrived in Pretoria, referred her to a psychologist whom she felt did not meet her expectations. At that point when her life was in chaos, what she needed to enable her to cope was for the psychologist to offer practical suggestions to help restore order in the chaos that existed. This the psychologist failed to do and, in fact, her suggestions exacerbated Edith's condition because of Edith's perfectionistic tendencies, and set her up for failure. Edith relapsed into depression which was associated with the glandular fever that she developed and which then led to ME.

And she said I needed to do something creative and so I went and did jazz dancing and I basically dragged myself out of bed to go and do jazz dancing.

The **theme of chaos** was further perpetuated in her extended family where her boundaries for taking responsibility were not clearly defined and she did not know where her responsibilities began and where they should end. This resulted in a chaotic family where she took responsibility for both her parents' and her sister's problems which, in effect, she could not control. The boundaries between her life and the lives of her parents were also not clearly defined, and, although she had failed to make her limits clear to them, believed that they were always intruding in her life.

Even her wedding was chaotic, and she reacted to the chaos by feeling quite depressed even on her honeymoon.

She also believed that her life was chaotic and cluttered by too many people and too many opinions. The boundaries between herself and others merged and she failed to set limits.

This pattern of chaos was also evident in her parents life which was chaotic and the boundaries between their private life and business life blurred. She cited as an example the night of the farewell dinner for her elder sister and her family who were emigrating to Canada.

Friday night comes, five o'clock, half past five, my dad, a customer arrives and my dad helps him. He doesn't have to help him. It is Friday afternoon. Nobody comes for a tyre to be changed at half past five. Six o'clock he still isn't finished. Half past six comes up and then there's a job that they haven't done that they have to do. Then the dinner. Its food from Nando's and salads in little plastic bowls on the table. We're sitting down for dinner and my dad's not even there. At one stage there was just one Donaldson at the table. My mother's elsewhere. Okay, this is our farewell dinner. (She laughs.)

Edith did not believe that this chaos was a favourable context in which to raise Vicky.

This chaos was further perpetuated when her parents invited children from orphanages to come and spend their holidays with them. Although it was her belief that her parents had good hearts and intentions as she herself had with her own children, she believed that this chaos did not benefit the two boys whom they fostered for eighteen months. Their intentions also did not match what actually occurred. She believed that her father's inability to be a father, broke down these boys even further.

She also believed that her parents handled her sister Anna and her daughter Vicky in a chaotic way. They had the opportunity to adopt Vicky but chose not to, with the result that a tug of war now existed between them and her sister. She said:

And we all advised by folks to do that, so that she knew where she is being brought up, so that what is happening now, wouldn't be happening. But they didn't listen to us. So that's what I mean by chaotic.

In referring to the chaos in her parent's life, she said:

My parents have worked up from having absolutely nothing and coming from very poor backgrounds, having no chance for education, but umm, its chaotic in that sense and in terms of my mom and dad's relationship. Its sort of, I think a destructive relationship but they seem to thrive on it.

This theme of chaos was also evident in how her parents conducted their lives and in how they were raised as children.

So I was examining how each one of us has responded to a fairly chaotic, not upbringing, but things that were, umm, not always done so nicely.

She revealed how her elder sister, her brother, and herself responded to this chaos with perfectionism.

I think its a form of breaking away from one's roots.

Her elder sister was a perfectionist in the outward things, whereas her brother was a perfectionist in his work, and she was a perfectionist in her work and her relationships, especially motherhood.

I want perfect harmony and perfect relationships and then I also want to be the perfect mother.

She believed that a lot of what she wanted was related to her sister Anna whose child Vicky was born out of wedlock and whom she believed was totally incapable of bringing up a child.

So um, you know, the very fact that I saw what was happening there, with my own children, I wanted, I had such ideas of how I wanted to bring them up and of course, it wasn't so easy....There's a certain amount of depression from that time.

The Theme of Met versus Unmet Expectations

Others failed to meet her expectations. In addition, she seemed perpetually caught in the pattern of feeling obligated to meet the expectations of others and also her own unrealistically high expectations, and failing to meet her own desires and needs. The **theme of met versus unmet expectations** was thus also evident in Edith's story. It was consistent with the **theme of being heard versus not being heard**. She put her trust in her doctors but was repeatedly let down by them. Her doctor in White River failed to diagnose Muriel's earache. The doctors she consulted when they moved to Pretoria failed to hear the seriousness of what she was experiencing and consequently did not treat her depression correctly. They either medicated incorrectly, did not medicate at all, or treated her with disrespect which exacerbated her feelings of inadequacy. She also expected her gynaecologist to explain to her how antidepressant medication worked - that it took time to work and that she should not decide to take herself off the medication before consulting him. It was only after an unsuccessful suicide attempt that she caught their attention and they sat up and listened, metaphorically speaking. She also expected consensus among the medical profession concerning the diagnosis of her ME, and among the doctors concerning the treatment she received for ME. She commented:

The depression. I don't think it was handled correctly. I don't think the doctors generally are equipped for ME and eventually one doesn't even want to talk about it.

She also failed to meet her idea of what constituted a good mother. She had rigid ideas in this regard.

You see I have this idea that there is only one way to bring up a child. It is either a right way or a wrong way. To me I had quite strong feelings about that because what was happening with Vicky was completely wrong. And so when the wheels came off I knew I wasn't doing the right thing. For example, for me to shout at my children, to me that is just not acceptable. I just can't accept that I can shout at my children. It just destroys something in me. I think that I am better off dead then. So those are the standards I have and that is the way I want to bring up my children and its not easy to do it that way and I think does cause a certain amount of depression.

She recounted an incident when she was asked to play for a church service one Sunday morning because the church pianist was unavailable, and she expended a lot of effort in preparing the pieces she was required to play. The pianist's arrangements changed however, and the pianist became available after all to play in the Sunday service, and she informed Edith that she need no longer play the piano. Edith though, badly wanted to play but became caught up in the pianist's belief that she had to meet the expectations of the congregation whom she believed expected her to play. Edith felt let down by the pianist. Edith's expectations were dashed and she was angry. Once again she felt powerless to change the situation and again the idea that she was not in control was reinforced. Her music made her feel that she had regained control of her life and this was contrasted with the powerlessness that she later experienced and which became more salient. In addition, she believed that she was naïve in thinking that

what happened in a church context should be different to what she experienced in other contexts. Her expectations in this respect were also not matched by the reality of her experiences.

On one occasion her ***failure to meet her standards of motherhood*** led to her suicide attempt. That a mother could even attempt suicide was an idea that was censured by society. She therefore not only failed to meet her expectations of what constituted a good mother, but also ***failed to meet the expectations of society***. She also failed to meet the standards of motherhood that her friends set. She said:

I have a very good friend who keeps on saying they just need a mommy, they just need a mommy. And I can't. She's such a wonderful person and I admire her a lot, but I cannot be what she's been.

She also judged herself as an inadequate mother. It was important for her to be a good mother to meet not only her expectations but also those of others and society. She reflected:

You see one judges yourself on that.

In addition, her parents also ***failed to meet her expectations*** of how parents should be. They *did* things for their children and provided them with the material trappings but failed to develop a relationship with them. Their home context also failed to teach them skills to cope in an adult world. Edith felt caught between the ***idea of loyalty to herself and loyalty to her parents***. Loyalty to herself involved becoming a perfect mother and loyalty to her parents involved failing as a parent. If she chose loyalty to herself then she was not being loyal to her parents, and if she chose loyalty to her parents then she relinquished loyalty to herself. Again she found herself caught in a no-win situation and either choice set her up for failure.

The ***theme of criticalness versus acceptance*** was also apparent and tied in

with the theme of meeting versus not meeting her expectations. She was very critical of herself and others and this served to sever her relationships with others, cutting off a source of support from them. Her world diminished as a result. She failed to meet the expectations of others and others failed to meet her expectations. She was judged by others and she judged others in turn. When others failed to meet her expectations she became highly critical of them and judged them in much the same way as she was judged. She also felt that she had failed to meet the expectations of others and wanted to be evaluated as a person worthy of respect and accepted for being just who she was.

We attach value because they are efficient, or successful, because they have a nice home, or a nice garden, or because they have a prestigious job, and I have really questioned all those values. And my value does not even hinge on my being a good mother. My value is there just because I am a person. Just because I am. Full stop. That to me is the bottom line. And your value is because of you. Not because of anything else that you've got value.

The *theme of being judged versus being acceptable* was discerned. She felt judged by society for even having experienced depression although she tried to cling to the idea that it was nothing to be ashamed of. Because she was censured, many voices existed that ostensibly tried to sound as if they were trying to help her but in effect, intensified her belief that she was actually being judged. She experienced her elder sister's religious beliefs as an imposition, and her sister's doctor's opinion regarding her ME, as a criticism of her. Her psychiatrist believed that she did not have ME and her psychologist hypothesised that she developed ME because she did not look after herself. All these different voices also perpetuated the idea of chaos.

However, her experience and the belief that she was judged, were incongruent with the expectations that she harboured that she would be accepted unconditionally. She fought against being valued by others for what she did rather than for who she was. She also found it difficult to do what was best for herself in the face of the

expectations of others or society. Her dream of the rotting teeth was also consistent with these ideas. The values that others have pursued or considered valuable, were not worth it. In effect the values that she was being evaluated against were not worth it but she was fighting against something which she believed she could not change or control.

If her friends did not meet her expectations she discarded them. Her friends from White River took Muriel to give her a break from the constant screaming, but failed to meet her expectations of how her child should be looked after, and she in fact believed that her friend's husband molested her daughter. This idea disturbed her and stayed with her. It was consistent with the idea that what was innocent or pure could be destroyed by others.

Paradoxically, although she had high expectations of others, she herself also behaved inconsistently with her high standards. For example, she would make an appointment with her psychologist only to cancel it each time.

Although she desired perfect relationships, which were part of her perfectionistic belief system, she failed to meet her expectations in this area and did not have a good relationship with her younger sister, Anna. In fact, she did not want any contact with her sister as contact with her plunged her into depression. She distrusted her sister and feared that her sister would take her children away from her and hurt them. She believed that her parents had expected her younger sister just to grow up without any input from them. She actually felt that her younger sister had been neglected in the same way that Vicky was also being neglected. Thus the ***theme of assuming responsibility versus avoiding responsibility*** was evident. She believed that her sister was corrupted by the chaos that existed in her parents's home and Vicky, her sister's child had also been tainted by the chaos of her parents' life as well as the chaos created by her sister. Her sister was the visible representation of Edith's invisible self in that her sister was also an inadequate mother who tainted her children in the same way that Edith was an inadequate mother who tainted her children. Edith believed

that her sister caused a lot of the decay in the family. Her younger sister represented chaos which was linked to depression, and therefore triggered a negative reaction in Edith.

Theme of Assuming Responsibility versus Avoiding Responsibility

A pattern that was also being perpetuated across generations was that her own mother found it as hard as she did to be a mother. The ***theme of assuming responsibility versus avoiding responsibility*** in the context of motherhood was also evident. Her mother was absent from her mothering role as she always worked and it was the maid who had the responsibility of looking after the children. In this way her mother did not have to cope with motherhood. Edith also absented herself from having to cope with motherhood by escaping into depression, and it became mainly the maid's responsibility in the day, and her husband's responsibility at night and on weekends, to cope with the children. She had however, wanted to be a different mother to her mother, and wanted to be with her children. However, Muriel had eroded her confidence.

She also tended to opt out of her responsibilities which contrasted with her perfectionistic tendencies and her sense of responsibility. Before Muriel's birth, she had an extra-marital relationship which was a carefree experience and a responsibility-free time. In addition, whenever, she could not cope, she became depressed and was quite incapable of coping with her responsibilities as a mother, wife, daughter, sibling or friend. Muriel was placed into daycare and she just slept. This reinforced her feelings of inadequacy.

I couldn't make a meal. I couldn't sweep the floor. I couldn't do the nappies.

Between the first and second interviews she was hospitalised for two weeks and received electro convulsive therapy. She had a relapse after she was discharged from

hospital, and her family sent her to Durban to go and stay with her brother for a few weeks even though it would mean that she would miss Muriel's Christmas concert. The pattern of opting out of her family responsibilities was thus perpetuated. By removing herself from her family context and the responsibilities that went hand in hand with it, she coped because she was freed of having to live up to her perfectionistic expectations of herself as a mother, and the inevitable feelings of failure that accompanied her efforts.

By contrast she also took responsibility for people or things that were not really her responsibility. Although she needed time for herself, she exhausted herself in getting involved and giving of herself and of her time to others. This tied in with the ***theme of control versus powerlessness*** and included setting limits whereby she failed to define clear boundaries or limits and took on responsibilities that were beyond her area of obligation. Because she did not set limits, she became vulnerable to the manipulation of others. This tied in with the pattern whereby she needed time and space for herself, and yet found that her care for others robbed her of her time and space, and in the process she was hurt which resulted in her needing more time and space for herself. For example, she took responsibility for her sister's daughter Vicky, her parents, and others that crossed her path that seemed in need. She believed that in her efforts to please others she suffered because she gave too much of herself to others. She was caught in the conflict between wanting to be a support giver herself and finding this experience draining which also led to resentment. Her depression made her question her values and where she invested her energy.

The Theme of Loss

A ***theme of loss*** was also evident in the story. Her depression robbed her of interest in almost everything and robbed her of three years of her life. She also experienced a sense of loss because of the demands of motherhood which she experienced as difficult. These demands exhausted her, created an unstimulating environment, and robbed her of time for herself. She also lost her friends because she

was not interested in them. She felt that she lost out on life itself and her world shrunk and became very small.

How She tried to Cope

Edith tried to cope by ***abdicating her responsibility as a mother*** and by ***becoming depressed***. Her perfectionistic approach ensured this. In her mind there were only two options: she was either a perfect mother or was not fit to be a mother. She could only fail because she could not be perfect. She would escape into her "head" whereby her self-critical thoughts plunged her into despair. In this state she elicited support from others who assumed the responsibilities in her life and thus permitted her to be free from them. However, she demanded perfection from them too and they, like her, could only fail.

Edith was very fortunate to have ***a husband who was loyal to her*** despite her disloyalty to him such as the extra-marital relationship she had before Muriel's birth, and also her failure to support him in his work or show any interest in what he did. In contrast to her instability, Martin had ***a stable character***. He signified "sameness" and stability in her ever-changing and chaotic world, but was significantly different from her to introduce difference and balance into the marital system. She represented chaos whereas he represented stability. He served the purpose of bringing stability into her life when it was out of control. His ***practical and emotional support*** helped her to cope. Although she was self-centred, he was unselfish and gave up interests that he enjoyed, such as his running, so that he could help her. He would even take leave from his work to be with her when depression debilitated her. She eventually came to the realisation that she could not expect Martin to meet all her needs and that this responsibility should be shared.

She also received ***practical help*** from her mother who looked after Muriel when depression crippled her. Her mother also provided ***financial support*** such as when she paid for the air ticket so that Edith could go and stay with her brother in Durban

when she was still unable to cope after her hospitalisation for electro convulsive therapy. However, these forms of support from her mother were unable to compensate for the effects of a lack of emotional support from her.

Another factor that helped her to cope was the domestic worker that lived in and looked after the children. She assumed the responsibility of taking control when Edith was in depression. She said:

Although we are not really able to afford it right now but I have a live-in maid and the days I go off my rocker, she just has to come in and take control.

After many disappointments from the medical profession, she eventually encountered **a psychiatrist and psychologist who listened to her and took her seriously**. They were able to help her to regain some control in her life. The psychiatrist prescribed anti-depressant and anti-anxiety medication which stabilised her. The psychiatrist also agreed to recommend that Edith be **sterilised** as she believed that children aggravated Edith's depression and that Edith should not have any more children. And the **psychologist provided her with alternative meanings** which demystified some of her myths. Therefore it seemed that a combined approach consisting of **drug therapy, in addition to psychotherapy**, were effective in helping her. Alternatively, or, in addition to the former, what could also be viewed as effective in helping her were **the beneficial effects of including more people into her confined world**.

Edith was very fortunate to be a talented and accomplished musician which reinforced the idea that she was competent. She **taught music** to her pupils when they lived in White River and she believed that after Muriel's birth it was her saving grace.

That I think probably was my sanity in that it took me away from her for those two or three hours a day.

Some of her relationships with people reinforced positive feelings about herself, whereas others reinforced negative feelings about herself. However, despite the positive effects of some of her friendships, support remained unavailable, either because of the geographical distance of these potential support givers, or their "unavailability" due to illness, for example. Her friend in Durban who shared her interest in music, and her friend in Pretoria with multiple sclerosis, reinforced her competent, positive feelings about herself. She had only recently met her friend with multiple sclerosis when she was hospitalised for electro convulsive therapy. This friend epitomised a balance between imperfection and perfection, and had successfully integrated opposites in her life, as opposed to Edith who set herself up for failure because of her idea that she had to choose between opposites. In this way, ***her friend with multiple sclerosis introduced "difference" into Edith's world.*** Although her friend had "death" within her because of her condition, she nonetheless enabled Edith to conquer her fear of death. Her brother also tended to have a more positive influence on her possibly because of their collusion and alliance against the rest of the family. However, he lived in Durban and in this way was unavailable to her as a support giver. As opposed to the positive influence of these relationships, one of her friends in Pretoria, in close geographical proximity to her, reinforced negative feelings about herself as an inadequate mother, and entrenched her ideas in this regard.

She made peace with her need for personal space and her need to do something mentally stimulating. She felt that her children had drained her and her mind had become dull. ***Taking risks*** helped her cope and signified a turning point in her life. She became involved in her church as a leader of a course. She enrolled for two courses at Unisa, and although she did not cope with the stress of studying, she nonetheless believed that studying activated her mind. She achieved another breakthrough when her and Martin were invited to dinner by Martin's superior. She did not want to accept this invitation as his wife made her feel inadequate. In a moment of weakness she accepted the invitation and she experienced the encounter as a turning point. She found the wife a really nice person and not the person she anticipated. She

also risked herself by accepting an invitation to play squash. She won her games and it restored her confidence that she could still play squash and win.

Her therapist also believed that *she needed different foci* and challenged her existing beliefs in this regard. She had always believed that her diverse interests were “wrong” and that if, for example, she was a true musician, music should be her sole interest and focus. She believed she had to choose between being a good musician and a good sportswoman. She had never entertained the idea that she could be both. This idea built “difference” into the “sameness” and, in this way, balanced the system.

Taking charge of her life also helped her to cope with her depression. She took charge by applying for a music post at a school in Pretoria. This post was that of musical director of the school. Her music signified coping to her and was therefore positive. She allowed herself to feel apprehensive, to acknowledge that depression had shaken her confidence. In the interviews she stated her boundaries unequivocally. She also received positive encouragement from her therapist who believed she would cope. She believed that *“doing” liberated her*. Prior to her knowledge of the existence of this post, she was asked to help in the Sunday School with the music. Although she was apprehensive she went along and “did” it and found it a liberating experience. Her love for music had returned. She was informed that her application at the school had been successful and was consequently asked to take the music at the school one day. She telephoned her friend in Durban and in a sense wanted her to “do” it for her. But she had to “do” it on her own and she managed which gave her such a sense of achievement. She was aware that her concentration and discipline were not up to the standard she would like them to be, but believed that time was what she needed.

In taking this job however, she did not want to be caught in the trap of having to meet society’s expectations. She still wanted to be accepted for who she was not what post of position she held.

She not only ***stated her boundaries unequivocally*** in the interview but also with her parents. She was also letting go of the children and making them let go of her. Thus she took control of her life again.

She became involved with life once more. ***Her world started to enlarge*** with the reawakening of her love of music and her return to the workplace.

My Story of my Relationship with Edith

Introduction

Because she seemed to be very critical of those people who did not meet her expectations for support, I found myself trying my best to be supportive and in so doing tried to avoid her criticism. Inasmuch as she was the “expert”, I also came over as the “expert” at times and, in fact, desired to remain in that position of certainty rather than risk myself by venturing into uncertainty. I found it hard to be the learner as she demanded that I be the “expert.”

I found her intellectual functioning to be on a high level and she was able to understand my “expert” point of view. She seemed fascinated by what I said at times and I confess that this spurred me on.

My Perspective of the Helpfulness of this Relationship

Challenging Fixed Ideas - Providing Alternative Perspectives

Initially she doubted whether she had a lot to offer, and I ***reframed*** her experience in terms of how valuable her input would be to my study.

The first therapist that she consulted told her that she suffered from ME because she did not look after herself. This perpetuated the idea that she was being judged by

others. We discussed the idea that she lacked a balance in what she did and the reframe fitted her idea that she was out of balance in that she gave too much of herself to other people. I went even further and said that her ME:

also reflects on a lack of balance in terms of society as a whole.

This reframe made sense to her and introduced a new idea into her thinking. According to Edith's second and more helpful therapist, her depression was partly connected to her unmet need for stimulation. She was stimulated by the new ideas that I introduced and stimulation was what she believed that she required.

When she told me that she suspected that her friend's husband had molested Muriel, I reframed her idea, rather than agree or disagree with her that he was molesting her child, by saying:

Maybe you are perceiving that there is something that you don't trust in this person.

In discussing the teeth metaphor as a metaphor for her depression which was a sign of visible "decay", I suggested the idea that decay is part of our existence and the idea that it is impossible to be perfect:

One is called on to have this perfect facade and perhaps you are also saying in another way that in any person there is this rotting teeth going on. No one is perfect. No one can meet the demands often that society puts on them in terms of perfectionism, in terms of their work, motherhood, wifeness etcetera.

An idea that prevailed in her thinking was that society judged her for developing and suffering from depression. I offered her *an alternative way of viewing* it by saying:

There is no one to blame. It is not your fault, nor your husband's fault, nor your family's fault. It is not anyone's fault.

I explained how things had conspired together to result in her depression.

We discussed the *dominant discourse* that she was fighting against and which entrapped her, that we are judged according to external standards of success or achievement. It permitted the nondominant discourse whereby she wanted to be valued for who she was to gain prominence. We explored her dream of rotting teeth which signified to her that it was the pursuit of things that society valued that decayed a person, because that was not an important goal. Again this provided her with the mental stimulation that she enjoyed and gave her mental energy.

I offered an alternative meaning to her idea that her mother was not interested in what happened in her life by saying:

She was probably too busy with the business, rather than that she wasn't interested in you. She probably was [interested in her]. It was probably part of this chaotic kind of life that they live.

She then went on to tell me how her mother had paid for her trip to Durban to go and visit her brother after her electro convulsive therapy. I introduced the idea that people show love in different ways. Even if people are unable to show their love it does not mean they do not love and showing love cannot be equated with really loving a person. Her parents were showing their love in the only way that they knew. I introduced the idea that perhaps her mother also found motherhood difficult. I believed that by showing understanding of her mother, I was *modelling* understanding of her belief that she was an inadequate mother.

I respected her independence as a person who did not need people round her. However, this communication exposed an incongruence between her need for personal space, and her feelings of responsibility for other, which frequently led to her being manipulated because she failed to state her limits clearly. A discussion round this idea followed which led to the generation of alternative meanings.

Maybe that's also part of your depression - perhaps needing time for yourself and yet finding yourself caring so much for other people that you actually limit your own time and, in a way, you are hurting yourself ... And maybe even with your children, you know, maybe you want to be so much...that in the end it is too much to try and be all that...Even in shouting, its not that you don't love your child, you know. Its that you are irritated at that moment. You know, perhaps even there one is trying to repeat that pattern of your parents in wanting to give all that to your children, and yet finding that it actually irritates you to be like that.

She replied:

Its true and I keep on thinking I should be doing things. I should be cutting out things and doing more creative things, but I have no energy you know.

I introduced the idea that children are different and different children enjoy differing degrees of stimulation.

I also introduced the idea that, in trying to become the perfect mother, she set herself up for defeat.

Being just that [a mother] you can also become more depressed and I think that is the danger of putting all your eggs in one basket.

However, in meeting her own needs and in doing something for herself, like giving piano lessons, she would be able to become a better mother and wife. In becoming competent and enjoying her life as a pianist, other areas of her life would be positively affected because all areas were interconnected. In this way I suggested an alternative route to her ideals. I also introduced the idea of ***building diversity into her life*** as the idea of too much "sameness" was not desirable. She could expand on her interests, her ideas regarding parenting, her roles and so on.

I introduced the idea of ***connectedness and separateness***, and ***difference and sameness***, reiterating what her therapist had also told her.

We need to find the balance between being connected to people and being separated....that one has got too much of sameness of always trying to act the same, always trying to be sensitive. I think it is too much the same, too much sameness. You need also to create a bit of difference there in terms of how you relate to other people.

Many of my explanations or reframes were repetitions of what she had been told by her therapist and therefore made them more salient.

Offering Practical Suggestions

She recounted the story around the request made to her to play the piano in the church which failed to materialise much to her chagrin. We were able to discuss **alternative ideas** of how to handle such a situation, should it recur, in ways that would meet her needs. I sounded quite prescriptive at times and emphasised that she take action, but felt that in the chaos that ensued as a result of this debacle, it was more helpful to provide practical suggestions in order to empower her to take control and not allow herself to be controlled by others which made her feel helpless. This was also done in view of the fact that she had criticised her previous therapist for not helping her to structure her chaotic world when she needed help in that area. I introduced the idea

of co-operation and shared responsibility in this context, that all the responsibility need not land on the shoulders of one person. I believed this idea was helpful given her tendency to want to take responsibility even in areas that went beyond her domain of responsibility. For example, different pianists could introduce variety in a church service and they could work together co-operatively. I also encouraged her to be assertive, and to voice her needs, which I believed was helpful to her when she went to the interviews for the music post she obtained at a school in Pretoria.

Other Helpful Processes

It was useful **to sum up** what she said because it confirmed to her that I was listening and it also gave her the opportunity to correct my perceptions.

I was very tuned in to what she was telling me and could reflect what she was saying to confirm that I was truly **"hearing"** her.

She at times **asked me questions which I tried to answer**. In addition, after she received electro convulsive therapy she suffered a temporary memory loss and it was therefore important to remind her of what we had spoken about previously. I believed this was helpful because it reconnected her with what had gone before.

In offering alternative suggestions or ideas, I always told her to think about what I said and to disagree if she wanted to which she did when what I said did not fit. I believed that this was empowering as it **encouraged assertiveness** in her. At times I also asked her **to clarify** what she meant. For example, I asked her to clarify what she meant by "a chaotic family life", and what she meant by being treated as a favoured child. It became clear to her that her meaning was important for me to grasp.

I encouraged her to push towards trying **to do things that suited her** instead of conforming with societal expectations:

I think the answer is....not to worry or anticipate what other people are thinking or doing, but to go ahead and do it as it suits you.

I affirmed that the credit for moving her life in a more positive direction was hers alone.

In one way we make our own luck happen. Because if you had never done music, and been involved and taught and so on, you wouldn't have been equipped to apply for this job.

What I Perceived to be Unhelpful in our Relationship

When she was telling me the story of her depression, she found **my questions or ideas intrusive**, and I believed that this was unhelpful as it interrupted the flow of ideas. There were times when I recounted a story or introduced an idea that I believed fitted, but because she wanted to continue with her story, she ignored what I had said and therefore it did not fit.

It was also my belief that I **spoke too much** and felt that this was both intrusive and unhelpful at times.

When she descended into depression and chaos, she expected others to take responsibility to re-order her life. It was my belief that I assumed this responsibility and fell into the trap by becoming prescriptive. I **played into her pattern**. I was merely perpetuating more of the same.

It was also my perception that I did not respect the integrity of the system by being prescriptive. I was caught at times in the same trap as others, and I did not always succeed in avoiding it. She demanded "expertise" and "perfection" which she made people believe was what she wanted and if people gave it to her, they both lost. It was

as if she drew people into a no-win pattern with her. However, in allowing her to choose when I offered alternatives, was a way of extricating myself from the negative cycle.

Edith's Perception of what was Helpful

Edith believed that the different ideas or realities that were articulated in our conversations provided her with new ways of viewing her experiences. She often said:

That makes sense. I never thought of that.

She also commented that she found our conversations mentally stimulating.

She found that my insights and understanding of her situation, especially after a relapse when her sister and father arrived unexpectedly one Sunday after she had been teaching for some months, the most helpful. She felt that her minister, who wanted her to apologise to her father and sister, was totally off track, and her therapist was unavailable - she was only able to reach his answering machine. She felt that my insights "hit the nail on the head."

She also found it helpful to be able to contribute in a positive way to research of depression, and thus find meaning in her suffering.

Conclusion

It was Edith's belief, that in her family of origin, no matter what effort she put in or how well she succeeded, it was not enough to receive her parent's love which she longed for. Her expectations therefore remained unfulfilled in this area of her life. In her family of origin, she was raised in a climate of chaos which still characterised her parent's life today. The first three siblings, including Edith, responded with perfectionism and her youngest sister, responded with destructiveness. Edith failed to meet her perfectionistic expectations of herself, the expectations of others, and others

failed to meet her expectations. She was in fact as demanding of others as they were of her. Instead of receiving acceptance from others, Edith was judged. In turn, she did not accept others and criticised them. She desired to be an adequate mother and perfectionistically pursued this ideal which she was unable to attain. She lost balance and her lifestyle degenerated into chaos and depression because of her failure in this area. When she was depressed she abdicated responsibility and she sought support which was a form of taking control. She relied on others to bring control into her chaotic life and they usually did, and took the reigns of her life and re-ordered it for her. However, they usually could not meet her expectations. She would not feel in control and would again attempt to take control in the same perfectionistic and unbalanced way which once again fed into and perpetuated the cycle of depression. In this way the cycle maintained itself and was quite autonomous. Her world shrunk and there were very few people left to hear her. However, on the positive side, her depression mobilised support from other system levels and, in this way, her world enlarged to include others.

My involvement with her was also a form of support and her voice and her view of the world became important. Her shrunken world was consistent with a narrow way of viewing the world. Therefore, it was my perspective that positively reframing what she said, offering alternative ways of looking at things, and introducing new ideas into her thinking, would be helpful in enlarging her system of ideas. I also offered some practical suggestions which offered alternative ways of handling troublesome situations and people, and used other strategies to affirm and empower her. My intrusiveness, talkativeness, and becoming trapped in her patterns, were regarded as unhelpful. However, they occurred in a context construed as supportive and their damage was regarded as minimal.

Different ideas, and different voices were woven together to form a rich tapestry of Edith's life. The picture that I have depicted of Edith's experiences reflects as much on me as it does on Edith. It is not the only picture but it is my picture of her life.

In summary, the following themes emerged from Edith's story:

- The theme of favouring a child versus scapegoating a child.
- The theme of being aware versus being unaware and which was linked to the theme of perfectionism and perfectionistic expectations.
- The theme of control versus powerlessness, which was also associated with the theme of assuming responsibility versus avoiding responsibility, and the theme of failing to meet versus meeting expectations.
- The theme of chaos, which was connected to the theme of failure in meeting expectations, and the theme of stuckness.
- The theme of met versus unmet expectations, which was also linked to the theme of being heard versus not being heard, the theme of loyalty to oneself and loyalty to one's parents, the theme of criticalness versus acceptance, the theme of being judged versus being acceptable, the theme of control versus powerlessness, and the theme of assuming responsibility versus avoiding responsibility.
- The theme of assuming responsibility versus avoiding responsibility.
- The theme of loss.

The researcher's relationship with Edith was discussed from the researcher's perspective of its helpfulness to the participant. This discussion focused on the following factors regarded as helpful:

- Challenging her fixed ideas which included reframing, providing alternative ways of viewing, exposing dominant discourses, introducing difference, and modelling a different way of relating.
- Practical suggestions.
- Other helpful processes which include summing up, answering questions, encouraging assertiveness.

Following this was a discussion of the researcher's perspective of what she regarded as unhelpful in her interaction with the participant:

- The intrusiveness of the researcher's questions and stories.
- Speaking too much.
- Taking responsibility.
- Expertise that she demanded but which landed both researcher and participant in a no-win situation.

From Edith's perspective, what she regarded as helpful was the following:

- Different realities articulated in the conversation between researcher and herself, which she had not considered.
- Cognitively stimulating conversations between her and the researcher.
- Insights which conveyed understanding on the part of the researcher when no one else seemed to hear her.
- Being able to contribute in a positive way to research on depression and thus find meaning in her suffering.

CHAPTER 10

MY STORY OF THE PARTICIPANTS' STORIES

Introduction

In this chapter, the common threads which link the experiences of the three participants will be the focus. Although each story is unique and occurs in a particular context, certain themes are evident in the stories of all three participants, and the commonalities and differences between them will be discussed.

Emerging Themes

The major themes that emerge from their stories seem linked to the way participants find themselves being pulled in opposite directions, or find themselves polarised. They end up in a no-win situation. And it is the "stuckness" that maintains the depression.

Divided Loyalties: Loyalty versus Disloyalty

The participants in this study found themselves perpetually caught in the conflict between loyalties. Whichever choice they made, they set themselves up for experiences of failure and they always found themselves in a no-win situation.

Sylvia's loyalties were divided between loyalty to herself and loyalty to the ideas and expectations of her Christian beliefs. Although she found herself trapped in an unhappy marriage, she remained loyal to the idea of marriage because it was consistent with her Christian beliefs and the expectations of the Christian context in which she existed. Christian marriages were supposed to be perfect. Her loyalty to this idea precluded her from openly acknowledging the problems that existed between her and her husband, and a collusion of silence maintained the problem and prevented them from dealing with it. However, despite her initial loyalty to the idea of marriage,

she believed that in his remaining emotionally distant, her husband was disloyal to her and to the idea of marriage and family. She retaliated with disloyalty in an attempt to be loyal to herself and her need for relationship closeness that had been denied in her marriage, by engaging in extra-marital relationships. Although these relationships failed to meet her expectations, she was still able to remain loyal to the idea of marriage and in this way conserve the idea of family. However, she remained stuck and found herself in a no-win situation. She lapsed into depression. In choosing loyalty to herself above loyalty to the ideas and expectations of her Christian beliefs, meant that she was out of synchronisation with the prevailing Christian expectations that characterised her world, because her behaviour was inconsistent with these ideas. She was thus prevented from drawing on support which could have been available to her. She could not win - her choice had effectively served to immobilise her.

Mapule also found herself divided between loyalty to her African roots and loyalty to herself. Her connectedness was experienced by her as disconnectedness because she did not receive the loyalty she expected from others, and experienced a sense of abandonment and isolation instead. Those from whom she expected loyalty chose loyalty to African cultural expectations above loyalty to her. Her expectations differed from those of her African culture especially as regards the roles of male and female, husband and wife, in the family. In order to meet her need for independence and to save herself from being destroyed by her husband, she was compelled to forsake the expectations associated with her African culture. In order to remain loyal to her idea of family and to conserve it, she had to choose loyalty to her children above loyalty to her husband and this brought her into conflict with African cultural expectations. She found herself in a no man's land as her roots were severed and a source of support was denied to her. She was out of synchronisation with both the African culture as well as with Western culture. Her depression was directly related to the feelings of helplessness and hopelessness that she experienced because of being "stuck" in a marriage embedded in expectations that emphasised loyalty to the marriage above loyalty to the individual, and her decision to escape the situation, which meant forsaking her sense of rootedness and loyalty to African beliefs regarding loyalty to

one's spouse. She could not win - she experienced depression whatever choice she made.

Edith was caught between loyalty to her parents despite their lack of loyalty to her, and loyalty to herself. Her parents were unable to love her the way that she expected, and they represented chaos to her. Loyalty to herself meant attempting to overcome the chaos and to be a better mother than what her mother had been, by becoming perfectionistic, which set her up for experiences of failure. She not only failed to meet her expectations, but failed to meet the expectations of others, as well as society, and they also failed to meet hers. In this way, her loyalty to both herself and society's expectations became disloyalty. This experience of failure resulted in chaos as she was powerless to control what was happening in her life. Chaos triggered depression, which was another form of chaos, and which confirmed her ideas of helplessness. Her depression was thus directly related to the chaos that resulted from her perfectionistic attempts to overcome chaos. In this way, however, she was able to maintain loyalty to her parents but was out of synchronisation with social expectations of motherhood. She also could not win. Loyalty to her parents, herself and societal expectations became a self-destructive cycle. Although she desperately wanted to be a perfect mother, her perfectionistic way of coping set her up for failure. She did not enjoy motherhood, and coped better with her life when she abdicated her responsibilities in this area of her life.

Conflicting Needs

Other instances of divided loyalties were also evident. In the case of Sylvia she seemed caught in the conflict between wanting a different environment, and yet wanting to stay in the safe confines of her home; between desiring openness in relationships and yet not daring to be open because of her "secret"; between wanting to leave the marriage and wanting to maintain the marriage; between passivity and activity. The result of this inner conflict was always the conservation of the system but at the expense of her personal happiness.

In the case of Mapule, she also seemed to experience conflict between wanting her children near to her and on the other hand needing her space; between needing support from others and wanting to be self-sufficient; between needing to be heard and yet not wanting her neediness to be heard; between her loyalty to others and loyalty to herself. Others took advantage of her loyalty to them and this made her vulnerable to hurt from them. Frequently her loyalty to others was misconstrued as disloyalty.

In the case of Edith, she experienced conflict between wanting to protect things and wanting to destroy things; between criticising others and not liking it when others criticised her; between her need to be with her children and her need for personal space, for diverse interests, and stimulation; between her need for independence and her need for interconnectedness.

Failing to Meet Expectations

All the participants expressed their expectations about how others should behave towards them and meet their expectations, and alluded to their reactions if this did not transpire. Yet they did not always meet the expectations of others or even their own expectations. Others failed them and they failed others and themselves. A focus on expectations to the exclusion of intentions places a person in a passive role, and fosters an external locus of control.

Sylvia expected others to treat her as a person worthy of respect - as someone who had a worthwhile contribution to make. However, she did not allow others to get to know her because of her "secret". In addition, her isolated existence cut her off from the social world. Sylvia's parents failed to love her the way she expected. They fostered in Sylvia the importance of external appearances. Meeting these expectations became more important than meeting the needs of the individual. She blamed her parents for trying to live her life for her and for not meeting her expectations. Although she had high expectations of others, she failed to treat them with respect and seemed quite oblivious to the hurt that she might have caused them. She manipulated her mother, her

husband, and the other men she became involved with, which failed to communicate respect. But when her parents tried to control her life, or when her husband failed to treat her with respect, or when the men she became involved with “used” her, she felt abused. She also had certain expectations regarding her marriage. She believed that her husband should provide for her, and that her role was that of a dependent homemaker. This was coherent with the submissive role of the wife prescribed by the Christian context in which she existed. She had entered the adult world without skills and found herself in a dependent situation. She expected others to take the responsibility for changing her unhappy situation. Yet, independence was expected of her by her husband and her mother, who believed that her role should be more active, and that she should be employed outside the home since she had failed to meet their expectations because of her indiscretions. She thus found herself caught in a no-win situation. Sylvia failed to articulate her expectations regarding herself which seemed to have “disappeared” in her efforts to meet expectations of maintaining external appearances.

Mapule also had expectations which were not met regarding the support that she believed her aunts should have given her, the love she should have received from her mother, and the love and security that should have been forthcoming from her husband. She felt that she had tried to meet their expectations in this regard by being loyal to them which was not reciprocated. She also failed to meet the expectations of her African culture, and others failed to meet her expectations of personal loyalty. Her pupils expected her to be loyal to them, and her colleagues expected her loyalty. However, in being true to herself and seeing both sides of the argument she often found herself being construed as disloyal by both parties as she failed to meet either of their expectations. She believed that they failed to meet her expectations in the way that they construed her unfairly. She failed to meet her expectations regarding her education and her ability to persevere and confront problems. She failed in her marriage, and she failed to meet her expectations as a mother.

Edith was caught in the pattern between feeling obligated to meet the

expectations of others and her own perfectionistic standards, and meeting her own desires and needs. She failed to meet the expectations of others as well as her own expectations of what constituted a good mother. The medical profession failed to meet her expectations. The pianist in the church failed to meet her expectations, and her parents failed to meet her expectations. Generally, others failed to meet her expectations. She was judged by others when she failed to meet their expectations. She was also critical of herself and she criticised others who failed to meet her expectations. What she wanted was to be accepted for who she was but this expectation was not met and she also did not accept others for who they were. Although on one level society's expectations overruled her personal needs, on another level, she attempted to meet her needs in what she demanded from others. However, when they tried to meet her expectations, they were never quite up to standard, and consequently, they, like her, landed up in a no-win situation.

Control

A related theme that ran through all three stories was of the struggle to be free from being controlled by external sources and to take control themselves, and yet the need to be controlled by others and therefore not taking control. They were in effect saying: "I don't want you to control my life. I want to be in control of my own life. I don't want to be in control. Please take control."

Sylvia's parents tried to control her life by, for example, determining whom she should marry, and in suggesting that she should find employment outside the home rather than work from home. She failed to meet their expectations in so many ways and as a result they felt that she "needed" them to control her life for her. In this way, they communicated to her that she was not worthy of their respect, and in fact, they kept her dependent on them and on her husband. They did not allow her to become autonomous. She found herself caught between the advantages of remaining dependent and the price that she had to pay for dependence. In return, she manipulated her mother and, in this way, controlled her. In a sense, her husband also

controlled her by keeping her a prisoner at home because he did not provide her with a means of transport and also because he did not take the family out on weekends when it would have been possible to do so. She however, controlled what was going on in her home by secretly entertaining men there, to the detriment of the marriage. Her ultimate sense of revenge and control was in falling pregnant with another man's child, whom she believed her husband thought was his child, and the secrecy that surrounded this. This pattern of attempting to take control was repeated when she attempted to control her husband's life especially in his work situation. Paradoxically, she expected others to direct her life and to make changes for her, and she expected her husband to provide her entrance to America where she fantasised that her life would be different. She felt at the mercy of circumstances which deprived her materially, robbed her of her independence, and maintained her dependence on others, as well as her isolation.

Mapule's husband's grandfather tried to control their lives. He wanted her husband to be the "boss" in their home and did not approve of her independence and the way that her husband would sometimes help her in the home. The consequence of this interference was that her husband was compelled to choose between loyalty to Mapule or loyalty to his grandfather. He chose loyalty to his grandfather and became "boss" in the home by violent means, while actually remaining dependent because of his irresponsibility. He used sex and oral sex to dominate her. She needed to feel independent in order to feel in control of her life and did not like to be in a position of dependence on others. She rejected the sympathy of others because it made her feel that she was no longer in control. She felt that she was at the mercy of economic and social problems which threatened to swamp her. She existed in financial chaos. This also robbed her of her independence because she had to rely on financial support from her aunts in order to survive. It maintained her dependence on others whereas she needed to feel independent and in control. Whenever she took responsibility in different contexts, such as in her marriage, or with her children, the issue of control was prevalent. In her marriage she assumed responsibility for trying to balance her husband's irresponsibility with her responsibility. It could be construed that she was

trying to control his life by making him conform to her expectations. In this sense she assumed a more powerful role than him, which he tried to regain through force. In the context of her home, she tried to get the children to conform to her expectations to keep quiet so as not to provoke her husband. In a sense, she still wanted her husband to be in control and did not interfere when he behaved aggressively towards her son. She allowed him to be in control. She perceived that her continual shouting harmed the children and fostered anxiety in them, especially in her son. She found that her influence was in fact as negative as her husband's was.

In Edith's case the struggle between wanting to control yet creating non-control (chaos) was evident. Edith felt in control of her life before the birth of her children, but felt out of control after her daughter's birth. She could not control the child's incessant screaming. She desired to be a different parent to her children, from what her parents had been to her, and yet in so doing displayed disloyalty to her parents. She was raised in a home characterised by chaos in terms of how her parents did things. In her attempts to be different and better than her parents, she became involved in a destructive cycle. She attempted to take control by becoming perfectionistic. Her inability to attain her ideals, however, resulted in chaos which signified a lack of control and which characterised her parents' style. Depression made her feel that she was no longer in control and in this state she abdicated her responsibility. However, she surreptitiously remained in control in the way she demanded the involvement of others, until she perfectionistically tried to retake control in a more overt way, which resulted in chaos and depression once again. She felt under pressure to conform either to the expectations of others or her own values. Furthermore, she tried to control how her sister treated her daughter, Vicky, and how her parents treated her sister but resented it when they tried to control her life. She wanted others to conform to her expectations. Also, she did not define her boundaries in her relationships with her family and friends. This resulted in her crossing borders and assuming responsibility, or control, in areas that were not hers, and which permitted others to intrude in her life, or try and take control, which she resented. She also felt that she was at the mercy of external forces

which conspired against her. However, she did not suffer economic hardships in the same way that Sylvia and Mapule did.

Despite their efforts at assuming control, participants had an external locus of control whereby they perceived that they were at the mercy of external forces.

Competence versus Incompetence

All three participants felt competent in certain contexts of their lives, but their feelings of incompetence in other areas overshadowed their feelings of competence.

Sylvia was a homemaker. She lacked skills and did not have a career. She believed that she had failed to accomplish anything worthwhile in her life. Her lack of competence was associated with low self-esteem, self-criticalness, and self-condemnation. She feared succeeding as much as she feared failing. She felt stuck and did not know which direction to pursue. It was as if she had lost her "self" and therefore found it easier to be loyal to her family and put the needs of her children above her own needs. However, although Sylvia had not been loved by her parents the way that she expected, she herself was a competent mother, which gave her a sense of control.

Mapule was a school teacher and in that sense had accomplished something worthwhile with her life. She was successful in the context of her teaching and this contrasted with the failure that she experienced in her efforts to cope with what she called "pressures". Anxiety seemed an integral part of her life and handicapped her, preventing her from experiencing the success that she believed she was capable of. She tried to compensate for her lack of mothering but was less successful as a mother than Sylvia. She abandoned her children in much the same way that she had been abandoned, and did not treat them in a way that would meet her expectations. This made her feel a failure as she was not in control in this area of her life. She believed

that she had failed in the area of her marriage, her education, and the way that she behaved towards her children.

Edith was a highly competent pianist and music teacher. However, this could not make up for the feelings of incompetence associated with her experience of depression which debilitated her. She suffered from low self-esteem and low self-confidence as a result of her depression. Edith also perpetuated a pattern whereby her mother abdicated her responsibility as a mother, and she also abdicated her responsibility as a mother by becoming depressed. She also abdicated her responsibility by having an extra-marital relationship, much like Sylvia, before the birth of her children. She could only cope when she abdicated responsibility especially her responsibility as a mother. Like Sylvia, she had a strong desire to be acknowledged in her own right. Whereas Sylvia had a strong need to accomplish something worthwhile and to be accepted for who she was, Edith did not want to be accepted because of her success but because of who she was.

Treated as a Special Child - Rejection and Love

All three subjects that participated in this study were treated as a special child during their childhood years by their significant others.

Sylvia was an adopted child and was overprotected by being treated as a pretty box, wrapped in pretty paper, with a ribbon tied around it. But nobody cared what was inside the box. She was therefore not acknowledged as a person in her own right and was not treated as somebody worthy of respect from others. Although she was treated as special, her parents were also critical of her. In this way it could be said that she received the mixed message of being loved and yet rejected. Being treated as special resulted in her being ill-equipped to deal with adult life.

It was Mapule's perception that her mother rejected her when she left her in the care of her grandparents who treated her in a special way. She believed that her

grandparents loved her very much. During her childhood years, she therefore also experienced both rejection and love. The love of her grandparents could not compensate for her experience of her mother's rejection.

In the case of Edith, her parents were very proud of her achievements and she was treated as a special child, but she did not believe that they loved her in the way that she thought that they should have loved her. They showed very little interest in her as a person. She therefore also experienced both love and rejection.

Sylvia and Edith felt resentment because it was what they represented rather than who they were that was cherished. It could be said that despite their privileged status, they suffered from rejection and did not feel unconditionally loved.

Patterns were perpetuated across generations. In the case of Sylvia, who was a special child, the person that became the scapegoat in her family was Nathan, her eldest child, whereas John was the favoured child. His presence was her ultimate revenge against her husband because she believed that he was another man's child. In the case of Mapule, Peter her eldest child was the scapegoat for her frustrations. He was also the scapegoat for her husband Patrick's violence. And yet he was her special child and her main concern. In Edith's case, her daughter, Muriel, who was the eldest child, was the scapegoat whereas her son was the favoured one.

Rootedness versus Feeling of Alienation

All three participants suffered from a feeling of disconnectedness from the world, a feeling that they did not have roots.

Sylvia was an adopted child and did not have a sense of rootedness. She felt that she did not identify with, nor belong to any group, and felt alienated in this country. She felt that she was existing in a no-man's land. At the same time she had a strong need to belong and put down roots, and believed that it would only be in escaping from her

unhappy situation to another country that this need could be met. This idea of “another country” could also be understood in metaphorical terms as a desire to inhabit a more favourable context. Her world had shrunk because of her isolation and feeling of disconnectedness with the world. Her world had shrunk to the size of her home.

Mapule felt that her mother had abandoned her when she left her in the care of her grandparents to go and work as a domestic worker in Johannesburg. This feeling was further entrenched by other experiences in her life, such as the death of her grandparents, the favouritism shown to her sister by her mother, her mother's remarriage, her husband's treatment of her, and so on. This idea of abandonment, or lack of rootedness, was further perpetuated by the idea that she was not heard, especially by the African community. She felt that she did not belong. She did not have roots and fitted in neither with the African culture nor the Western culture. This same pattern was being perpetuated especially in her son, Peter. She therefore felt very isolated in terms of her suffering.

Edith also experienced a sense of abandonment in that her parents had not loved her the way that she expected them to love her, and loved what she represented rather than loving her simply for who she was. She also felt abandoned by those who criticised her and expected her to be the perfect mother that she failed to be. She did not revere motherhood and did not enjoy tea parties, and as such did not fit in with what society expected of her. She therefore also suffered from a lack of rootedness which was perpetuated by her depression. Edith's world shrunk because of her depression. She was unable to do basic things such as cooking, and her self-confidence was eroded as a result.

Confronting versus Avoiding Issues or Problems

Participants tended to avoid dealing with the issues or problems that confronted them, as their attempts to confront their problems did not meet with success.

Sylvia experienced depression whenever she was confronted with reality and could not escape it. She was also unwilling to confront her problems because it seemed to upset the equilibrium in the marriage, giving her husband more power, and when the power base changed, she would abandon any further attempts at change. In fact, she dealt with her problems and overcame her feelings of powerlessness through covert manoeuvres, such as manipulation, and acts of revenge. She found flight into her fantasy world a much safer place to go to where she could seek out solutions without the risk of having to implement them. However, if her fantasies were challenged, in other words, if she had to confront reality, depression ensued. Depression was also associated with her belief in fate which further entrenched her passivity and kept her "stuck". She would become sick when she was confronted with reality and could not escape it. Even when she became sick she did not elicit support from her husband. She would plunge further into depression. Fantasising was her ticket out of depression. It allowed her to avoid a life stifled by herself, her parents, her husband and her circumstances.

In the case of Mapule, her inability to handle stress at school as a child led to her experiencing physical symptoms. She also experienced severe stress in her marriage which resulted in physical sickness and depression. Attempts to confront the problems in her marriage were thwarted by her husband who never carried out his promises. When she left her husband, she did not tell him where she was going and to date had not informed him about where she was staying nor of her intention not to return to him. Her fear of him motivated her choice to avoid dealing with her problems and yet perpetuated her depression. She felt depressed when there was no way out, when there was no way of escaping. Her escape into her "head" by thinking about her problems also did not help her to confront her problems but kept her stuck in her thoughts. In addition, when her husband was violent towards the children, especially Peter she reacted passively and did nothing to stop him which made her feel guilty. The aftermath of the trauma that she suffered led to negative feelings that would descend upon her without warning and which she could not control. She would withdraw and became very depressed because there seemed no way out.

Edith's perfectionism was directly related to her depression. Whenever she was confronted with the feeling that she was losing control, she would become perfectionistic which resulted in self-destruction and depression. It was when she could not attain her ideals that she would become depressed. She would flee into her "head" by becoming self-critical whenever she failed herself. Her thoughts immobilised her and kept her stuck. Her depression allowed her a way out of her role as a mother. However, this made her feel inadequate and she would try and take control in a perfectionistic way, thus perpetuating the pattern. She avoided any attempt to deal with the problems in her extended family and instead tried to elude the family members whom she perceived contributed to her depression. But this approach only served to keep the system intact and maintain the depression.

The Role of Support: Support Received versus Support Needed

The support that participants received was not always the support that they needed or expected.

Sylvia was ambivalent about the support she received from her parents which she perceived as intrusive and which maintained her dependence on them. Paradoxically, when she needed and wanted their support, it was not forthcoming. For example, when she was first married and her husband was sent to the border, she needed their support but they felt that she should stand on her own two feet. Also, she wanted her mother to have faith in her ability to complete the crossword book that she was compiling, but her mother did not support her efforts. Her husband did not support her in any way. He was not, in effect, part of the family unit and chose to remain on the fringes of the family, a position he had found himself in his family of origin. He did not know how to "join" the family unit and found himself excluded, thus perpetuating the pattern. Because she had no real close friends, she did not have a source of support that she could draw on in times of need. She believed that she could not rely on the support of the members of her mothers' group in the church because of her "secret". The support

that she thought that she would receive from her extra-marital relationships was not forthcoming, as the context that she sought it in was not conducive to what she was looking for, and sex was incorrectly equated with love.

As opposed to the other two participants, when Sylvia developed depression, she did not elicit support from those in her social world, but she did elicit support from a psychologist. This failure to elicit support was mainly due to her "secret" which effectively cut her off from support. She could not allow anyone to come too close in case they found out her secret which was inconsistent with her Christian belief system, and inconsistent with the expectations of others in this context. She found herself alienated and having to cope on her own although she desired relationship closeness. She, therefore, remained stuck in her isolation with little chance of eliciting support or becoming reconnected.

Mapule was a private person who liked to cope independently. She did not want or like sympathy from others. Yet, Mapule desired to please others which made her feel needed, but which often caused inner conflict because, in pleasing others, she would behave incongruently. She also tended to mistrust others because significant others had not supported her but had let her down instead - her mother rejected her, and her husband behaved violently towards her. Whatever was important to her, was destroyed by her husband, who chose not to be part of the family unit, although he was initially a part of this unit after Peter was born. Because of his grandfather's influence, he decided to leave the family unit and remain on the outskirts. She experienced the support from two of her mother's three sisters negatively, although they supported her financially and looked after the children. Also, the support that she needed to cope with daily tasks was not forthcoming, and, despite being tired, she was expected to pull her weight and do her fair share in the home.

When Mapule became depressed, she elicited support from her priest, other professionals, and a psychologist. She received material support from her aunts. And yet her aunts still retained their loyalty to the African tradition which frowned on divorce

and, despite the hell that she had gone through in her marriage, still expected her to return to the marriage. Mapule was connected to others and yet did not experience her connectedness as supportive. Her world was peopled, but these people did not provide support. And she too found herself having to cope on her own. She experienced her connectedness negatively.

In contrast to the other participants' spouses, Edith received support from her husband but failed to support him. In fact, she was located on the fringes of the family unit because of her depression and the ambivalence that she felt about motherhood. She believed that she would certainly not have put up with what her husband had put up with from her. She received mixed messages from her parents who cared but at the same time did not care. She experienced the support she received from her elder sister as intrusive, but the support from her brother was experienced positively. Her youngest sister was the scapegoat. She was viewed as the one who destroyed the family and was the one who triggered depression in Edith. Her one friend who supported her lived too far away to be regarded as helpful. She had one other friend who supported her, but this friend had multiple sclerosis. She also felt responsible for others and although she did not have the energy to do so, she seemed attracted to those in need who tended to take advantage of her. She tended to destroy some of her friendships and others tended to destroy her because they highlighted her shortcomings.

Edith's depression, in contrast to Sylvia's and Mapule's, elicited support from her husband who was immensely supportive. It also elicited support from the medical profession, her maid, her brother, her mother, and friends, and, in this way her world enlarged.

How They Tried to Cope

Each of the participants tried to cope in their own unique way in the context of their worlds.

Sylvia tried to cope without support via manipulation, seeking revenge, fantasising and repression, which boomeranged on her. She was manipulated by others, such as her mother and the men she had extra-marital relationships with, and she in turn, manipulated her mother, her husband, and the men she became involved with. This was her form of taking control. She also took her revenge on those whom she had trusted but who had betrayed her. She repressed the thoughts that were painful to her and thus did not deal with the issues at hand. Fantasy was also used to cope. She could retreat into a fantasy world, a world of make believe, where she could be in control and where she could risk herself without real risk and change without really having to change. After her second son's birth, she became severely depressed and consulted a psychologist who listened.

The only options open to Mapule were initially to ignore the warning signs in her marriage, and later on, to escape the violence that threatened her life. A professional team she consulted advised her to separate from her husband as she was pregnant with her third child and her health was being affected by the stress in their relationship. She had to choose disloyalty to her husband and abandon him, in the same way that he had been disloyal to her and chosen loyalty to his grandfather above loyalty to her and had abandoned her. She responded with passivity when he was violent towards the children and in this way, abandoned them and was disloyal to them. Both her and her husband scapegoated their son, Peter, and focused their anger on him. She experienced guilt as a result of this and felt that she had done her children as much harm as had her husband. She also coped by depending on others, especially her aunts for support. However, this support was as demanding as she was, and she did not experience these relationships as supportive. In fact, they contributed to her depression.

Edith coped by abdicating her responsibility as a mother and by becoming depressed. Her perfectionistic approach ensured this. Because she could not be perfect, she would escape into her "head" and her self-criticalness would plunge her into despair. In this state she elicited support from others who assumed the

responsibilities in her life and thus allowed her to evade her responsibilities. However, they also could not meet her expectations and she would then attempt to assume control once more, feeding into and maintaining the cycle. She relied on her husband to take control. However, even though her relationship with him was favourable, it could not counteract the negative effects of her relationship with her sister and her parents. Although her mother provided practical and financial support, this support was unable to counteract the negative effects of a lack of mothering. She sought help from the medical profession and after many unsuccessful encounters, eventually encountered two members who were helpful. The domestic worker also provided Edith with practical help and she could rely on her to cope when Edith was out of control. A major factor that helped her to cope was her music. She also started coping when she acknowledged her needs - her need for personal space and her need to do something stimulating. Taking risks was also a major factor in enabling her to rise above her depression. She needed variety and different foci. Taking charge helped her to cope. She stated her boundaries unequivocally with her parents and with her employers. She became involved with life again.

The Researcher's Relationship with Participants

The role of the researcher's relationship with the participants is also a story that has to be told. Her relationship with the participants formed part of the world of depressed women and therefore could not be excluded from the discussion. This relationship was evaluated in terms of how helpful or how unhelpful it was, from both the researcher's perspective as well as from the perspective of the participants. The emerging processes that were perceived to be helpful or unhelpful from the researcher's point of view could serve as guidelines for those dealing with depressed person.

Listening and hearing what participants said proved to be immensely helpful as they had become voiceless over the years. This was especially true for both Sylvia and Mapule who were voiceless in their homes and communities, and for Edith who became

voiceless in her depression. Sylvia felt that in her family she had to be seen and not heard. It was therefore important for the researcher to convey that she was indeed listening to her. Communicating to Mapule that she had heard her on a more superficial level, freed her to disclose what was of greater significance on a deeper level. Listening to Edith also allowed her story to be heard.

Restating and summing up what was said also helped to clarify issues for the researcher as well as participants. This was especially important in the case of Mapule as there were language and cultural differences that had to be taken into account. It was also a way of empowering participants because if the researcher had misunderstood, participants could correct the researcher. They were regarded as the experts and the researcher had to make sure that she grasped what they were saying.

Challenging fixed ideas was also helpful and helped to expose conflicts between discourses and allowed the nondominant discourse, which were their voices, to gain prominence. *Positive reframing* was also helpful because it provided a more positive connotation for what had previously been perceived only in negative terms. However, it was always important that the reframe should not in any way minimise the suffering of the person. It also had to fit to be meaningful. *Alternative ways of viewing* introduced difference into a "stuck" system. It was also essential that these alternative meanings should fit the participants' meaning systems. *Expanding possibilities* was also helpful. The researcher showed participants that there was always a way out, that there were alternate ways of seeing things, and that change was part of life.

It was important for the researcher to *model* a different way of relating to participants from what they had become accustomed to from others. The researcher accepted what participants said and tried to understand their worlds. However, it was important that the researcher showed empathy and not sympathy which exacerbated feelings of depression especially in Mapule.

Offering *practical suggestions, giving explanations, or attempting to answer some of their questions*, proved helpful. Practical suggestions helped them to order their chaotic world and provided different possibilities for change. Explanations made things more understandable and served to expand possibilities, and answering some of their questions eradicated some of their uncertainty and made their world more secure.

It was important for the researcher *to create a safe context and to allow the participants to set the pace*. The initiative was left with them. It was also essential for *the researcher to be flexible* in how the interviews unfolded and *to match the mood* of the participants if it was appropriate to do so. *Synchronisation* existed between researcher and participants in their pattern of communication.

The researcher *encouraged* the participants to do things that would meet their needs, to do something that they would really enjoy, instead of always doing things for others. However, what they wanted to do needed to fit with their ideas.

The researcher regarded the following processes as unhelpful: In Sylvia's case, the researcher failed to expose the incongruence between discourses and therefore maintained the status quo. In addition, she failed to accept Sylvia's meanings and tried to attribute other meanings which did not fit and which only served to entrench what Sylvia believed. Finally, the researcher's expectations of change maintained Sylvia's stuckness. In Mapule's case, Mapule relied on the researcher as an "expert". Also, the researcher played into her patterns which only served to exacerbate her inability to meet expectations. In addition, the researcher talked too much; and, lastly, the researcher provided a positive reframe that did not fit and then attempted to correct the situation which only worsened it. In Edith's case, what was unhelpful was the researcher's questions and alternative meanings which she found intrusive. Also, the researcher spoke too much at times. And, the researcher, in assuming responsibility and providing her expertise which the participant demanded, drew both participant and researcher into a no-win situation.

Conclusion

From the stories of the participants, depression seemed to be directly related to the ideas, or the voices of higher order belief systems, such as religious beliefs, cultural traditions, or society's expectations, which took precedence over their personal needs or their personal voice. These beliefs were adhered to by those who peopled depressed people's worlds and there were certain expectations that accompanied these beliefs. Because of their choice to behave inconsistently with these dominant beliefs, participants' disloyalty resulted in a sense of alienation. They lacked rootedness because they dared to choose to ignore the prevailing voice. However, no loyalty was shown to them by this dominant order. Depressed people suffered from a feeling of incompetence because they could not meet the expectations of the dominant order. A lack of competence went hand in hand with the idea that they did not have control over what was happening in their lives. It was their perception and experience that others, as well as external circumstances, tried to control their lives, and as a result they attempted to retake control in ineffective and self-defeating ways.

The myth was dispelled that social support would protect individuals against depression. Negative interpersonal relationships contributed to the experience of depression. Even when participants had social support which was experienced positively from some people in their circle, it was not sufficient to ameliorate the negative effects from other relationships, or even from the same relationships, and contributed to depression.

In sum, other voices drowned out the voices of the "depressed". Their experience of the negative effects of some of their interpersonal relationships kept them voiceless and served to maintain their depression. Depression, therefore, became a vociferous voice.

Finally, a number of processes that the researcher regarded as helpful and

unhelpful were mentioned in the hope that they might serve as guidelines, or pitfalls to be avoided, by others working with depressed people.

CHAPTER 11

COMPARATIVE ANALYSIS

Introduction

In this chapter a comparative analysis between the themes associated with depression which emerged from this study, and the literature on depression and social support, will be undertaken. The themes that were articulated in this study share similarities with, but also differ from, what has been found in previous research.

Recurring themes that became evident in all three participants were elucidated. Common themes to emerge were the following:

- Divided loyalties: Loyalty versus disloyalty
- Conflicting needs
- Failing to meet expectations
- Control
- Competence versus incompetence
- Treated as a special child - rejection and love
- Rootedness versus feelings of alienation
- Confronting versus avoiding issues or problems
- The role of support; support received versus support needed

These themes will be discussed in terms of the literature study to be found in chapters 2, 3 and 4.

Theme of Divided Loyalties

The *theme of divided loyalties* in Sylvia's case refers to her loyalty to herself versus loyalty to the ideas and expectations of her Christian beliefs, which also included loyalty to the idea of marriage. However, her marriage, which she

experienced as stressful, did not provide her with the support that she expected. Rook (1990) refers to the damaging effects of being in a marriage characterised by conflict with a spouse. Gotlib and Hammen (1992) discuss depression that exists in marriages characterised by conflict. They refer to the more beneficial effects that marriage has for men than for women, and the finding that more married women than single women or married men, suffer from depression. Weissman and her colleagues (cited in Gotlib and Hammen, 1992) mention the negative effects in depressed women of a lack of communication with their spouses, a lack of affection, as well as problems in the areas of dependency, and sexual functioning, which were similar to what Sylvia experienced in her marriage. Gotlib and Colby (cited in Gotlib & Hammen, 1992) believe that the interpersonal difficulties of depressed persons are more pronounced in close relationships such as the marital relationship, than in other relationships. Sylvia's extra-marital relationships, in an attempt at meeting her needs, cut her off from potential support from her Christian context. Vaux (1988) refers to how families differ in their family orientation, in the way they promote personal growth, and how this shapes social opportunities affecting the kinds of people one meets, and under what circumstances one interacts. In Sylvia's case, her family's orientation was a religious orientation which provided the context in which she socialised. House et al. (1988) refer to the way that relationships provide not only meaning but also a set of constraints or controls on behaviour. Her Christianity provided her life with meaning but she violated their norms. Robertson (1988) refers to the potential that networks have to keep a person stuck because they deny the person access to new opportunities and reinforce problem behaviours. This idea would seem to apply to Sylvia. Her needs were a nondominant voice that also needed to be heard but it was continually being drowned out by the voice of the dominant discourse of "oughts" and "shoulds" (Coale, 1994).

Mapule found herself divided between loyalty to her African roots and loyalty to herself. She also did not receive the loyalty she expected from others. Vaux (1990) speaks of the impact of divorce, or in this case separation, on network resources shared with the spouse, which could explain her feelings of alienation when the support that she believed that she would receive from her network was not forthcoming. It was

also possible that the network members occupied the same ecological niche as she did and therefore suffered from similar stresses to her, making it difficult for them to provide support even if they had wanted to. The cultural voice was the dominant voice, and therefore her voice went unheard (Coale 1994). Although Mapule's network was small, dense and homogenous, it tended to be enmeshed and not sufficiently diverse to benefit her. Therefore, her experiences were not supported in their entirety by previous research which alluded to the beneficial effect of dense and homogenous networks (Pattison 1977; Robertson, 1988). Although these networks initially maintained her social identity (House et al., 1988), after she made her choice to leave her husband, and rather meet her own needs, and maintain her family, this was no longer the case and she found herself in a no-man's land. The idea of fit is therefore also important.

Edith found herself caught between loyalty to her parents and loyalty to herself. She chose perfectionism which contrasted with her parents chaotic way of doing things, as a way to be loyal to herself on one level, and an attempt to be loyal to societal expectations of motherhood on another level. Blatt (1995) refers to the perfectionism that results from adverse childhood experiences, whereby the child's dependency needs are frustrated, and the child develops perfectionistic tendencies. The importance of early attachment experiences in childhood are highlighted by Sarason, Sarason and Pierce (1990b), and the psychoanalytic approaches (Gotlib & Hammen, 1992). In adult life the person tends to perpetuate the patterns that developed earlier on (Sarason, Pierce & Sarason, 1990) as was the case in Edith's story.

A lack of synchronisation is referred to in the three stories. Sylvia was out of synchronisation with the prevailing Christian expectations that characterised her world. Mapule was out of synchronisation with her culture as well as Western culture, and Edith was out of synchronisation with the societal expectations of motherhood. Hobfoll (1986), mentioned in chapter 4 of this study, refers to the importance of ecological congruence or the person-situation fit of social support and other coping resources. Clearly, there was a lack of fit in these three instances.

Theme of Conflicting Needs

The *theme of conflicting needs* refers to the way that Sylvia wanted things to change and yet wanted things to stay the same. She seemed caught in the conflict between wanting a different environment, and yet wanting to stay in the safe confines of her home; between desiring openness in relationships and yet not daring to be open because of her "secret"; between wanting to leave the marriage and wanting to maintain the marriage; between passivity and activity. These conflicts are related to her passivity and her reliance or dependence on others to execute the changes. She believed that she was powerless to effect change. This also confirms her external locus of control (see chapters 2 and 3 of this study which discuss the link between depression and an external locus of control, and chapter 4 which discusses the positive and beneficial effects of an internal locus of control). Her passivity and dependency seem to link with the typically feminine characteristics (Herman, 1983) and the typically feminine role whereby women were found to be emotionally dependent on men in heterosexual relationships (Henderson & Cunningham, 1993), which were discussed in chapter 3 of this study. It is also associated with her expectations that a husband should care for his wife.

In Mapule's case, this conflict referred to the way that she wanted relationship closeness and yet wanted to be separate. She experienced conflict between wanting her children near to her, and on the other hand, needing her space; between needing support from others and wanting to be self-sufficient; between needing to be heard and yet not wanting her neediness to be heard; between her loyalty to others and her loyalty to herself. This links to the importance of the quality of the mother-child relationship, and more specifically, the early attachment experiences in childhood highlighted by the psychoanalytic approaches (Gotlib & Hammen, 1992), and Sarason, Sarason and Pierce (1990b) (see chapters 2 and 4 of this study). If the child's experiences are unfavourable, as they were in Mapule's case, the child will form negative cognitive schema which are characterised by low self-worth and the expectation that others will respond negatively to him or her. In adult life this person feels alienated from society

as Mapule did. In chapter 3, mention is made of relational theory which “considers attainment of a sense of basic human connectedness to be the goal of development” (Jack, 1991, p. 10), and yet Mapule’s experiences of her connectedness to others were negative and alienating. Relationship closeness is associated with self-esteem but her emotional disconnection from others led to low self-esteem. She made herself vulnerable in her relationship with her husband and trusted him with her innermost feelings but he failed to listen. This tends to confirm Sarason, Sarason and Pierce’s (1990a) belief that although intimacy in relationships is usually beneficial, it can also lead to rejection or exploitation. This conflict experienced by Mapule is also reflected in Rank’s theory (Maddi, 1989). According to Rank (Maddi, 1989), all functioning is expressive of the opposing fears of life (a fear of separation and individuation) and death (a fear of union, fusion and dependency). The aim is a compromise that will balance these two fears. However, she seems to vacillate between the two. Her African culture firmly connects her to others, thus minimising her fear of life, but maximising her fear of death. Her need for autonomy minimises her fear of death but heightens her fear of life.

In Edith’s case, this conflict referred to her need to destroy things and her need to protect things; her criticalness of others versus her sensitivity to criticism from others; her need to be with her children and her need for personal space, for diverse interests, and stimulation; and her need for independence and her need for interconnectedness. According to Strack and Coyne (cited in Gottlib & Hammen, 1992), depressed people expect to be rejected by others and they also tend to be more critical of others with whom they interact. Thus Edith’s criticalness of others and her sensitivity to criticism from others seems fairly typical of depressed people. Her criticalness also highlights once again her perfectionistic standards that others find impossible to attain, as well as her vulnerability which is exposed in her relationships. It therefore highlights how depression can disrupt functioning (Gottlib & Hammen, 1992) and how emotional discharge, in terms of her criticalness, can erode interpersonal relationships (Swindle et al., 1989). It also highlights how depressed people seem to focus on themselves and engage in emotion-focused rather than problem-focused coping (Moeller et al., 1992).

The theme of conflicting needs also involved Edith's need to be with her children and her need to meet her own needs for space, diverse interests, and stimulation, as well as her need for independence and her need for interconnectedness. The first of these refers to how women, especially mothers are expected to care for others (House et al., 1988; Webster, 1990). This is discussed in chapter 3 of this study. She interacted with her daughter in an aversive manner. Research (Cummings & Davies, 1994; Dumas & Serketich, 1994; Gordon et al., 1989; Gotlib & Hammen, 1992) found that depressed mothers interacted aversively with their children. Depression in mothers may interfere with the development of a secure mother-child bond (Cummings & Davies, 1994) and in this way, according to Tolsdorf (cited in Barrera & Baca, 1990), the pattern associated with the development of a network orientation is likely to be perpetuated. Parenthood also involves a dramatic change in social roles and settings occupied by the mother especially, and can lead to impoverished support resources because opportunities for interaction are constrained (Vaux, 1988). Like Mapule, she also experiences conflict between her need for independence and her need for interconnectedness. The comments that were made in this connection with regards to Mapule apply here. However, in terms of Rank's theory (Maddi, 1989), unlike Mapule who was firmly rooted in African culture, Edith did not have such firm roots. Her need for autonomy minimised her fear of death but maximised her fear of life. A balance between the two fears seemed to elude her.

Theme of Failing to Meet Expectations

In chapter 4 of this study, reference is made to the importance of the quality of relationships (Vaux, 1988). A close friend is more likely to be sensitive to his or her friends, to respond, and is more motivated to supply support even at great personal cost. According to Jones (cited in Berg & McQuinn, 1989), mutual disclosure leads to relationship closeness and to emotional and informational support. Kelley et al. (1983, p. 38) defined a close relationship in terms of its "strong, frequent, and diverse interdependence that lasts over a considerable period of time", and Sarason, Sarason, and Pierce (1990a), defined it in similar terms. However, although Sylvia expected

others to treat her as a person worthy of respect, she did not allow them to come too close because of her "secret". In addition, her isolation cut her off from people. She was therefore denied the positive benefits of having a close friend. Her parents also did not love her the way that she expected, and therefore this failure to experience secure attachment in itself would also have hampered her ability to develop friendships (Sarason, Sarason & Pierce, 1990b). Furthermore her treatment of others was aversive. Depression seems to disrupt social functioning which leads to stress both within the person and in the situation (Gottlib & Hammen, 1992). She entered adulthood without the necessary coping and interpersonal skills which further hampered her functioning which is consistent with the ideas of Gottlib and Hammen. These skills are learnt in favourable childhood experiences (Sarason, Sarason & Pierce, 1990b).

Mapule also had expectations which were not met regarding the support that she believed that she should have been given. Like Sylvia, it would seem that her inability to form a secure attachment with her mother, hindered her ability to achieve intimacy in her marriage. According to Gallo (cited in House et al., 1988), healthy relationships are characterised by reciprocity rather than by an uneven exchange. However, her relationships were characterised by an uneven exchange. She experienced her relationships as costly, and she blamed herself for her failures. Miller, (cited in Jack, 1991) refers to the guilt women feel if relationships falter or fail, or if the woman should strive to achieve, as she did. McGrath et al. (1990, p. 22), spoke about the "contagion of stress" which women are more subject to because of their involvement with others and their pain.

Edith's failed expectations related to her inability to meet her expectations and the expectations of society regarding motherhood, and her own desires and needs. She also failed to experience the benefits of close relationships. Instead her negative interpersonal experiences were a source of stress. Rook (1990) refers to the adverse effects on emotional health of negative interactions. Negative effects result from social support that is ineffective, social support from unwanted or aversive social contact, and attempts to control others which promote deviant or unhealthy behavior (Rook, 1990).

The medical profession failed to provide the support she expected, and she therefore experienced their support as ineffective. Her contact with the pianist in the church and her elder sister was unwanted, whereas her contact with her younger sister was aversive, and she experienced her parents control attempts as negative.

Owen (1992) speaks about how relationships between people either conform or lack a fit with the idealised roles or ways of relating to others. Participants in this study did not seem to meet the expectations of idealised roles in the contexts in which they existed, neither did others meet their expectations.

Theme of Control

Behaviours that demand the intervention of others form part of a power play between people, according to Owen (1992). Psychopathology, or in this case depression, is seen as a behaviour that is taken after a period of powerlessness. It puts pressure on others to redress a power imbalance, or it allows a person to move in transition to different contexts. It breaks the rules by exaggerating some aspect, or by inverting the normal role of the person. According to Keeney (1984), a lack of control by one person might be balanced by another person taking more control. Depression might reflect an attempt to balance the system. In this study, participants found others trying to control their lives. They wanted to be in control. And they controlled the lives of people surreptitiously. Yet they expected others to make changes in their lives. This could be related to low self-efficacy which is associated with an external locus of control. According to Carter and Kaslow (1992), the cultural legacy puts men in a position of power, and women in a position of oppression and subservience. This fits with Sylvia's Christian beliefs regarding the roles of men and women. In Mapule's case, it also applied in terms of the patriarchal African culture in which she existed. However, with regards to Edith, this idea is not as salient. Her husband helped her considerably with her daughter, and if anything, he was the one who was in a position of subservience to her. Women often experience stress in a situation where there is the paradoxical existence of high responsibility and low control (Webster, 1990). Webster's

research seems pertinent to Sylvia, and Mapule, but once again is not clearly evident in Edith. According to Carter and Kaslow (1992, p. 604) typically feminine women "develop a cognitive set against assertion and independence that is reinforced by societal norms". Whereas this may apply in the case of Sylvia, it did not apply in the case of Mapule and Edith. Mapule's very desire for independence and for wanting more equitable roles in the marriage, set her up for conflict and failure. Edith was also an assertive person who "demanded" the involvement of others.. Rook (1990) proposed that negative exchanges included attempts to control others which promote deviant behavior. This seemed to be borne out by Sylvia's surreptitious attempts to regain control after control attempts by her parents and her husband. Mapule's husband also attempted to control her life by violent means and this was linked to depression in Mapule. She also used aggression in her attempt to control her son, thus perpetuating the destructive relationship cycle. Edith's depression ensured that others would take control of her life allowing her to abdicate her responsibilities. However, she controlled others by making them take control. She demanded their involvement. Thus deviant behaviour ensued. She wanted to control the behaviour of others.

The Theme of Competence versus Incompetence

Sylvia did not have a career and was a homemaker. She derived a sense of competence, therefore, not from a source within or from autonomous actions, but through her connectedness with her children. Jack (1991) refers to this as *dependency* which is negatively construed by Western culture which values the autonomous adult. The caretaking role for women is prescribed by society and yet denigrated, and although Sylvia felt competent in that area of her life, it did not fit with what society regarded as competent, and therefore, her feelings of incompetence overruled her feelings of competence. This was associated with her low self-esteem which is a characteristic that is associated with depression, and is linked to the typically feminine characteristics associated with depression (Herman, 1983). It was also consistent with her self-criticalness and self-condemnation. Because Sylvia's self-esteem depended on her relationships, and most of her relationships were unsatisfactory, this need was

frustrated (Gotlib & Hammen, 1992). She was also very critical of herself because she had not succeeded in the achievement domain. Bagby et al., (1995) found that self-criticism correlated with affiliative and achievement domains, which seemed congruent with Sylvia's experience. Therefore, it would seem that although Hammen et al. (1985) differentiate between the two domains of functioning, namely an interpersonal domain and an achievement domain, Sylvia's low self-esteem and self-criticalness appeared to be connected to both domains. She also seemed to have a low self-efficacy which was consistent with her external locus of control which seemed to maintain her stuckness. She also feared succeeding as much as she feared failing. Women often experience fear of failure which leads to experiences of failure and low self-esteem, and they fear success which refers to the fear of being assertive at the cost of their relationships (Notman, 1989). In Sylvia's case, she needed to remain unassertive and dependent which would maintain the status quo in her marriage and not require her to change. According to Carter and Kaslow (1992, p. 604), typically feminine women "develop a cognitive set against assertion and independence that is reinforced by societal norms". This typifies Sylvia.

Although Mapule was a school teacher and had succeeded in the achievement domain, in another sense she felt that she had not succeeded in that domain because she had attended a teacher's training college and not a university, and in this way failed to meet her standards of excellence. She also failed in the relationship domain and believed that she had failed in the way she treated her children and in her marriage. Therefore, like Sylvia, her sense of low self-esteem was related to feelings of failure in both domains, and not just in one domain. Although, according to Kaplan (1986, p. 238), women's sense of "self-worth rests heavily on their sense of their ability to make and build relationships" this only partly applied to both Sylvia and Mapule. Mapule's sense of incompetence was also connected to her low self-efficacy in the academic domain which was connected to an external locus of control, similar to Sylvia.

Although Edith was a highly competent pianist and music teacher, this domain of competence could not reduce the feelings of incompetence associated with her

experience of depression. Research by Wells et al. (cited in Gotlib & Hammen, 1992), Burnam et al. (cited in Gotlib & Hammen, 1992), and Hays et al. (1995) found depression to be more debilitating than that of many chronic illnesses. According to Gotlib and Hammen (1992) depression disrupts work and social functioning, which leads to stress both within the person and in the situation. Edith also suffered from low self-esteem as a result of her feelings of incompetence associated with her depression. Paradoxically, she could only cope by being incompetent because then someone else would be forced to take responsibility, and her passivity would be balanced by someone else's activity (Keeney, 1984). Although Edith's marriage was successful, her relationships with her family were characterised by conflict. Swindle et al. (1989) point to family conflict and its relationship to depression. Although the research (Robertson, 1988; Sarason, Sarason & Pierce, 1990a) indicates that support in a marriage is beneficial, it did not negate the negative influence of family conflict in Edith's experience. This does not seem to offer support for Barling et al.'s (1988) study, which indicated that the crucial element was the presence of some form of support, but did seem to support Rook's (1990) contention that negative interactions exert an adverse effect on emotional health which outweighs the beneficial effects of positive interaction. Edith desired, but did not attain interpersonal acceptance. House et al. (1988, p. 307) maintain that if social relationships meet "a basic need for relationships or attachments, people will feel better psychologically when that need is fulfilled, with attendant physiological consequences", and with the ideas regarding ego ideals mentioned by Akiskal and McKinney (1975, p. 291) of "the wish to be worthy and to be loved, the striving to be secure, strong and superior, the aspiration to be good, kind, loving and humane". Therefore, this need remained unsatisfied in Edith.

Warren and McEachren (1983) found less perceived life control and less perceived accomplishment were evident in depressed women, which seems to have some bearing on the three participants in this study.

Theme of Being Treated as a Special Child - Rejection and Love

According to Lerner (1988) being an over-focused-upon child puts a person at risk for developing depression. This person does not develop a separate sense of self and remains caught in a position of dependency. Sylvia tried to win the love of her parents through remaining dependent which is what she believed that they wanted, and yet her lack of autonomy seemed to irritate them. This desire for affection seemed related to her early childhood experiences, whereby she did not form a secure attachment with her mother probably as a result of her adoption (Gotlib & Hammen, 1992).

Mapule also did not have a secure attachment experience and therefore no amount of love from other sources, such as her grandparents, could compensate for her experience of her mother's rejection. This tends to confirm Bowlby's belief in the importance of early attachment experiences (Gotlib & Hammen, 1992).

Edith's experiences parallel Sylvia's to a certain extent. Like Sylvia, it was what was visible or what she achieved that was revered rather than being loved for who she was. According to Carl Rogers (Maddi, 1989), they therefore did not receive unconditional positive regard and could not fully develop their potential.

The Theme of Rootedness versus Feelings of Alienation

The *theme of rootedness versus feelings of alienation* seems to be associated with participants inability to form meaningful relationships and probably relates back to their childhood experiences, which has been referred to in chapter 2 of this study. Relationships are important in understanding depression in women as it seems that their sense of self-worth derives from their sense of connectedness. However, this sense of connectedness is probably only beneficial when there is minimal conflict. Sylvia and Edith both found that their world had shrunk. Akiskal and McKinney (1975) refer to how this affects relationships and participation in life itself, which seems to be borne out by their experiences. Mapule, on the other hand, felt isolated in terms of her

suffering, but her world was peopled with people who did not supply the support that she needed. This reflects the complexity of social support, and that the issue is not the presence of people but the quality of interaction (Vaux, 1988). Edith also felt isolated and alienated because she did not meet societal expectations regarding motherhood. Coale (1994) as mentioned in chapter 5 of this study, refers to the dominant discourse and the need to hear a person's nondominant discourse. Vaux (cited in Vaux, 1990, p. 510) notes that

one is more likely to feel cared for when friends reliably listen to one's troubles, to feel a sense of reliable alliance when friends stick by one through difficult times, and to feel socially integrated when one routinely shares activities, trials and tribulations with a group of people.

Unfortunately, this was not the experience with any of the participants.

Theme of Confronting versus Avoiding Issues or Problems

Sylvia could only cope with life by avoiding issues or problems. Depression would ensue whenever she was confronted with reality and could not escape it, or when her fantasies were challenged. She would then become sick. The issues that she needed to deal with were relationship issues and these were, therefore, bound up with her depression. This seems to support the contention of House et al. (1988) that health is associated with relationships that promote feelings of well-being, and Rook's (1990) belief in the more disruptive nature of interpersonal than noninterpersonal stressors. Barnett and Gotlib (1988, p. 97) found that "disturbances in interpersonal functioning may be antecedents or sequelae of this disorder". These researchers refer specifically to marital distress. Sylvia usually developed bronchitis whenever she became depressed, and it was these physical symptoms that brought her into contact with her physician. Depression in women is often manifested in physical complaints (Notman, 1989). According to Walters (1993), although women view their mental health problems as social in origin, it is their perception that they nonetheless influence physical health.

They believe further, that what they experience is “normal” and even doctors minimise the importance of women’s mental health. This sums up Sylvia’s belief. Her physician, however, did explain to her that her frequent bouts of bronchitis were related to stress and to her depression. According to Gotlib and Hammen (1992), depressed people have limited problem solving strategies and their current depressive symptoms are reflected in avoidance coping, which typifies Sylvia’s way of avoiding issues or problems.

Physical symptoms were also connected to depression in Mapule and it was these that served to mask depression initially. This was referred to by Swindle et al. (1989). This was also given as a reason for why depression often goes unrecognised by medical practitioners (Freeling, 1993; Tylee & Freeling, 1989). She also engaged in avoidance coping, like Sylvia.

Edith’s depression went unrecognised for quite some time by medical practitioners. Reasons that seem relevant with regard to Edith are the practitioners’ attitude to depression, including their skills and knowledge of depression; their familiarity with a patient, or conversely, their lack of knowledge of a patient (Tylee & Freeling, 1989). She too engaged in avoidance coping.

Theme of the Role of Support: Support Received versus Support Expected

Because Sylvia received support from her parents in a context of covert conflict, it tended to increase rather than decrease her stress. This is referred to by Sarason, Pierce and Sarason (1990). Sylvia’s support network comprised mainly family, which is found most frequently in disturbed relationships, and it tended to lack diversity. Although support from family is important, it tends to have detrimental effects resulting in pathology if relationships are enmeshed. In a study by Lyons et al. (1988), they found that family support for the psychiatric sample in their study in fact predicted psychiatric distress. Sylvia was not clinically depressed but this idea seemed to be consistent with her experience. The idea that social relationships in themselves can be

a source of stress as well as support was advocated by Rook (1990). This was Sylvia's experience as her parents were a source of both support and stress. What she wanted was emotional support from them. However, the support that she received was mainly financial or practical. This does not seem to lend support to the findings of a study by Barling et al. (1988), in which all forms of support were perceived as emotional support. Her spouse also did not support her and did not provide the relationship closeness that she desired. Marriage is a very important source of support (Robertson, 1988) but, in her case, it failed to provide her with support. According to Weissman (cited in Gotlib & Hammen, 1992), it is the negative effect of being involved in a relationship where one is unable to talk to one's spouse that is strongly related to the risk of depression. This was consistent with her experience. However, a person will remain stuck if marital conflict is not resolved. Her network of nonkin was also very small. She lacked a confidant who would have been able to provide her with emotional support (Sarason, Pierce & Sarason, 1990). Interestingly, the people she did nominate as friends were often not available because they lived far away. This was also referred to by Gotlib and Hammen (1992).

Mapule needed others to believe that she could manage on her own. She did not want her dependency needs to become obvious to others. She attempted to gain approval from others by doing things that would please them, but often behaved incongruently in order to do so. She did not experience the benefits of a close parent-child relationship nor of a close relationship with her husband. It seems that the former relationship hampered her ability to form a close relationship with her spouse. In addition, she lacked a model of what relationships are like (Sarason, Pierce, & Sarason, 1990). In her marriage her attempts at intimacy had negative consequences (Sarason, Sarason & Pierce, 1990a). Although her aunts supported her financially and practically, they failed to support her emotionally, which appears to be the most important form of support. They too shared the same ecological niche as she did and were subject to the same constraints and problems that she experienced and in this way, were often unable to provide support that she needed, such as "information, wisdom, time for chores or relaxation, or self-esteem" (Vaux, 1988, p. 87). Her

relocation would also have cut off a source of support, as well as her separation from her spouse (Vaux, 1990). Her depression elicited some support. However, generally, although her world was peopled, she did not receive support. It seemed that she was a member of a dense, homogenous group, lacking in diversity, where her needs as an individual were subjugated to those of the group. This was culturally consistent within the African context, the dominant voice (Coale, 1994).

Edith had a close intimate relationship with her spouse in which support existed. Although she experienced this relationship as beneficial, it did not protect her from the family conflict that seemed linked to her depression. This bears out Gotlib and Hammen's (1992) contention that it is the negative features of relationships, rather than the positive features, that are related to depression. Like Sylvia, those whom she nominated as members of her support network (her brother and one friend who lived in Durban, or her friend who had multiple sclerosis), were mostly unavailable.

The Researcher's Relationship with Participants

The researcher's relationship with the participants allowed participants to experience a different way of relating to what they had become accustomed to. Vaux (1988) mentioned the importance of the quality of relationships. The relationship that the researcher formed with each participant was characterised by closeness and respect. This relationship was in itself a form of support for each participant (Sarason, Pierce & Sarason, 1990). However, the researcher heeds the warning given by Derlega (cited in Sarason, Sarason & Pierce, 1990a) that self-disclosure not only creates an intimate relationship but may also lead to rejection and exploitation. Brickman et al. (cited in Sarason, Sarason & Pierce, 1990a) also refer to how intimate relationships can undermine the self-esteem of participants because of the implicit message that these individuals may not be capable of solving their problems on their own. The participants discussed their fears and concerns with the researcher. The chief forms of support provided by the researcher seemed to be emotional involvement, personal interest and psychological support which fitted their needs. Although she also provided

informational support and even practical suggestions when it was required, it occurred within an emotional context. The interview context also provided participants with the opportunity to talk about their feelings after the crisis had passed, which was regarded by Costanza et al. (1988) as beneficial. The conversations also involved problem-solving talk which these researchers also regarded as helpful in dealing with stressors. The researcher and participants co-constructed new meanings during their conversations. According to Coale (1992b, p. 14), "language/cognition as an avenue to behavioral change and behavioral change as an avenue to language/cognition change" is considered valuable and is consistent with constructivism, the approach of this study. Self-belief is also enhanced when others, which include the researcher, are willing to provide support.

Conclusion

A number of themes were articulated in this study, and even though they link up with other research findings, different observers may identify different themes. While the themes identified in this study may be helpful to those who work with depressed women, it is, however, important always to bear in mind that these themes are interwoven in a unique way in each story. Even if a therapist or researcher should identify similar themes in depressed women, they will nonetheless form their own unique pattern. Therefore, when a therapist or researcher is confronted with those who show patterns associated with depression, the necessity of being open to the patterns that emerge, and the particular way that these patterns are interwoven within the context of the story of the particular person, should always be borne in mind.

CHAPTER 12

CONCLUSION

Introduction

In this concluding chapter, the present study will be evaluated in terms of its strengths and limitations, and recommendations for future research will be proposed.

Evaluation of the Study

The research aim was to tell the stories around the roles of relationships in the world of depressed women. It is believed that this task was adequately executed as the stories that were related provided a rich account of participants' experiences within a social context. This research thus attempted to provide valuable information that has often been missing in more traditional research. Readers were given the privilege of being able to view the world from the vantage point of those who experienced depression. Themes were articulated and the recurring themes that became evident in the stories of all three participants were elucidated. Common themes to emerge were the following:

- Divided loyalties: Loyalty versus disloyalty
- Conflicting needs
- Failing to meet expectations
- Control
- Competence versus incompetence
- Treated as a special child - rejection and love
- Rootedness versus feelings of alienation
- Confronting versus avoiding issues or problems
- The role of support: support received versus support needed

This was followed by an account of the specific ways each participant tried to cope with their lives. Sylvia tried to cope on her own via fantasising, using her mind, repression, making believe, manipulation, becoming voiceless, seeking revenge, and becoming depressed. Mapule tried to cope by escaping the context of violence, responding with silence and passivity, scapegoating her son, feeling obliged to do her share of the work, and maintaining a facade. Edith tried to cope by abdicating her responsibility as a mother by becoming depressed. In this way she “demanded” the involvement of others.

In addition, a description of the emerging processes from the researcher’s perspective as to what she believed was helpful or unhelpful to the participants, was discussed. The following processes were regarded as helpful:

- Listening and hearing.
- Restating and summing up.
- Challenging fixed ideas, positive reframing, offering alternative ways of viewing, and expanding possibilities.
- Modelling a different way of relating.
- Offering practical suggestions, giving explanations, or attempting to answer questions.
- Creating a safe context, allowing participants to set the pace, flexibility in the researcher, and synchronisation between researcher and participants.
- Encouraging participants to do things that fitted with their ideas.

The processes that were regarded as unhelpful were idiosyncratic to the participants. The following processes were regarded as unhelpful by the researcher:

- In Sylvia’s case, it was failing to expose the incongruence between discourses, which served to maintain the status quo.
- In Sylvia’s case, expectations of change which maintained her “stuckness”.
- In Mapule’s case, it was her reliance on the researcher as an “expert”.

- In Edith's case, what was unhelpful was the researcher's questions and alternative meanings which she found intrusive.
- In the case of Sylvia and Mapule, the researcher failed to accept their meanings and tried to attribute other meanings which did not fit.
- In the case of both Mapule and Edith, the researcher talked too much.
- In the case of Mapule and Edith, the researcher played into their patterns which only served to exacerbate the situation.

In addition, what the participants regarded as helpful was also discussed.

- Being given the opportunity to let their voices be heard was regarded as helpful by all three participants.
- They also found the different realities offered during the conversations, helpful.
- The nature of the relationship between each participant and the researcher also contributed to their positive perception.

This information could be valuable and could serve as guidelines to those working with depressed persons.

Strengths of the Study

This study, rooted as it was in constructivism, took context into account, and more specifically the social and cultural context. The themes and common themes articulated in this study were rooted in the context of relationships and in the cultural context. These themes were not fixed in the sense that they would remain the same and not change even if social relationships unfolded across time. They provided an alternative way of viewing depression to the traditional way which tends to view it in terms of specific factors located within the person manifesting them. According to Owen (1992, p. 386) "understandings are socially created by a group of believers". If depression is socially created then it follows that it cannot exist in an objective sense. It belongs to

a specific context. Rather than accept that depression exists as a “semi-concrete [entity]” (Fourie, 1994, p. 10) within the individual, this researcher operating from a systemic and constructivist base, broadens her definition to include the context of relationships in which the problem arises. In this way the framework of beliefs is expanded to include more pieces of the systemic whole which creates possibilities for change which are “both meaningful and possible” (Becvar & Becvar, 1993, p. 343). The researcher recognises that each participant exists in her specific context and that new meanings that are generated need to fit the person’s particular context and meaning system. For example, from a traditional viewpoint, perfectionism could be viewed as one of Edith’s personality characteristics. In this study, the theme of perfectionism was articulated in Edith’s story and diverse realities, which view it as an alternative behaviour to the chaos created by Edith’s parents, or see it as an escalation of a behaviour to bring about balance in the system characterised by chaos, or perceive it as a metaphor about relationships, or construct it as her attempt to meet the expectations of society regarding the role of mother, were put forward. These diverse realities offer possibilities for intervention on different levels.

This approach does not assume “a God’s eye view of the world” (Becvar & Becvar, 1993, p. 345). The researcher describes the system from within the system and does not view it from a position on the outside. This approach recognises its view is based only on a study of the part which is recursively linked to the whole. The part that is studied, changes as a result of the observation and therefore defies objective description. Therefore the approach is a humble approach.

This study provided *a* view on the role of relationships in the world of women who present with depression. It makes no claim to providing *the* way of knowing. The notion of “truth” implied by the latter statement, reflects a somewhat dogmatic view which precludes “reinterpretation or dispute” (Owen, 1992, p. 388). The view is held that truth depends on who is making it, in what particular context, and time. Heidegger (cited in Owen, 1992) preferred the Greek word *aletheia* which he believed was a more fundamental aspect of truth. He believed that the notion of truth in this sense was “a

never ending series of uncoverings” or “disclosure of meanings” by people (Owen, 1992, p. 389). This sums up what was attempted in this study. From this viewpoint, no single perspective was considered to be *the* perspective; alternative meanings continually unfolded throughout the process. The view that is offered, however, is consistent with constructivism and hermeneutics, the theoretical approach and method of analysis of this study. The numerous studies reviewed in the literature survey provide further views on depression, depression in women, and social support. A ***both/and*** approach is advocated whereby multiple realities co-exist and enrich our knowledge.

In qualitative research, the purpose of the research is made clear to the participants unlike the lack of disclosure and the practice of deception, in the positivist-empirical tradition where there is “an effort to get them [the research subjects] to behave more like matter” (Becvar & Becvar, 1993, p. 336). This reflects a different way of viewing, and therefore interacting with, research participants. In this research, the researcher formed a close and respectful relationship with participants who interacted in the research context. Participants were viewed as a most reliable source of information and as experts in the field of their experience. From the aforementioned it is clear that qualitative research cannot be value free, that is, the researcher cannot assume an uninvolved and objective stance; she is subjectively involved with her participants.

From a feminist perspective, quantitative research with its emphasis on “manipulation, suppression, and alienation of those one wishes to understand” is not congruent with research on women (Gergen, 1985, p. 272). Furthermore the empiricist science has been accused of constructing views of women that perpetuate the subjugation of women (Gergen, 1985). Therefore, interpretive research strategies have been considered a preferred approach for research on women. Thus, this approach was considered coherent with its subject. The researcher, in belonging to the same gender group as her participants, shared the same gender world as they did, which added to the credibility of the study.

Reliability and validity, as conceptualised in terms of a qualitative research context, were achieved in this study. Many facets of reliability have already been mentioned and others have been alluded to in preceding chapters. The researcher's orientation was disclosed, the social and cultural context of the investigation was explained, the researcher's internal processes were mentioned, the researcher engaged with the material, and in the hermeneutic cycle, themes were linked with examples from the interview text, and 'what' questions were asked. Validity was achieved in the following way: Firstly, triangulation was achieved through multiple data sources and data collection methods which included interviews, letters, and psychologist's reports. Multiple voices from other sources in the participants' stories also contributed to triangulation. Secondly, this study was coherent with the belief that reality is constructed in meaning. The methodology of hermeneutics is logically consistent with the assumptions of constructivism. Thirdly, this study succeeded in enriching and extending the understanding of the readers of the research helping them to make sense of the subject of social support and depression in women. Catalytic validity was achieved through the encounter between participant and researcher. New meanings were created and new understandings were reached which also served to add to their meaning systems. Reflexive validity was also achieved as the researcher engaged in the hermeneutic dance. Her understandings were extended and enriched with each encounter with the text. Her ideas about the subject increased in complexity and there was a definite move away from her initial simplistic notions.

Limitations of this Study

Diverse meanings have been articulated by the researcher, but they are not the only meanings that could exist. Some meanings have not been articulated by this researcher and other meanings could well be articulated by other readers. The researcher is thus cognitively limited in the way that the mind tends to select data that confirm the meanings that she has identified and the way that these initial impressions seem to endure (Moon et al., 1990).

Qualitative research is extremely time and labour intensive. Therefore it is not feasible to use a large sample and usually only a few cases are studied intensively. In this research study, only three cases were studied intensively. The researcher became closely involved with her participants and invested a vast amount of time in their company. Transcribing the total of 14 interviews was a time-consuming exercise. The report, or in this case, the stories, was a creative and enjoyable, but also labour-intensive enterprise. This type of research therefore often gains validity at the expense of generalisability (Moon et al., 1990). The current research climate still seems to prefer traditional quantitative studies which are less time-consuming and labour-intensive and do not demand the same level of personal involvement and commitment. Qualitative research is still regarded as inferior to the rigour of the logical positivist-empirical tradition which is consistent with the ideology of Western cultures and is embedded in the high-technological society of today. Becvar & Becvar (1993, p. 337) state: "It is the model with which consumers of our services are familiar and in which they have faith, regardless of whether or not this faith is justified."

This study could be criticised for not using a traditional way of classifying a person as depressed in terms of a categorisation system such as the DSM-IV. However, each one of the participants had at one time consulted a psychologist or psychiatrist in this connection. Nonetheless, the criterion for selection was participants' perceptions of themselves as depressed or having suffered from depression in the past.

A further limitation is that personal data which are elicited during the interviews are often of a very personal nature and this raises important ethical issues (Moon et al., 1990). Therefore pseudonyms were used and details were changed to protect the anonymity of participants. It was a fairly difficult task to obtain people to participate in this study and this was especially true of Mapule who came from a different cultural background from the researcher and was initially suspicious of the intentions of the researcher.

The researcher's description of another person's meaning system is a secondary account, which could be regarded as a limitation of this study. The researcher is not able to provide the entire transcript of each participant and because data has to be reduced it fails to "capture the full experience of a living text or live narrative" (Hoshmand, 1989, p. 21). However, selected excerpts from the interview text were provided which were linked to the themes that were articulated.

A further limitation of this study was the failure to obtain testimonial validity. As will be recalled from chapter 6, testimonial validity refers to the validity obtained from the participants themselves. The researcher used her own judgement call to decide against this. She believed that what occurred in the context of the interviews was part of the ongoing process and was helpful. She therefore did not believe that these stories would add to their understanding.

Recommendations for Future Research

Due to the gender inequalities in a patriarchal African society, and taking the unbridled violence, especially in the home, into consideration, future research should investigate more fully the role of relationships in African women's experiences of depression.

The experiences of depressed women from different population groups within rural, marginalised, and urban contexts should be studied to assess whether there are differences in their experiences of the roles of relationships in their worlds. Other contexts could also be explored as to their impact on the lives of depressed women.

It would be interesting to find out whether the articulated themes of researchers from different cultural contexts would differ markedly.

Depression in men, which is on the increase, could also be a focus of study in the future.

A larger sample would increase the ability to generalise the findings which are not possible with a sample of this size.

Conclusion

This study has provided valuable information regarding the role of relationships in the world of depressed women. It has reinforced the idea of the importance of context. Specific themes as well as recurring themes were articulated, and helpful processes as well as those to be avoided, were discussed. This information could prove to be valuable to those working with depressed people. The qualitative research method proved to be a valuable method to gain the kind of information that was sought even though it was time-consuming and labour-intensive. Some important areas for future research were addressed. These included focusing on African women within the context of a patriarchal and violent society, using a sample from different population and gender groups, different researchers from different cultural groups, and a larger sample.

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APPENDIX 1

SYLVIA'S BIOGRAPHY AS RECOUNTED BY THE RESEARCHER

Introduction

Sylvia worked from home and her husband Rex was an engineer. They have two children, Nathan who is nine years old, and John, who is five years old.

Sylvia's Relationship with her Parents - Past and Present.

Sylvia and her sister were both adopted which affected the way her parents raised her. They treated her as a special child which led to the expectations that she developed about how others should treat her and which fostered passivity in her. She thus had high, unrealistic expectations of others. In one way, she enjoyed being made to feel special, but, in another way she had to pay a price, because being treated in this way did not prepare her for life and resulted in her being ill-equipped to deal with adult life and adult responsibilities. She was treated as if she was a pretty box wrapped in pretty paper with a ribbon tied around it, but nobody really cared what was inside that box, or acknowledged what was there. Sylvia felt that she had also contributed to this pattern of relating. Although she wished that others would see something special in her and would like her for that, yet, paradoxically, what was inside her remained hidden because she did not allow others to get too close to her and focused their attention on the external appearance of the box which nobody really cared about either. It seemed that appearances were important in Sylvia's life. Things had to look good and be seen to be properly done within the confines of her Christian principles, and this met her own, her parent's, and societal expectations. She was content to maintain a facade but at the expense of her personal happiness.

Her sister who was also adopted was quite different from Sylvia. Her sister was a gifted artist and her parents were always praising her achievements. Sylvia by contrast, had not achieved anything and only just passed matric. She felt that her parents always put her down and she wished they would stop treating her in that way.

She felt confused by their double messages which put her in a no-win situation. For example, she was overweight, but when she attempted to do something about it, she was accused of wasting money. She was also highly critical of her mother, and yet depended on her mother, and was closer to her mother than to her father. She believed that her parents were always trying to dictate to her how to live her life and she wished that they would just accept her the way she was.

As her parents stayed in close physical proximity, and because Sylvia and Rex did not have the financial means to afford a second car, she depended on her mother for transport and relied on her mother to take her wherever she wanted to go. Her mother also provided the necessities which they were unable to afford, and provided her with practical support. Her mother provided a lifeline to the world outside her home because Sylvia felt very cut off and lonely at home without transport to connect her to the outside world. She felt ambivalent about her relationship with her mother. On the one hand, she manipulated her relationship with her mother, but believed that her manipulation was justified because of the benefits both her and her family enjoyed. On the other hand, she paid a price for her manipulation as she had to learn to remain silent and not upset the status quo when she disagreed with her mother. She felt caught in the conflict between the benefits she received and the sacrifices that she made as a result of her manipulation. She believed that although she had taken advantage of her mother in this respect, her mother had also benefited because it made her feel needed. She felt, in fact, that her mother used her dependency to her own advantage and felt that her mother interfered and that she just had to accept it.

To further entrench her isolation, her mother, who had always fetched the children from school every day, decided that she was no longer willing to fetch the children and that Rex, Sylvia's husband must fetch them. Rex worked out of town and it was inconvenient for him to fetch the children and then return to work. As a result of this new arrangement, Sylvia who had always accompanied her mother when she fetched the children, was now even more isolated than ever before, because she now had no opportunity to get out of the home and socialise, even if only briefly, with other mothers

at the nursery school and primary school. Sometimes Rex allowed her the use of the car and she was able to do the things that she wanted to do. On Saturday mornings she also had the use of the car so that she could do the shopping, visit the library, and market the book she had written.

When Sylvia found out that she was pregnant with Nathan, her first child, she was very sensitive to her mother's feelings. She feared that her mother might shut her out - that she might battle to deal with Sylvia's pregnancy - because she could not have children of her own. But her fears were unfounded as her mother accepted it well. After Nathan was born, Sylvia wanted to find her biological parents and sought information about them but was unable to obtain this information. She decided to ask her mother for this information but she met resistance from her father. He was not keen that she should be given this information and was most unhappy about her request. Her mother, however, relented and gave her information on her biological mother. Her father's reaction led to Sylvia making assumptions about her biological father and she thought that perhaps her adopted father was her biological father and had been involved with the young woman, her biological mother, whom her mother had mentioned. She then decided that she was perhaps treading on dangerous ground and should just let things be. She did not pursue it any further but continued to fantasise about it. From time to time she still yearned to know the whereabouts of her biological parents. She has since been in contact with her biological mother.

Lacking Direction

Sylvia did not receive any career guidance and was not equipped to enter a career. She was unsure about what direction her life should take and felt "stuck" - she was still looking for her niche in life. She wanted someone to point her in the right direction. She was computer literate and could type but did not want to make a career out of it. She wanted to get out of the confines of her home and mix with people but, on the other hand, did not want to leave the safety of her home and go out and work for anybody. At one stage she enrolled at Unisa for a library science degree and passed

three first year subjects but has since lost interest in that career direction. She had low self-esteem which she believed was connected to her being a homemaker, not having a career, nor the skills required to pursue a career. This was a source of frustration to her. It seemed that much of her frustration emanated from being stuck at home, and although she wanted to develop her potential, did not know how to do it or which direction it should take. She was at present selling tupperware to supplement the family income but it was not what she wanted to do.

What she wanted to do was compile a crossword book, or write a book or a play. She compiled crosswords in the past which she loved doing because she had a broad general knowledge and a wide range of interests, but the venture she was involved in failed. Ideally she wanted to compile 50 or 60 crosswords and be sure that she could sell them for a large sum of money. She wanted to accomplish something herself, to make a name for herself. Not having accomplished anything herself, contributed to her low self-esteem. She raised her boys well but had not made her mark on the world.

She was afraid of failing and had been successful in the art of failing. She had been involved in a number of entrepreneurial schemes of her own and those of other people, and every single one of them failed. She was self-critical as a result, and doubted that anyone would in fact want to do her crosswords. In terms of writing a play or a book, she also told herself that everything had been done and that she would be unable to think up something original. These negative thoughts immobilised her and she was unable to move forward because she was "stuck" and that was what she was battling with.

However, she enjoyed limited success selling tupperware, because of the problems that she experienced with the agents who worked for her. She believed that this reflected poorly on her and made her doubt herself because she felt that she should be able to motivate her agents. She also feared doing well because she believed disaster would probably lurking around the corner.

She tried to balance her priorities, which lay with her family, with doing what she wanted to do. She was happy working from home rather than going out to work, because it did not interfere with the children. She believed that Nathan was a very sensitive child who would probably battle if she was not there for him. However, Rex expected her to go out and work and he felt that she should have geared herself towards this years ago. She said that in terms of an agreement between them, she would buy the groceries with the money she earned and he would provide other things. He held it against her that she had not had a steady income since Nathan was born. She felt that her income from selling tupperware contributed to the household expenses and in fact made up the shortfall because his contribution was insufficient for household expenses. She felt angry about his reaction because he enjoyed the little extras that she bought with her money.

Her mother also believed that Sylvia should seek employment outside the home. Sylvia felt that her mother failed to appreciate how much money she saved on transport and clothes by working from home, which had the added advantage that she was still able to be at home with her boys. Sylvia wished that her mother would be more accepting of her way of doing things.

She decided to finish a crossword book she had started and wanted to get it published. However, her mother was negative about the book. Sylvia really wanted her mother's support which was not forthcoming.

Her Marriage

Sylvia believed that her wishes were never acknowledged and her parents imposed their will on hers. Her parents felt that Rex, who was an engineer, shared a similar Christian background to her and would make a suitable husband, but she learned that this does not necessarily guarantee a successful marriage. She married Rex, the man her father wanted her to marry. She had the wedding of her parents'

dreams and performed her role on her wedding day like "a star". It was "the perfect performance". Her marriage, however, failed to live up to her expectations.

Before marrying Rex she had a string of relationships. It was always her parents who made the decision that the young men she was dating were unsuitable. She resented their intrusion in her life. She felt that they did not allow her to enjoy herself and learn about life, and especially about men, and instead always put a damper on what was happening.

She did not get on with Rex's parents who were missionaries. She believed that her relationship with them only started deteriorating once the children were born, because they lacked interest in the children and this really hurt her. She maintained that they invested time in their missionary deputation raising money for their mission, but invested no time in their grandchildren, and she therefore questioned their integrity. The only contact that she had with them was over the telephone. She did not show them outward animosity and there was no obvious friction between them.

Rex grew up in a family atmosphere where everybody was more important in his parent's world than he was. He felt excluded from his family and was never made to feel that he belonged. Rex never had a good relationship with his mother. Sylvia believed that if a man did not have a good relationship with his mother, it was reflected in the way that he treated other women. Rex did not have a good relationship with Sylvia, or with any other woman, because he did not have a good relationship with his mother. But he had really tried hard to establish a relationship with his father. His father telephoned him regularly but did not support him emotionally or financially, and failed to do the things that she believed that fathers should do. The relationship with his parents caused tension between them, and Rex was always defensive regarding his parents when she criticised them. It seemed that Rex did not know how to join with a family and this pattern was being repeated in his own nuclear family where he remained on the fringes of the family.

She has been married to Rex for 11 years. Soon after their marriage, Rex was called up by the Defence Force for three months to do border duty. She was only 21 years old at the time. She perceived this as the worst thing that could have happened to their marriage. He really enjoyed himself on the border and that really hurt her because while he was enjoying himself, she was sitting at home worrying about his safety, stuck in a flat which was awful, surrounded by people she did not like, and she only had temporary employment. Her family believed that she should stand on her own two feet and so she did not receive support from them even though she needed it. She believed that she always had to learn to deal with adversity on her own without support. She never discussed her problems with others.

She felt that she did not know what Rex expected of her as a wife and that their relationship as wife and husband had deteriorated over the years. Rex did not support her in any way. She desired his emotional and practical support. She wanted him to comfort and reassure her, to help her and make her feel that she was worthy of his support. This was an area where Rex failed her. She could not trust him with her feelings and she always resented this. When something really touched her, she wanted him to just hold her hand and not even necessarily say anything at all, but instead he just laughed at her. In the event of her falling ill, for example, she expected him to give her support or help but he did not do that. This lack of support upset her emotional balance and made her angry, which resulted in her becoming introspective, but she still did not discuss it with him. She did not believe that getting angry would benefit her or anyone else, and so she repressed her anger. She coped by keeping herself busy and by trying to accomplish something, like the washing, or the housework. Alternatively, distractions, such as watching the television, or fantasising, helped her to cope. And then she felt better. She said that this was how she coped with her hurt, anger, and frustration in all spheres of life. Her philosophy was to cope in a way so as not to hurt others or upset the status quo.

It was Sylvia's perception that although she had tried to make her marriage work, Rex was not interested. He showed no interest in her and she was tired of "being used

and abused” and wanted “to be acknowledged as a person with feelings, and who had something to offer”. She realised that there was nothing that she could do about her marriage. He was self-involved and only interested in his work. He did not participate in activities with the family nor take them out on weekends. She also felt that his family involvement was out of a sense of duty, and it was her perception that Rex was in fact abusing Nathan. He was very moody and impatient with the children and said hurtful things to them without thinking about what he was saying.

Rex coped with stress by becoming physically ill. He would develop a stomach ache, would vomit and develop diarrhoea whenever anything stressful confronted him, such as going to the Army, writing exams, or the births of the boys. When she went into labour with Nathan, for example, he fell asleep so that he did not have to deal with a situation which was new to him and was very cross with her when she woke him up and asked him to telephone the doctor and take her to the hospital. She was most displeased with his reaction. When John was born, she had an induction and he started with his stomach problems which continued for the duration of her hospitalisation. Her labour was very traumatic because she had to cope with it on her own with no support. However, the support she received from one of the nurses in the maternity ward touched her deeply.

She confided her unhappiness to her mother who was aware that Rex was not the ideal husband, but her mother could not turn the clock back. According to Sylvia, she experienced emotional and mental abuse from Rex. She believed that he constantly undermined her with his underhandedness, snide comments, lack of support, the digs he had at her, and his total lack of interest in her. Her mother regretted that they did not give Sylvia more opportunities to go out with other young men and Sylvia regretted that her parents were overprotective and, in so doing, limited her freedom to experience life and find out more about men. She believed that her parents should bear some of the responsibility for her unhappiness.

The Consequences of her Unhappy Marriage - The "Secret"

She was in need of tenderness and affection which she did not receive in her marriage. This made her extremely vulnerable and she felt that if anyone showed her any interest she would leap into a relationship without thinking. She was aware of the consequences of such an action but, on the other hand, she felt, "Why the heck not!". She believed that her life was passing her by.

This pattern of relating to others made her vulnerable to hurt from others. She trusted others and accepted them at face value, but those whom she trusted let her down, which made her cautious.

Sylvia blocked out completely a lot of the things that happened to her, but they rose to the surface while she was talking about her life during the interviews and she felt that they were not as deeply-seated as they had been. She wanted to discuss them, but on the other hand, rather wanted to forget that they ever existed. She believed that these experiences were like a bullet that remained in a person but which did not do the person any harm. She could carry on with her life as if nothing ever happened. She nonetheless decided to open the box and allowed the researcher to see what was hidden inside that box.

Sylvia finding herself trapped in an unhappy marriage, coped with her unhappiness by fantasising and also by behaving in terms of her hopes and dreams which, most times, led to disappointment in that what she had hoped for or expected, was dashed by reality. In one sense, she had an idealistic view of men which tended to balance her negative view of Rex, and in another she developed a negative view of men as her experiences confirmed that her relationships with men never seemed to turn out the way that she expected them to. She recognised that a pattern of behaviour had emerged over time. She turned to some other man to give her what was missing in her marriage - tenderness and love - but failed to find it in these extra-marital relationships.

This pattern first began about seven years ago, just after Nathan's birth when she was feeling very frustrated in her marriage and felt that her life was meaningless and was going nowhere. Her and Rex were living in a flat at the time and she felt very cramped and wanted to get out. They moved to a flat and she was looking for work to do from home. She met a man, called Manfred, who gave her work and she started working for him from home. They had an extra-marital relationship. She fantasised about having a relationship with a man who would fall in love with her and give her everything that she wanted - everything that she did not have with Rex. She lived with this expectation but failed to see that the reality of her relationship with Manfred failed to meet her expectations. She believed that there was more to the relationship than there actually was. In time she came to the realisation that he was using her and she decided to use him too. Although her relationship with Rex was at a very low ebb, they had contemplated having another child and she decided that she would fall pregnant, not with Rex's child, but with Manfred's child. She believed that John was his child and was glad about this and had no regrets. She hoped that her pregnancy would cement her relationship with Manfred. However, while she was still pregnant, Manfred became involved with another woman. She was totally devastated and was filled with bitterness. She did not know how to cope and found herself having to cope on her own with her feelings. He tried to justify his actions but she decided to crush him and pretended that she was over his indiscretion. She then proceeded to manipulate their relationship to such an extent that Manfred became so infatuated with her that he wanted her to leave Rex. At that point she decided to take her revenge on him and ended the relationship which totally devastated him. It gave her pleasure to see his pain and to watch him squirm before her. She maintained that she then got on with her life but, in fact, was actually still very angry with men in general, and with Manfred in particular. Up to this day, he still had not given her a cent for John which angered her. Although her mother never confronted her about her relationship with Manfred, she confronted Manfred, and this hurt Sylvia's feelings because she felt her mother should have discussed it with her. Her mother maintained a silence on the issue. She did not know whether Rex knew about her relationship with Manfred. He had never said anything but she believed he would be very angry if he knew.

Some time after her relationship with Manfred ended, she still felt very hurt and angry. She wanted to hurt men in general and she placed advertisements in the personal column in the newspaper. Men wrote to her and became involved with her through their correspondence with her. She would then abruptly cease corresponding with them, and she enjoyed it when they would write and beg her to write back which she did not do. This was her revenge on men. She was not proud of what she did but felt it was something that occurred during that period of her life.

At the end of 1992, she was looking for someone to promote her new crossword puzzle book and she saw an advertisement in the newspaper, and she phoned and asked this man to come to her house. According to her, there was an instant chemical attraction between them and they had an affair based on pure lust. She found herself in the same situation as before when she was needing somebody to give her "attention, love and tending loving care". He was an unconventional person and a rebel and that really "turned her on". She saw him a couple of times and, thereafter, he failed to contact her again for quite some time. About midway into the next year he contacted her once more and they had a passionate affair that lasted for about three months. Since that time he contacted her periodically but would always fail to confirm the dates he subsequently made with her. She lost contact with him, and she maintained that she did not really care. She found out that he had lied to her on a number of occasions but was aware that she had also lied to Rex and so they were now both "quits".

Up till the present time would still read the *Personal* adds in the newspaper and wondered if she should contact the men that placed advertisements, but felt that they must be desperate to advertise and would probably be a disappointment to her. She responded to an advertisement by an American man and hoped that they could be "good friends".

More recently, she had joined a computer chat line and had become involved in this context with other men whom she maintained were only after sex. She often

arranged to meet them but would then fail to keep her appointments. This gave her a sense of power, and her feeling of anonymity provided her with a sense of security.

It was apparent that Sylvia was extremely lonely and very unhappy.

She also had a relationship with another male friend, Fred. They initially became acquainted in a business context where they shared similar interests and their friendship grew from there. She maintained that it was not a physical relationship but an emotional one. She confided in him at a time when she was going through another bad patch in her relationship with Rex, and felt confident that she could speak to him about anything and that he could be trusted to keep her confidence. However, he let her down and betrayed her confidence by confessing his relationship with her to his wife, which almost had dire consequences for her. Sue, his wife, turned on Sylvia and accused her of having an affair with Fred. She felt totally devastated by Sue's allegations because she felt that they were not true. Fortunately, she believed that Rex never knew about these allegations otherwise she believed she would be out on the streets. Fred and Sue had been friends of theirs and as a result of what happened their friendship ended.

Coping with her Failed Marriage

Sylvia coped with her failed relationships by using her mind which she learned to do after the post-natal depression that she suffered after John's birth. She said that she used a form of self-hypnosis whereby you can convince yourself of something by saying things over and over again to yourself. She said: "You can actually make believe. You can cover things over with a pretty bow and some nice pretty paper or covering or cloth and its there in the back of your mind far away and gathering dust." Her dreams and plans helped her to cope with the present. When she did things in secret she experienced an adrenaline boost which kept her going. She believed that she developed this manner of dealing with her problems because, with her husband and with her parents, she had "to be seen but not heard".

She felt completely trapped in her marriage and did not see a way out of her situation. In one way she wanted to get out of her unhappy marriage, and in another sense, seemed determined to maintain the status quo. She realised that she would be unable to cope on her own as she was financially dependent on Rex. She also wanted to maintain the family unit which she idealised as being "strong, close and working", but which in reality was not. She was also scared that Rex would leave her and of how helpless she would be if he did so. Rather than dwell on her failed marriage, which tended to drag her down and make her depressed, she coped by fantasising about what she would like to do. She seemed unable to translate her desire for change into action. She therefore resorted to her fantasy world and had an obsessive desire to go to America, seeing it as a way of escaping her untenable situation. She even wished that Rex would meet with an untimely death which would end her misery.

She seemed unwilling to deal with her relationship with Rex because if she "makes waves" he tended to back into a corner which gave him "leverage". He was aware of the way that she tried to manipulate him into going to America and she believed that this had given him a certain degree of power over her. However, she felt that although he may have uncovered some of her "moves", he still was not aware of all her reasons and did not know what was going on inside her. She felt that he would not be where he was today without her and could be more successful if only he would try.

At one point in their marriage they went to their minister for marriage counselling but according to Sylvia, the tests that they completed revealed that they were totally incompatible and the minister was at a loss as to how to help them. She believed that they did not know one another and that Rex was really not interested in knowing her.

Depression

After John's birth, she experienced severe post-natal depression and was referred to a psychologist. She found it a relief to talk to someone who understood where she

was coming from. She learned to look inside herself and to question her thoughts, to find ways of relaxing and to put a better perspective on things. At that time she had very low self-esteem and thought nothing of herself. She just existed from one moment to the next. She became more aware of her worth as a person and allowed herself to become angry, and it was her belief that she had grown since then. She said that she was aware that she was still a quiet person but was able to contribute to a conversation.

She believed that when she became ill it was a manifestation of her depression and stress. She was sick of being in the physical place she found herself (her home and South Africa) and was sick of being in this emotional place which made her suffer physically. She felt that she was bogged down and that there was no way out which made her feel that her situation was hopeless. She became physically sick when she experienced stress and her doctor had confirmed that her depression was related to stress. When she was sick it made her more depressed because nobody cared or helped her in any way and she was expected to carry on as if she was well. She therefore really hated being sick but had been sick throughout the year that the researcher had contact with her. It made her feel incapable and helpless. She had suffered an accumulation of hurt from Rex as well as from her "friends".

Sylvia believed that her depression was related to her extra-marital relationship with Manfred, but felt that it also brought her to the point where she became aware that she had to do something about her situation. However, she seemed stuck in that stage and had been there ever since she spoke to the psychologist at the time she was depressed after John's birth.

She believed that her journey out of depression had been a process of working through pain and disappointment in her mind. Fantasising or daydreaming helped her when she was depressed and perked her up. She told the researcher that she had decided that she had been depressed for too long - all she saw were dark days and no

light. Sylvia said that the book that she had written had also helped to lift her out of depression.

Sylvia still experienced weekly periods when she felt better but would then sink into depression again. During one of her "down" weeks, she telephoned her friend, Fay who lived in Ballito. Fay told Sylvia that we all have our own story, our own preconceived ideas, according to which we live. Another person's story may not necessarily be the same as ours and ours may not be the same as someone else's. Other people do not always know our story and it was difficult to tell one's story because words were not adequate to do so. Therefore others did not always know what you were about. She realised that it was neither her fault nor anyone else's that they did not know her story and that she was often misunderstood. She felt that because of her isolated existence, people were not involved with her and therefore could not be expected to know her story. She felt that she needed to accept others as they were and should not worry about the way other people saw her. She felt that in the same way that she could not be forced to like others, others could not be forced to like her. This insight from her friend gave her understanding and knowledge which helped her to cope.

America - The Land of Hopes and Dreams

Sylvia wanted to leave South Africa and go to America. She recently responded to an advertisement in the local newspaper regarding a position in the United States and faxed Rex's CV to this company. A couple of days later, she received a phone call from this company requiring more information about Rex's work experience. She then informed Rex about what she had done and he was absolutely furious that she had the audacity to send his CV without his knowledge. She was taken aback by his reaction and felt very hurt.

Sylvia's main reason for wanting to go to America was to get away from her past so that she could start afresh. She believed that she desperately needed a change, and

that her life was being stifled by herself, her parents and her circumstances. She felt that she was merely existing and needed more dimensions, depth and purpose in her life. She wanted to be accepted as someone who had achieved something worthwhile. Paradoxically, she also feared change and the unknown. She was caught in the conflict between wanting change and fearing change, and was also fearful of not making a change. She believed, on the other hand, that her motives were not entirely selfish as the move would benefit Rex and the boys, as well as her marriage, and would help her to gain independence from her mother on whom she was still very dependent. Rex however, challenged her reasons believing her to be totally selfishly motivated.

Rex had not been happy in his job of late and had been going through a difficult time at work. She felt angry that he was passively accepting a situation that she believed he should not have to put up with, but, had come to the realisation that she should not interfere in his work and could not live his life for him. Certain allegations were made against him at work which she said were not true. She said that she even found a listening device under the lounge table but was warned that if Rex found out he would be dismissed. He was told to change his attitude or find alternative employment. She believed that because Rex had worked on sensitive government projects "they" thought Rex knew something and were waiting for him to slip and say something. During his six weeks leave he looked for alternative employment and she found it rather suspicious that none of the prospective employers bothered to notify him whether or not his application had been successful. Rex suffered from stomach problems probably as a result of the tension that he experienced. She believed that there was no future for him in the present company. She felt that this opportunity in America would not present itself twice. Most jobs required the applicant to have a degree and many years of experience. She knew that Rex was not an academic. He battled at school and did not receive much help or motivation from his parents. She believed that he had found his niche and could do well in his field. It frustrated her that he seemed to be holding back.

She also believed that going to America would benefit their marriage even though she believed that she would not be able to change Rex. She felt that they desperately needed a change, a fresh start event in their marriage. She believed that it would bring them closer together. They would be forced to do things together and would have to rely on one another whereas at the moment the person she had to rely on was her mother, especially for transport.

She also believed that by moving to America, she would escape the situation of how to deal with the problem that her friend, May's move to Pretoria would bring. May would expect to see Sylvia and Rex when she moved to a townhouse which was in close proximity to Rex and Sylvia's home, but Rex disliked May's boyfriend and Sylvia was of the opinion that this situation would negatively affect her friendship with May. She would also escape having to cope with her relationship with her sister with whom she did not get on. It would also give her the satisfaction of being able to depart from this country without giving her parents-in-law adequate notice of their intentions to leave. She would also be able to escape the stress and uncertainty brought about by the changes in South Africa. This move would also allow her to escape from the loneliness she experienced because she did not really have any friends. Although she belonged to a group at her church, the members of this group were disconnected and only recently did one of the members make an effort to see her out of the group context - it was the first time that this had happened in ten years. Most importantly, the possibility of this job allowed Sylvia to escape into a fantasy world of make believe. She believed that this job would sort out all their problems. She wanted to escape from her unhappy life - from the problems and the hassles.

She was very keen to go to America, even though the firm that Rex applied to had not contacted them again, and she fantasised about what her life would be like in America. She dreamed of this ideal, happy family living in America, a far cry from the reality that she was actually experiencing. She thought of the house that she would like to live in, how she would keep herself busy, the problems of schooling over there, the homesickness that she would probably experience, the more cautious way that she

would relate to others, and so on. Although she conceded that the decision to move rested with Rex, she wanted to manipulate him into going, but was meeting resistance from him. It seemed that Rex was in fact becoming rather irritated with her. According to her, although Rex was unhappy in his present job, he would still prefer to take up a new job in Pretoria rather than go to America.

She felt restless and wanted to travel and not be stuck in one place and yet paradoxically she wanted roots which she felt that she did not have. She felt alienated as a person. She did not believe that she fitted in with any group in South Africa and even though she grew up in a British colonial context, felt that she no longer fitted in with that context. She felt that she would fit in with the American context because it comprised people from diverse backgrounds.

Although she had never been very far from home, she felt that she would cope in America. She trusted that her parents would be in a position to come and visit them but she would worry about them on a day to day basis as her sister did not stay in close proximity to her parents.

If this job did not come to anything, she would enter competitions that had as their prize, a trip to America. Alternatively, she would invest her money in unit trusts so that she would be able to go over there for a holiday. However, she had pinned her hopes on going and had been gearing herself to leaving. She had been sorting through their possessions and clearing things out. She had planned to rent the house, sell the car and so on. She had even thought of accompanying Rex to America if he was invited for an interview and had even got her parents to offer to pay for her trip.

She fantasised about "pushing off" to America and then informing Rex of what she had done. She fantasised about meeting a man who really cared about her and could give her the kind of life that she needed and dreamed about. She also wrote to penfriends in the hope that they would invite her over and even pay for her ticket! However, intermingled with her fantasy world, the world of reality made itself known,

and she found herself in crisis. She experienced an inner conflict between her desire to leave Rex, and go to America without him, and her fear of change. She was scared of change and felt unsure of how she would cope. She wondered what would be best for the boys. When things seemed to be going better in her marriage, she questioned why she in fact was even contemplating leaving. She also considered the repercussions of her actions on her family, especially on her father, a Christian minister, whom she believed had his reputation to preserve. In addition, she was unsure of how a Christian man would treat her if she was divorced, because the men in the Christian community in Pretoria that she had contact with, were judgemental of divorcees. She was aware of the problems in America. She was aware of the dangers of rushing into a relationship. Nonetheless, she believed that now that her mind was made up, her whole life had turned around and she had got new purpose in her life and felt more confident. Yet she still vacillated. She wondered how she would feel if it failed to work out and she had to come back to South Africa.

She informed the researcher that they would be going to the States with the proceeds from the sale of her book. She felt it would give them the opportunity to visit friends and find out about employment opportunities. They could then return to South Africa and pack up and go for 18 months or so and if they liked it they could return and sell everything and move permanently to America. She believed that her book was her sanity, her passport that would enable her to escape from her present situation both physically and emotionally. She also mentioned that they had applied for a green card to go to America through the lottery system and was hoping to hear soon.

She believed that symbolism was part of the Christian ethic and she therefore tended to read things into what was happening. She felt that if an opportunity presented itself, it was a way of saying that this was how it should be. She believed that God was orchestrating their lives and "saw" God's hand in what was happening in terms of their possible move to America. She even believed that the way she manipulated Rex was in the service of God's plans for their lives. It was her Christian belief that God would show her the way and be active in bringing about the changes that she desired and yet

her belief tended to entrench her passivity because then she did not have to do anything about dealing with her situation. She could just sit around passively waiting for someone to rescue her. She did not believe that God had brought her so far just to abandon her and let her carry on in this unnatural relationship. Paradoxically, Sylvia believed in astrology and believed that as a Leo, she had a strong need to be recognised and praised for her achievements. This was something that she thrived on but did not receive in her marriage. As regards her book, she was confident and had faith that "the Lord will crown [her] work with success as [she had] put Him first in [her] life", but also felt scared.

Social Isolation

Many of Sylvia's friends no longer lived in close geographical proximity to her. However, these friends that had emigrated did so many years ago and were not part of her current circle. She, however, maintained that she missed them terribly and experienced the loss of friendship "as if it were a death in the family". As a result, she had become wary of getting too close to anyone because of the risk involved in getting to know someone. She said: "Friends might abandon you or even turn against you". She did not have any close friends during the time of the researcher's contact with her.

Sylvia and Rex also had no friends to go and visit or who would come and visit them. Sylvia's isolation was further entrenched because of this. She was virtually imprisoned in her own home even on weekends and it "got" to her. Sylvia felt that Rex did not know what friendship was. The friends that they did have were no longer around.

Sylvia had very few friends despite her friendly interpersonal style. She had a very good neighbour, Fay, when they lived in their duplex flat, but this friend had since relocated to another part of South Africa. Even when this friend came to Pretoria and was able to visit Sylvia, Rex made it clear that he disliked her. Another of her friends emigrated to America. Their children were of a similar age and they therefore had a lot

in common. She led the mothers' group in the church but because the children of these mothers were much younger than her own children, she did not have contact with them beyond that context. She received very positive feedback from this group in an exercise that they did as a group. Some of the comments she received were the following - "sanguine-melancholy", "outgoing", "friendly", "caring but seems to have the tendency of becoming depressed", "an organiser", "kind", "helpful", "she needs to get to know herself", "her openness about herself was an outstanding characteristic", "non-threatening", "afraid of being hurt", "under confident", "likes people", "friendly", "self-confident", "creative", "straightforward", and so on. Although she felt that these comments were very precious to her, she said that she received such positive feedback simply because she was a good actress and hoodwinked them into believing what she wanted them to believe. She manipulated the situation, manipulating how they felt about her. She did not have a close relationship with any one of these women. However she maintained that they shared things together and were there to support one another if there was a need. She had very little contact with other people. She still belongs to the mother's group at the church. On Sundays she socialised for about half an hour with members of the congregation, and then on Saturdays she was able to get out to the shops, and the library. Friends that she made through John's nursery school remained only acquaintances. She believed that she lacked friends because her situation at home, whereby she was restricted to her home because of lack of transport, and also because of her marriage situation.

Sylvia was naturally suspicious of people and it took her a while before she could fully trust the researcher and realise that she did not have some hidden agenda - when she was able to take the lid off the box and show the researcher what was really inside. She felt that it gave her confidence that there were still people that she could trust - people who were not judgemental and self-righteous. She had learnt that she could not trust everyone and that she needed to be cautious at times.

Sylvia always yearned for a soul mate. She felt so alone and did not feel that she could put down roots here in South Africa. She experienced the need to put down roots

and have a solid base because she felt that she was floating and not part of anything. She believed that most of her relationships were characterised by betrayal and she was scared of being hurt again. Because things had not worked out the way she expected, her self-esteem had suffered and she failed to grow as a person. She badly wanted to be valued as a person who had something worthwhile to say.

Sylvia appeared to be coming out of the dark. She wanted people to know her better, to know what she liked and what she hated, but paradoxically, only she could give others permission to hear her story.

Sylvia appeared to have reached a crossroad where she was being given the opportunity to change or maintain the status quo. She felt that the words of a song by Phil Collins called "All of my life" epitomised how she felt about her life - the wasted years that should have been put to more profitable use and the regret felt at this loss.

APPENDIX 2

MAPULE'S BIOGRAPHY AS RECOUNTED BY THE RESEARCHER

Introduction

Mapule taught at a school on a farm in the Johannesburg area. She was separated from her husband who was a guard by profession. He lived in the Pietersburg area. Their three children lived with her. The eldest child was a boy called Peter. He was nine years old. Tsepo, who was four years old, was the eldest daughter, and the baby of three months was a daughter called Miriam.

Her Background

Mapule was about three months old when her mother left her in the care of her grandparents and went to work as a domestic worker in Johannesburg. This left Mapule with the feeling that her mother never really cared for her and she stayed with her grandparents until the end of her primary school years. Because she had very little contact with her mother during her childhood - she saw her mother about once a year - she did not develop a good relationship with her. It was also her perception that her mother favoured her sister who grew up with her mother. Her mother's employer paid for Mapule to attend a boarding school run by nuns when she went to high school. During the school holidays Mapule renewed her contact with her mother but found it very difficult to communicate with her as they had nothing to talk about. Her grandparents died when she was in boarding school. When she was in Standard 8, her mother decided to remarry, but her new husband rejected both her and her sister. Because her mother had left her employment in Johannesburg and moved to Pietersburg, she could no longer afford to keep Mapule at high school. In addition Mapule's mother's new husband had children who were still at school and he expected Mapule to go and work. Fortunately a priest at the school she was attending came to her rescue and took over the financial responsibility of her schooling. After completing high school, Mapule attended College where she qualified as a teacher. The priest who

assumed the financial responsibility of her schooling, continued to support her financially at College.

It was during her College years that she experienced many problems and it was during this period that she met Patrick who was to become her future husband. He used to visit her at College and their friendship grew. On obtaining her qualification, she taught in a primary school and then in a high school (both run by nuns), up until her move to Johannesburg.

She was presently teaching Sotho and Biology at a high school in Johannesburg. She was happy in her present school situation and confident in what she did although she was required to teach almost double the number of periods that she taught in Pietersburg. In Pietersburg she always felt under pressure because it was her perception that she was always being watched.

When she was a child she was plagued by a fear that still bothered her. Her grandfather used to shout a lot and was bad-tempered and she feared that her grandfather would kill her grandmother, who never complained. Her grandparents followed the tradition of slaughtering an animal for a feast, and when the time would come to do so each year, she would fear that she too was going to be killed. And yet she said that she learned later on from her grandparents that they loved her more than any other child.

At school she achieved well academically during her primary school years but when she went to boarding school she experienced "pressure" and her academic performance deteriorated. From the time she was in standard eight, which she experienced as a very difficult year, she did not achieve well academically at school. She maintained that the pressure got to her and she even became physically sick. She suffered from stomach aches and her body felt stiff all over. It was because of this that a nun advised her to go to College rather than university which she felt would be too

stressful for Mapule. However, she regrets to this day that she did not go to university to obtain a university qualification.

Her Marriage to Patrick

Both Mapule and Patrick, did not believe in contraceptives as a form of birth control and opted for the rhythm method. Peter was conceived out of wedlock, in her first year of teaching. She married Patrick not only because she felt compelled to do so - at that time there was a Department of Education rule stating that if a person became pregnant out of wedlock, that person would be suspended from teaching - but also because she loved him. However, her priest did not feel that she had made the correct decision to marry Patrick. In one way she felt that they were relatively happy in the beginning, but in another way she realised that they experienced problems in their marriage right from the start but she glossed over the cracks as they began to appear because she did not want her marriage to break up and thought that they would grow out of their problems. There seemed to be irreconcilable differences between her and Patrick. They both had their own visions which were incompatible with one another. For example, he was happiest when he was spending money and she was happiest when she was saving money. They were married for 10 years. When they first got married, Patrick did not have a permanent job and it was Mapule's perception that Patrick's grandfather did not in fact want him to work.

Patrick, however, found employment as a salesman at a furniture shop. In time he was promoted to debt collector and was given a motorbike to carry out his job. He loved the motorbike but drove it recklessly. His grandfather was unhappy about his job because he was scared that Patrick would have an accident.

Patrick had an accident on his motorbike when Peter was about 4 or 5 months old. Although logistically it was very difficult for Mapule to go and see him in hospital, she went every day after school because he expected her to come and see him. He continued to draw a salary although he was not working at the time.

It was at this time that they went to Durban for a holiday which Patrick organised and which they all enjoyed. Peter was about 9 months old. They were saving money (for a house) and she was concerned about overspending, but soon realised that his irresponsibility with money was going to be an issue in their marriage. In that one week in Durban, he spent all the money that they had taken two years to save. He actually took her credit card and went on a spending spree while her and Peter were sleeping in their hotel room!

After their return, he did not want to return to work, ostensibly because of the accident, and seemed quite content to stay at home. However, she was concerned about how they were going to manage financially. He returned to his job at the furniture shop, and because they wanted him to do the same job, he quit. The priest that she consulted felt that Patrick should not quit something merely out of fear that something might happen to him, as anything could happen to him at any time.

He consulted an attorney about his compensation but later refused to pay the attorney and eventually only received about five thousand Rand compensation for the accident. It seemed that Mapule felt that he could have received a more adequate sum if he had paid the attorney. They initially invested the money and when it fell due, they took about half of their savings and spent it. Although the balance was reinvested, he has since spent it even though she wanted to save it for future use.

She experienced a very difficult time when Patrick was unemployed during this period and consequently decided to take Peter and leave Patrick without telling him. However, after the school holidays were over, she decided to return to Patrick, but, on her return, he was so angry that he tried to kill her. The fridge that they possessed worked off gas and electricity. When she arrived home, he turned the gas on and when she ran outside, he grabbed her and dragged her back inside to gas her. After pleading with him, he calmed down, but then tried to kill her again. His grandfather was there at the time but chose to remain uninvolved and did nothing to help her.

Patrick was not keen on finding employment and made no effort to do so. She felt hurt and believed that his grandfather was exacerbating the situation by not encouraging him to seek employment. He then found employment working underground on a mine and again his grandfather was unhappy about his job. After a while he was promoted to a job working on the surface of the mine, but his grandfather remained unhappy about his job which he subsequently quit. He stayed at home for about 5 months.

She was employed at a church-run primary school in Pietersburg during this time. One day she sent a little girl on an errand to the house, and her husband grabbed hold of the child and kissed her. The child reported it to her mother and consequently her and her husband were called in to the school office. She felt very hurt by what had happened because she had trusted her husband implicitly.

About a year later, they left for another church school in Pietersburg. Her husband told her that he was going to return to school to improve his education, but did not. Tsepo was born during this time. They bought a car which Patrick used to transport Peter to and from nursery school.

Patrick then became a guard for a company.

Patrick's grandparents who reared him, were a source of interference. His grandfather was dictatorial and threatened that they would suffer unless they did what he wanted them to do. He was a hard man and did not encourage them or console them. She believed that the influence of Patrick's grandfather contributed to their problems. He insinuated that neither Peter nor Tsepo were Patrick's children. Patrick started believing his grandfather. And yet she maintained that she had always been a faithful marriage partner. The grandfather ruled the roost in his own home - he was the boss - and he wanted Patrick to do the same in his home. Patrick wanted her to depend on him but she wanted a more equal relationship. Initially, Patrick would help her with the washing and drying, but after the snide comments that his grandfather made in that

because he was strong enough to have killed her. He was particularly violent when he wanted sex and she did not want to give it to him. He forced oral sex on her. It seemed that he used sex and oral sex to punish her.

She found it very traumatic to disclose this information to me which she did in letter form. She felt quite ambivalent about wanting to disclose this information, yet not wanting to think about it, and yet feeling that it would be a catharsis to do so. She became quite depressed as a result of this experience and had difficulty sleeping at night. Because of the traumatic nature of her experiences, the feelings associated with them would come upon her when she least expected them, even when she was surrounded by people and enjoying herself. She would react with sadness and would be unable to control these unwelcome feelings. She would then want to be on her own and did not want to be bothered with her children. Just thinking about what happened really upset her and made her feel angry. She said that she cried many tears and had hoped that it would go away and that she would feel better, but it had not. She said that it weighed heavily on her and was killing her and she wanted to be rid of it.

When he was violent towards her, she was extremely fearful of him and would escape to the sanctuary of the boarding house. On one occasion he arrived at the house and she was so frightened that she left the house and he burnt everything that she had and took her Identification book and all her documents. When she went to close her account and cancel her cards she discovered that he had withdrawn all her money out of her bank account. She cancelled her cards but he knew that they would post her new cards which he tried to intercept, but fortunately was prevented from obtaining them by the nuns at the convent.

He was also violent towards the children and she believed that her children really suffered because of Patrick. She said that she used to try and keep the children quiet to stop them from annoying Patrick and she knew that her continual shouting at the children did not do them any good. Whenever her and Patrick argued about something, he would be violent towards Peter. She recounted a number of incidents of Patrick's

violence towards Peter. She never confronted him in this regard and said that she never interfered when he reprimanded the children. He was very bad tempered with the children and had little patience. He was also violent towards Tsepo but did not hit her as much as he hit Peter. She obtained videos on parenting children to try and help the situation but to no avail. Neither Peter nor Tsepo slept well and were restless as babies. It was only since they stayed at her aunt that Tsepo started to sleep well. Miriam, who was only 3 months old at our first meeting, has always been a peaceful baby.

She said that she experienced a lot of stress when she was living with Patrick. She could not sleep and suffered from flu and a headache at the back of her head from the tension. In fact, she was sick most of the time. When she was pregnant with Miriam she was physically sick most of the time and had to leave her job at an early stage of her pregnancy.

She desired a full-term pregnancy with Miriam and it was then that she decided to leave Patrick. Her relationship with him was going very badly before the birth. While they were still in Pietersburg and he was working as a guard, the social worker, chaplain and lawyer, became involved and an enforced separation was agreed upon. Patrick was informed that he was not permitted to come to their home. She was pregnant with Miriam at the time and was suffering from hypertension. After Miriam's birth she had to return to her post at the church school but was so terrified that he would return to their home, that she slept in her office at the school. Even before Miriam's birth, she would leave Peter and Tsepo in the care of her husband's sixteen year old brother and would go and sleep in her office whenever her husband returned home. In December she went to a township near Johannesburg to stay with her aunt. She decided that she would look for employment in Johannesburg. Her children stayed with her aunt when she returned to Pietersburg to teach at the school for three weeks in January. She had in the meantime applied for a post at a school in Johannesburg, but the post was only advertised in January, 1995. She applied and was invited for an

interview and was appointed to the post. She moved to Johannesburg in February, and stored her furniture until the house she was allocated had been painted and repaired.

Initially Mapule felt very depressed and did not know how to cope with the feelings of desolation and discouragement that would descend upon her. She was beset with fear of her husband and had experienced this pressure for many years. She felt excessively tired and perceived that part of the problem was her sensitivity to others and her tendency to put others first, especially her husband, and it was this sensitivity that rendered her vulnerable to abuse. She felt that she tried to please Patrick, but he was disinterested. She also needed the security of money in the bank. She also found it difficult to trust others and did not like sympathy from others. Her own mother "abandoned" her and her husband did not listen to her when she confided in him about how she was feeling. As indicative of her functioning over the last while, she had left her purse, Identity book and the meat she had purchased in a taxi after an outing to a shopping mall.

She decided to divorce her husband because she maintained that it was pointless to go on loving him when he hurt her and the children, but did not confide her decision in anyone. It was only recently that she started talking about her problems to her aunt but did not tell her about her plans. She felt tremendous relief regarding her decision but also experienced the pressure of a tight financial situation, her unhappiness, and the workload.

She felt that she should go and see Patrick and give him the opportunity to see the children before he received the lawyer's letter regarding her intention to divorce him. She said that she would not discuss divorce face to face with him because of her fear that he would react violently towards her. She was adamant that she would not return to him.

Her Relationship with her Mother's Sisters

Despite her poor relationship with her mother, she relied on her mother's three sisters for support. However, because of the tension in the home of the aunts with whom she was staying in the township, she suffered, and despite being exhausted, was unable to sleep. One of Mapule's aunts and her cousin looked after the children in the day, and when Mapule arrived home from work exhausted, she was expected to do all the household chores. She believed that she was being unfair on her children because of this. She experienced ambivalence towards her children because in one respect she missed them but when she arrived home she was too tired to cope with them and pushed them away which made her feel guilty. When they went away, she immediately wished they were with her. She felt that this was confusing them. The tension in this home led to her suffering from headaches.

Her three aunts did not get on with her mother and she often felt caught in the conflict between them. She was always loyal to both sides and would not talk behind their backs. However, her mother distrusted what she said to her aunts and the aunts in turn, distrusted what she said to her mother. She did not feel that it was her responsibility to patch up their quarrel.

Tension also existed between her and her aunts. Her one aunt promised Mapule on three occasions that she would come and help her but let her down each time, and this really upset her. Patrick had contacted this aunt who had promised him that she would talk to Mapule, even though she had initially supported Mapule after Mapule explained the terrible situation she was in. In addition, although this aunt had complained to Mapule about her daughter, Mapule's cousin, and Mapule had thought that she would help her aunt by taking her cousin off her aunt's hands to come and stay with her so that her cousin could look after her children, she had since heard that her cousin would not be coming which added to her problems of who would look after Miriam while she was working. Mapule experienced the support of her aunts negatively. Each of her aunts also believed that she was conniving with the others, and

she felt caught between them. However, she had a better relationship with one of her aunts, who did come and help her once she moved to the farm.

Her Relationship with Peter

Peter was badly affected by the home atmosphere. He was assessed by a therapist in Pietersburg and was given therapy because the therapist maintained that he had not developed many of the skills that he should have acquired for a child his age. As Mapule was a teacher, this worried her as she realised how important it was for him to cope with his school work. At present he was still battling with his school work and battled to concentrate. When she spent time with him and if they were relaxed, he was able to grasp his work. However, when he went to school, the tasks he had been able to do with her, he was unable to do at school. She did not feel that it was her responsibility to take over from the school and that he must learn to concentrate. She was also told that Peter should not eat certain foodstuffs, but she did not understand why not. According to Mapule, Peter was very naughty at home and at school. He was presently attending therapy classes at his school in Johannesburg. She said that he battled to grasp anything, especially when he was nervous, though at other times he could grasp things quite quickly. Peter could never sit still, and she would shout at him to try and calm him down whenever his father arrived home. However, it seemed to make him more anxious.

She also worried about the fact that Peter still sucked his finger and believed that she expected too much from him. According to Mapule, he behaved in an immature way and even Tsepo's behaviour was better than his at times. She was so disappointed in him.

She blamed herself because she maintained that she did give Peter sufficient attention when he was small, unlike Tsepo, because she was so stressed as a result of their home situation. She was tired and preoccupied with various things. Tsepo was more fortunate because as a girl, Patrick was not as hard on her as he was on Peter.

She felt very guilty about the way that she treated Peter even now. She experienced feelings of anger most of the time at home, and found it increasingly difficult to control herself and be calm with the children. She knew that what she was doing was wrong but could not help herself and this made her very unhappy with herself and sad. She was unhappy about the way she spoke to the children and the way that she behaved towards them, and felt that it had worsened over the last while. She had certain expectations about what she should be doing with the children, but found herself yelling at them, and criticising them instead. She was tired most of the time and yet felt obligated to give her time and effort to the children, as well as do the various household chores that had to be done. This stressed her.

Paradoxically, Mapule felt guilty that she was depriving her children of their father and she felt that she would like to make it possible for them to see him during the year. However, she did not know whether this would be feasible because she did not get on with his grandparents and was unsure whether he could be trusted.

Peter enjoyed playing with his friends. However, he preferred playing with a white child who lived on the farm, to the black children in their housing complex. He became bored with the Black children. She attributed this to the fact that he expressed himself better in English than in Sotho. In addition, the Black children laughed at the way he spoke Sotho which made him feel uncomfortable.

Her Attitude and its Contribution to her Relationships

She found that she landed herself in trouble with her desire to please people. She would see both sides of the picture but because of this, each side felt betrayed by her, and she ended up being regarded as someone who could not be trusted. This was especially evident when she found herself sandwiched between her pupils and the school authorities. or between her aunts and her mother, for example. She felt that there were times where the pupil's gripes were well-founded but she was constrained

by the system itself and it then appeared that she let them down when in fact she did not.

Mapule recounted an incident that occurred at the school where she was teaching where she disagreed with what some of the teachers were saying - their negativity. But instead of voicing her opinion she remained silent. This reaction puzzled her because she believed that a person should say what he or she believed. Nonetheless, if she did not believe in something even if she said nothing, she still went along with her intuition.

She believed that problems could be solved and should not be accepted passively. She said that she never ran away from her problems but always confronted them and worked on resolving them.

She learnt that people cannot be trusted because they have let her down on numerous occasions throughout her life and she had to learn to rely on herself. However, she believed that because she did not want to rely on Patrick, and wanted to be independent, he held it against her. She felt she gave herself fully in her relationship with her husband which resulted in her being badly hurt. She believed that she was different from other people and did not always go along with the opinions of others. She believed that if a woman has a good point to make, it should be accepted and not simply rejected because it was made by a woman. She perceived that her inability to accept male dominance and female subservience and the fact that she was an independent thinker, probably contributed to her marital breakdown. She also maintained that a woman likes to be treated like a woman, but that a man should not use his superior physical powers to dominate a woman the way her husband did in their marriage. Despite what she went through she still blames herself to some extent for the break-up of their marriage. She vacillated between feeling that she really tried hard to save her marriage and wondering if she tried hard enough. She explained to me how she would go to bed at night and say to herself that if she lived until the next day she would leave her husband. However, once morning arrived she would change her mind and decide to try again. When the night arrived she would once again resolve to leave

her husband. This pattern recurred until she could no longer tolerate it and then left him.

Problems in her Life

One of the major problems still confronting Mapule was the problem of transporting her children to school and back. She enrolled her children in schools before she realised that the area that the schools were in was not easily accessible from where she was staying. Most of the transport available did not go in that direction but in the opposite direction.

She bought a car so that she would be able to transport the children to school and back, but, from a financial point of view, hoped to form a lift club to that area but this did not materialise. When her car broke down she had to rely on someone else to take Peter to school. This person was not on time and so Peter arrived late for school and only arrived home in the early evening. The cost was exorbitant though cheaper than a taxi.

She was burdened by the cost of school and nursery school fees but felt that the (Black) schools in her area were not up to standard. She had the option to transfer the children to more conveniently situated and cheaper schools, but felt that she had moved them enough already that year. In addition, transferring the children to a school closer to home would mean incurring a new registration fee, the cost of a new school uniform and books. The cost would be prohibitive, and so she decided to leave them in the school where they were and rather transfer them the following year.

Every morning she rushed to get the children to school on time, and then she rushed back to be in time to teach. After she finished teaching in the afternoon, she fetched the children from school and would then begin the homework. Thereafter, she cooked and helped with household chores. This routine caused her to feel stressed.

She battled financially and was always having to use additional resources. She was assisted financially by her aunts.

She believed that she failed in three things in her life - her marriage, her education, and in the way she behaved towards her children. She believed that she would feel better once the divorce was settled because she did not feel independent.

What Helped

Mapule believed that what really contributed to her improved state of mind was, firstly, confiding in the interviewer whom she felt was the first person who understood how she had felt. She had previously confided in her aunts who did not support her decision to leave her husband and it was her impression that they in fact supported her husband. This made her feel that they did not understand. Secondly, she also realised after the first interview that under the circumstances, it was normal to be feeling the way she did and so tried to relax and consider her needs. In addition, she made an effort to go to bed earlier rather than sit and think about her problems. She also made a list of things that she needed to do which helped her to cope better. And lastly, she also felt that her decision to move to her new home was a good one because she felt more secure on the farm. She had been unable to sleep in Pietersburg because of her fear of her husband and felt very insecure there. Fortunately, he had no knowledge of her whereabouts.

APPENDIX 3

EDITH'S BIOGRAPHY AS RECOUNTED BY THE RESEARCHER

Introduction

Edith has a music degree and was a music teacher until her depression debilitated her and robbed her of her love for music, just after Muriel's birth. Her husband, Martin, is a scientist. They have two children, Muriel who is three years old and Andrew who is a year old.

Depression

Edith's depression started in her early twenties but she was not aware that what she was experiencing was in fact depression. Even when she battled to cope with Muriel's incessant screaming when Muriel was a baby, she was not aware that she was depressed.

It was only after their move to Pretoria from White River (when Muriel was about a year old) that she was in fact diagnosed as depressed. Once again, after Andrew's birth, because she believed that she was coping, she did not realise that her continuous bouts of crying were depression-related, until her gynaecologist made this diagnosis.

She did not receive the support that she needed from the medical profession. In fact, her experiences during the past years made her highly critical of certain members of the medical profession. In the first instance, a doctor in White River where they were living at the time, failed to pick up the cause of Muriel's incessant screaming (earache). And secondly, the doctors that she consulted after their relocation to Pretoria, did not treat her depression correctly. They either medicated incorrectly, did not medicate her at all, or did not take her seriously and treated her with a lack of respect when she was weak and vulnerable. It took an attempted suicide to make the doctor aware of the seriousness of her condition. Thirdly, her gynaecologist failed to explain to her how

anti-depressant medication worked. Fourthly, there was a lack of agreement among the doctor and the psychiatrist concerning the doctor's diagnosis of ME and among two of the doctors concerning the treatment she was receiving for the ME. She also criticised the therapist that she initially saw and who she feels failed to help her by not offering practical advice on how she was to cope on a daily basis which would have benefited her considering the state she was in. She was, however, satisfied with the care she received from the psychiatrist and psychologist who were treating her during the period that the researcher had contact with her.

She felt that as a result of her depression she lost three years in her and her children's lives and that certain periods of her life were just missing. She felt that it was such a fuzz in her mind and was sad in one way because of what she has missed and yet relieved in another way that period had passed. Her world diminished in so many ways as a result of her depression and in fact she did not want to get involved with life itself.

Edith's depression was accompanied by a loss of interest and enjoyment in everything. Her depression led to a dramatic decrease in her energy level. Muriel's crying exhausted her and turned her organised world upside down which made her feel inadequate. At one stage, she slept most of the day and was unable to do basic things, such as preparing a meal, which reinforced her feelings of inadequacy. She, in fact, lost confidence to do anything. Her weak physical condition debilitated and devastated her. It made her feel old. She failed to enjoy her second pregnancy because she was so weak.

Irrational thoughts also accompanied her depression. For example, she attempted suicide because she believed that her children would be better off without her. Paradoxically she also feared dying when she was in a depressed state, and worried about how her children would cope without her. She also experienced fear that her friend's husband might have molested Muriel. In addition, she experienced fear after

her son's (Andrew) birth that her youngest sister would try and take her children away from her and harm them.

Extreme emotions also accompanied her depression. She could not tolerate Muriel's crying and even now cannot do so, even if it is legitimate. She slapped Muriel through the face when she was a year old and felt she would kill her on another occasion.

She also tended to smash things when she "snapped". She could not tolerate mediocrity in people. She became excessively angry and became "stuck" in that emotion.

I would get angry about something say the gardeners came and did not get the bed right and went skew. I would be angry about that for the whole day, sort of murderous angry.

She was very muddled the day before her second interview as a result of electro convulsive therapy. She was informed that it would take two weeks before she would start feeling better. She experienced good days and bad days since her treatment and slept excessively. During her third interview, she still had this tremendous need for sleep, a need for which she has always criticised herself, and felt a bit apprehensive about having to cope with a changed schedule and less sleep when she would be starting work two months hence.

She was on Prozac during the period that the researcher had contact with her, but weaned herself off tranquillisers. She was apprehensive about being taken off medication too soon as she had suffered a relapse and had to be hospitalised when her psychiatrist made the mistake of taking her off her medication prematurely. On the other hand, she was not keen on taking medication and becoming dependent on it, but believed that if it was necessary she would continue it.

During her depression she believes that she gained insights into herself and felt that she has benefited by them. However, she says that some of her insights were frightening and her ideas were "weird".

Her Dreams

During the first interview, she recounted a dream she had of rotting teeth. She believed that it signified the decay that resulted when people pursued the wrong values. At the conclusion of the first interview, I commented that I believed that what was getting to Edith was that something could start off untainted and beautiful and that things that one cannot control, then come and decay it. She also found herself perpetuating the decay and this really destroyed her.

During the third interview, she recounted another dream that made an impact on her. She was ski-ing on a dual highway at speed, which was very frightening. She had to be good at it but even then she was still not assured of getting to the end because of all the obstacles in the way. She believed that if she got to the end it would be merely due to luck. She felt that she was at the mercy of external forces and that there was nothing that she could do to change the situation. She believed that she was no longer at the mercy of the "forces" and felt less threatened by life itself, having made her peace with it.

Failure to Meet Expectations

Edith tended to feel that others judged or blamed her for her depression. Furthermore, she resented having to fit into a mould of what constituted being a good mother, but, on the other hand felt that she was an inadequate mother and would ideally love to be a successful mother and wife. She felt caught in the conflict between what others expected and her own values. However, because she was unable to realise her ideals, she ended up feeling angry and depressed. Unlike most other mothers, she

found motherhood unsatisfying. She wanted to be valued by others for who she is and not for her efficiency or success. However, she also felt trapped in this conflict.

Paradoxically, Edith tended to be highly critical and judgemental of others. She also used external factors to assess other people and, on meeting them, found that her assessment of them was often entirely wrong. This led to her gaining new insights into people. When she was depressed she behaved in an aversive manner towards others and, consequently, lost many of her friends, but was trying to renew some of her friendships.

Her Relationship with her Spouse

Her husband, Martin, supported her throughout the years of their marriage despite the fact that she had an extra-marital relationship in the early years of their marriage (before Muriel's birth), and despite her depression. She felt that because Martin was always consistent - introverted, predictable and provided her with a feeling of security - and never any different, she became involved in an extra-marital affair because of her need for a bit of excitement. After the extra-marital relationship, he changed from being a controlled scientific person to one who could express his love for her and became more exciting. However, she would not have wanted him to become too different as it was his predictability that had attracted her to him in the first place. She has come to the realisation of late that she could not expect him to fulfill her in every way, and has thus tempered her expectations of him.

She felt that Martin's unfailing support helped her through her depression. She believed that Martin supported her all these years because of his integrity and loyalty. She felt that it was because they continued to communicate during the whole depressive process that they have grown closer together. She believed that she really learned to appreciate him even though previously she had taken him for granted.

He has been a devoted father who sacrificed his interests to spend more time with the family to help her cope. She has, on her own admission, never supported him and was totally disinterested in his new job, for example. She believed that she would never have put up with what he has had to put up with from her, and would have been totally irritated a long time ago. Because of the negative consequences of her depression, she felt that she could not go on putting him through this.

Perfectionism - a Response to a Chaotic Home

According to Edith, she was raised in a "chaotic" home by which she means that her parents did not always do things in the way that she felt that they should have been done. Their failure to meet her expectations led to her becoming depressed. Her elder sister, her brother and herself reacted to this "chaos" by becoming perfectionistic. She believed that their perfectionism was a form of breaking away from these roots.

Edith's perfectionism was mainly evident in her work and her relationships. She especially wanted to be the perfect mother. She had high ideals of how to bring up her children and yet failed to measure up to her standards. She believed that there was only one way to bring up children and that was the "right" way, and she was uncompromising in this regard.

She felt in fact, that she "decayed" Muriel in a way which was worse than the manner in which her youngest sister, Anna (of whom she disapproved), harmed her child, Vicky.

Edith's transition into the role of motherhood was not easy. It exhausted her, she found it lacked stimulation and did not give her time for herself. She was used to spending time on her own and she enjoyed playing the piano. She felt she was a "bad" mother because she was not continually doing creative things with her children.

Her Childhood and Relationships with her Parents

Edith was an independent child and also the favourite child in the home. She was a good child who excelled at school. Although her parents were proud of her achievements they never showed interest by supporting her when she participated in sport, played the piano, or at prize giving. Their disinterest amazed Martin.

She perceived that although her parents relationship was chaotic and destructive, they seemed to thrive on it. Her parents worked hard all their lives to provide for their children. Yet, they were very dependent on the family and she assumed responsibility for them. Even on her honeymoon she experienced depression because she felt guilty at having such a wonderful holiday when her parents had never been on such a holiday themselves. She even thought that they should have accompanied them, which in retrospect , she believes was a ridiculous thought.

They were a very demonstrative family but she felt that love cannot be equated purely with outward demonstrations of love, and felt that they never really loved her the way she believed they should have.

Her father never really knew how to be a father, and she felt that likewise, her mother never really experienced motherhood the way she has experienced it. Her mother went straight back to work after the births of the children and they were left in the care of a maid. She resented the way her father treated her own brother because he never treated his three daughters in such a way. Despite their lack of emotional involvement in their own family, her parents fostered two boys from a children's home. She felt that because of her father's lack of involvement with these boys and because of his bad temper, it did them more harm than good.

However, she believed that they nonetheless do care. She was nevertheless critical that her parents never taught them the basics about life.

Edith wanted to be a different kind of mother to what her mother had been. But did not succeed in doing this. Her confidence was broken when Muriel was so difficult as a baby.

Her Relationships with her Siblings

She did not have a good relationship with her elder sister who emigrated to Canada. She described her sister and her husband as dogmatic Christians and materialists. She said that her sister also had fixed ideas and was perfectionistic in terms of outward things. She construed her sister's "support" negatively. For example, when she was diagnosed as having ME, her sister's minister wanted to come and pray with her which she experienced as intrusive. Her sister also intruded in offering her doctor's opinion which showed a lack of understanding of what she was experiencing.

By contrast, she had a good relationship with her brother with whom she went to stay when she felt she could not cope after spending two weeks in hospital. They shared similar attitudes especially with regard to the family.

Edith did not get on with her younger sister, Anna. She believed that she "decayed" the whole family. Edith believed that Anna was unwanted and neglected by her parents, who sent her to boarding school at a time when she needed them, but at a time when her parent's business was going badly because her father had been defrauded in his business. Anna rebelled and went off the rails. She became pregnant (she was under age at the time) and had a little girl Vicky. She later married a man who was presently serving a jail sentence, and had a second child. She believed that her desire to be a perfect mother stemmed from her reaction to Anna who was a totally inadequate mother, incapable of bringing up her child. She distrusted her sister whom she perceived as malicious, and after Andrew was born, experienced the fear that her sister would try and take her children away from her to harm them. She tended to relate to her sister from this framework of intense dislike.

Her Relationship with Vicky

Edith grew very fond of Vicky, Anna's daughter, and felt a sense of responsibility towards this child to whom she was very good. She believed that her depression was connected to her relationship with this child. She, in fact, did not even want any children of her own because she felt that Vicky was her responsibility, which, of course, she realised only later, she was not. Although the family urged her parents to have the child adopted, they refused and raised the child themselves but without legal rights. She disapproved of the way her parents were raising Vicky in such an unstimulating environment. Her and Martin wanted to adopt Vicky but her sister refused because, according to Edith, she used Vicky to manipulate the family.

Her relationship with Vicky changed and she felt that the child had been moulded by her sister and she had come to distrust Vicky. Edith would not allow her to play with her own children unless she was present because she believed Vicky had become sly and malicious.

Her Relationship with Friends

During her depression, an offer of help by her friends in White River to look after Muriel led to her fear that her friend's husband was molesting Muriel. Consequently, she allowed the friendship to dwindle. Edith had a very good friend in Cape Town whom she saw when she stayed with her brother and who shared a similar interest in music as Edith. However, because she stayed so far away, she could not give Edith the support she required. She had another friend in Pretoria who epitomised everything that Edith wanted to be - an "earthy-mother" type - and was thus quite the opposite of her. This put pressure on Edith, who, in fact, needed to do what suited her, to conform to her friend's expectations. This friendship highlighted the fact that support can be experienced as unhelpful and was not always helpful as most people believed. She made another friend, Nicky whom she met during her hospitalisation, and who had

multiple sclerosis. They became very close friends in a short space of time and Edith experienced this friendship as supportive.

Her Relationship with Those for Whom She Felt Sorry

Edith was an independent person who did not seem to really need the company of others and yet, paradoxically, tended to pick up "strays" - people she felt sorry for - along the way. Because she felt responsible for such people, she became vulnerable to manipulation by them. This drained her emotionally and sapped the little energy she had.

A Transitional Phase - Re-entry Into the World

After a period, Edith showed a willingness to extend her world. Her sanity after Muriel's birth was the music that she taught. She had not played music in the last 3 years. However, she was asked to play the piano for a Sunday church service, and even though initially she had not wanted to become involved in the church, the practice sessions she put in, rekindled her desire to become involved again and reawoke her love for her music. Unfortunately she did not get the opportunity to play in the church service because the pianist's arrangements fell through and the pianist became available to play in the service after all. Edith felt disappointed and angry. Her immediate reaction was that she would not participate again if asked, even though she enjoyed participating. She took offence because she believed the pianist disregarded her feelings and the effort she put in. She felt she was naïve in failing to understand that she intruded in the pianist's domain. However, she decided, nonetheless, to become involved and to start teaching once again.

Another attempt at becoming involved in the world was more successful. She played a game of squash and won the match which made her feel wonderful.

During her stay in Durban with her brother, she felt that she had reconnected with God and that peace and joy had returned to her. She was able to see the positive things that resulted from her depression - that it gave her the opportunity to meet her friend Nicky during her stay in hospital. Although Nicky suffered from multiple sclerosis, she felt enriched by the friendship and succeeded in not letting Nicky's suffering override the pleasure she enjoyed in being in her company. She also felt she was not as scared of dying as she had been previously.

She believed that it was necessary to take charge of her life. There were too many people cluttering her life and too many voices telling her what to do. She planned to send Andrew to the same playgroup as Muriel even though he was much younger than the other children in the playgroup. She believed that it would benefit him as well as herself as she needed block time and she also needed stimulation. She was not interested in sitting and chatting with friends while the children played. In fact, she realised that she could not sit and play with Andrew all day long. She had to keep on reminding herself that she was not a failure because of this.

New Directions Through Risking Herself

It was in being prepared to risk herself that Edith started her slow climb out of depression.

Recently she was asked to help with the music in the Sunday School. Although she initially consented, her lack of confidence prevented her from meeting her commitment. One Sunday she decided to risk herself and took the music. She found it a liberating experience which revived her love for music and her confidence. She had felt so dead during the years of her depression, but now inner joy returned to her.

On hearing about a music post at a school in Pretoria, she again risked herself by applying for the post. She felt confident that she was the right person for this post.

She was self-assertive in the interviews and was appointed to the post which she was to take up two months time after our last interview.

She felt very excited about the post and at the same time apprehensive and wondered whether she would suffer a relapse and be unable to handle it. She felt that her depressive experience had eroded her confidence.

She had not played the piano seriously for six years and had not played at all in the past three years. However, she had time on her side - she had two months to get back into it. She believed that she was still not ready to do certain things, such as class music. She also felt that she was still unable to concentrate and lacked the discipline to play for lengthy periods of time but hoped this would improve in time.

She also risked herself by becoming the leader of a course in her Church and proved herself to be a very able leader.

She also risked herself by going for therapy. She felt that her therapist helped her tremendously. He pointed out to her that she tended to behave in accordance with how she believed other people thought or felt, or in terms of what she perceived were their expectations, especially with regards to her parents. She believed this pattern was detrimental to her because it sapped her energy. She made a breakthrough in this area by confronting her parents and behaving in a way that was congruent with how she felt and not in accordance with how she thought her parents would be thinking and feeling. She was learning to accept responsibility for her actions and feelings and was learning not to take responsibility for how other people thought and felt.

Her psychologist also believed that she needed to do something that was mentally stimulating. She enrolled at Unisa to study Psychology I and II, but discontinued her studies because she fell behind in her work schedule and also because she became stressed when she could not achieve what she had set out to accomplish. She found studying difficult but nonetheless believed that it restored her confidence in herself that

she could still think. She believed her job would be a challenge and would provide her with the stimulation that she needed. She had vision and was given the licence to introduce changes, but first wanted to feel her way before making any drastic changes. Even though she felt she might regret cancelling her courses in Psychology in the future, she felt that she was looking after her well-being by giving up her studies. Her psychologist also pointed out that she needed diverse interests. She had always believed the diverse interests she had in sport and other academic pursuits indicated that she was not sufficiently centred to be a good musician. Her psychologist however, believed that it was a sign of health and creativity, and something that she should pursue. She experienced this idea as very liberating.

Her and Martin made changes in their lives and carved out time to do things together and leave the children with a babysitter. These arrangements helped her to let go of the children and helped her children to let go of her. In addition, Andrew started attending the same playgroup as Muriel, (together with the maid, who looked after him) and adjusted happily to his new environment. Having sent Andrew to the playgroup in the beginning of the year meant that everything was in place for her to go back to work without causing too much disruption to the children. Her job meant that they would be able to buy small luxuries and do things that they have not been able to afford up till now.

In order to make her transition easier, the school sent her on a course, and she was also able to visit the school to see what the children were doing in the music department. She also led the school choir and coped very well with it.

A Setback

Three months after the third interview, I contacted Edith to find out how she was coping with her music post. She replied that it had been going fine up until the previous week when her father had arrived unexpectedly with her younger sister. She had been thinking how happy she was and then suddenly heard her sister's voice. This

unexpected visit infuriated her and she told her father and sister to leave. From that moment on she felt totally oppressed and depressed. It took all her energy not to just go and resign. She experienced such a severe episode of depression that Martin cancelled a meeting on the Monday to be with her. She conducted the choir that evening at the school and could hardly manage. Her father tried to arrange that they all get together so that they could patch up the relationship. However, she could not stand her sister because she believed she was so "destructive". She felt that she brought chaos into her parent's lives and that they seemed to thrive on it. We discussed that it was what was communicated by that visit that had affected her and was connected to her depression. The researcher said that perhaps what had really got to her was that the decision of whether or not to make friends with her sister was taken away from her and that her parents were trying to take control. The researcher suggested that she set firm boundaries and make these very clear to her parents. That when she is ready she will instigate the action to make amends. The researcher suggested further that whenever her parents interfered, it was as if they were knocking her self-esteem. By not allowing her freedom of choice they were implying that they did not think that she was able to make her own decisions. She felt that the researcher had hit the nail on the head. She said that during the weeks prior to her father's and sister's visit, she had been amazed at her confidence and her self-esteem. Now she felt that the mat had been swept from under her feet. Her confidence was low and her self-esteem poor. She had tried to obtain support from her psychologist but only got through to his answering machine. She also consulted her priest who conveyed a total lack of understanding and told her to go and apologise to her father. She felt anger at her parents and did not feel predisposed to apologise to them.

Edith's family relationships seemed to perpetuate her depression and therefore their "support" negatively affected her.