

The Role of Trauma in the Persistence of Anger:

A Qualitative Exploration

by

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Declaration

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Abstract

The research motivated the fact that anger following a trauma, tends to be self-directed and influences social, physical and relational interaction. The implications of this anger on the individual has far reaching consequences for the victims sense of self, relationships, work and social functioning and needed to be explored. Therefore the goal of the research was to explore the persistence of anger after trauma and the factors that influenced it.

Using purposeful and snowball sampling and multiple case study approach, as termed by (Terre Blanche, Durrheim, & Painter, 2006), allowed the selection of eight information-rich conversations for the research on anger. To accomplish this objective, a social constructionist framework and in-depth conversations to collect data to explore recurring themes was used. This meant that the structure of the interview-conversation was a conversation rather than a formal interview to collect data using unstructured question to probe the trauma in the participant's lives to reveal how anger influenced their anger after trauma (Babbie, 2005; Papaikonomou & Engelbrecht, 2018; Stanton, 2005; Terre Blanche et al., 2006).

By using an unstructured conversation in this inquiry into anger after trauma fitted the research methodology from a qualitative research approach that allowed particular and personal insight into the meanings given by the participants to their trauma and anger. Furthermore, it accepted the importance of the participants being the experts on their own anger experience, with no intention of generalising the information obtained to a bigger population of trauma survivors (Babbie, 2005).

Keywords: anger; cognitive; social constructivism; emotions; factors; feelings, meaning-making; psychological; qualitative research; trauma

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- Ps 115:1 Glory to God alone

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CHAPTER 1

INTRODUCTION

Anger is an emotion displayed by all living creatures on earth; whether it is by the clenching of a fist, grinding of teeth or narrowing of the eyelids, anger is an emotion and instinctive reaction when we feel frustrated or harmed (Darwin, 2018¹). Humans express anger when they are frustrated, harmed, or believe they are not getting their way, and is a natural reaction from early childhood (Chapman, 2015; Shaffer, 2002). Although anger is a natural reaction, down the ages our reaction to this emotion has become hostile, which has resulted in an undesirable connotation being attached to the emotion. This is because anger and aggressive acts, undesirable behaviour, disagreeable thoughts and physiological arousal have always been combined with the word, or a description of, anger (Leydesdorff et al., 1999). However, anger after trauma, though it shares similarities with normal day-to-day anger, has a different origin and is often misunderstood.

In anger after trauma, victims often direct their anger at themselves or their social environment, and the real impact of this type of anger on their behaviour and beliefs could have dire consequences. This is because such anger disrupts the victim's psychological, physical and social behaviours and perceptions and, thus, also negatively influences the social interactions and relationships in their environment. Victims often describe this intense burning anger as being short-tempered, easily angered and exploding at inconsequential matters. While they feel like exploding, at the same time they are unable to express their anger or feel prohibited from expressing this anger. Victims perceive this prohibition as coming from their social environment and they fear social rejection or

¹ This Dover edition, first published in 2018, is an unabridged republication of the 2nd edition of the work originally published in 1890 by John Murray, London. The first edition was published in 1872.

exclusion if they express their bitterness towards the unfairness of this exclusion. This further adds to their feeling of responsibility for the traumatic event and feeling out of control. At times, they feel strong and at others weak, which makes it seem impossible to gain back control of their behaviour and social environment, making them feel utterly lost. Sambu (2015) maintains that a traumatic event creates shock and denial. These are long-term reactions, which are accompanied by unpredictable emotions, shame, and anger. The victims' social environment and emotions are unfamiliar and the coping skills required to deal with stress seem to fail, further straining old and new relationships, making it difficult for the victim both to move on and to continue with the routines they had before the trauma (Sambu, 2015).

Accordingly, the researcher was curious about why and how this anger exists, and was interested in exploring the possible factors that could contribute to this anger. She was intrigued to know why trauma victims fear this anger, or feel inhibited in expressing the anger and the anxiety they feel because of this anger. Therefore, the aims of the research included exploring this anger, finding the origin of and the meaning the research participants attributed to their anger, as well as the role their social environments played in forming this anger.

Definition of Terms in Use

Trauma

According to Reber and Reber (2001, p. 764), the term *trauma* is derived from the Greek word meaning “wound”, and Courtois and Ford (2009) include “injury” in the definition of the word. This was suggested by Courtois and Ford (2009) because the definition of the original word trauma referred only to physical injury and did not include the psychological wounding that potentially followed a traumatic event. The difficulty in

defining the word trauma comes from the fact that in the literature the meaning has many connotations, resulting in it being used synonymously for both a physical and a psychological wound. The word trauma could therefore be used to refer to a traumatic stress-inducing event the victim experiences during exposure to the traumatic stressor; this response may be seen during, after or a considerable time later following the event (Courtois & Ford, 2009; Herbst & Reitsma, 2016). Although the term trauma is associated with a medical condition such as trauma to the body after a motorcar incident, or a physical injury, it is also defined as a psychological shock that has damaging emotional effects (Colman, 2006, pp. 3, 776). This is because when the traumatic event occurs it is abrupt and suddenly creates a psychological wound that demands unfamiliar coping skills while disrupting many aspects of the victim's psychological functioning. This traumatic disruption includes, among other things, faulty memory recall, aggressive, even confusing, behaviour, as well as erroneous cognition and meaning-making of their world and their safety. Trauma is thus both a psychological stimulus of a traumatic event and the stress that such an event causes, with psychological consequences such as anger (Eagle & Kaminer, 2010; Figley, 2012, Loftus & Palmer, 1974).

It has always been difficult to find a universally agreed definition for the word trauma (Courtois & Ford, 2009; Keane & Weathers, 2007). This is because psychological stressors can vary in line with the extent of the description and duration of the event, such as whether there is loss of life or property, a threat, or a regular event such as abuse. Furthermore, describing the measurement and complexity such events can also be confusing:

- Was the perpetrator a stranger or were they familiar?
- What was the duration of the event? Was it a once-off or a continuous event?
- Where did the event take place?

- Will the perpetrator be held accountable?

Victims' perceptions or appraisals are also subjective. What make such events harder to define are that they are dependent on the victim's personal meaning-making that they attribute to the event (Courtois & Ford, 2009; Keane & Weathers, 2007).

Trauma is about feeling unsafe and insecure, not having control of your emotions and feelings. Trauma by definition is abuse and deprivation; it is about the victim's life story that changes and informs the developing personality to one of believing in their badness, shame in identities and interferes into their attachments and relationships. To understand the etiology of trauma, we need to understand the victim's newly written story that the trauma created, which rewrote into a dangerous and darker internal replay, inhabited and believed as true reality and in the cortical maps reflect the trauma as mediated by serotonin, adrenaline and cortisol (Berezin, 2018).

Some victims can go on with their lives without the memories of the traumatic event having an impact their lives. It does not mean that the event or the emotions is not present but they are more able to deal with the intrusive memories and do not become preoccupied with the event or involuntary intrusive memories. This according to (Van der Kolk, McFarlane, & Weisaeth, 1996) is because these memories are a normal way of responding to these traumatic events and repeating these upsetting memories serves as a function of modifying the emotions associated with the trauma ((Rogobete, 2015; Van der Kolk et al, 1996). Therefore the symptoms of trauma are not as a result of genetically based irrationality, rather the victim's inability to cope and come to terms with a real traumatic experience that overwhelms their capacity to cope (Mengel, Borzaga, & Orantes, 2010; Van der Kolk B. , 2015; Van der Kolk et al, 1996). Traumatic events can be classified as either being confronted with aspects of true human evil or unexpected events never

imagined or a radical experience to something that confirms a long-feared belief or alters their believe in a just and predictable world (Herman, 2015; Van der Kolk et al; 1996). Most victims have intrusive thoughts that help them to accommodate and either learn from the event or plan for restorative actions or to assimilate and gradually accept what has happened and adjust their expectations to the new reality (Alexander, 2012; Brandell & Ringel, 2019; Conti, 2021; Courtois & Ford, 2009; Van der Kolk B, 2015; Van der Kolk et al; 1996).

Anger

According to Reber and Reber (2001, p. 35), ‘’anger is a fuzzy concept’’ because it overlaps many emotions and is difficult to define objectively. The term anger is defined as an intense emotional reaction experienced in various situations such as physical restraint, interference, possessions stolen or taken, or being under attack or threatened.

Whether anger is an emotion or a feeling, negative or positive, is debated mainly because it is difficult to establish when it first appears in human development and what its function and meaning are (Rogobete, 2015; Williams, 2017). Furthermore, in aggressive human behaviour, anger can serve many purposes; these are defined by cultural frameworks, context and symbolic meanings (Elliot, 2014; Figley, 2012).

Therefore, the definition of anger creates a problem, because in everyday language the term is used as an emotion, a feeling, an expression, and a description of a character or a mood and may overlap other emotions (Williams, 2017). In addition, anger has many variants including hostile, definite and distorted, passive-aggressive, aggressive, explosive that explain the type of anger.

The research had to take the above in mind and narrow the focus to the topic of

anger after trauma and to exploring anger in particular. Therefore, the researcher looked at anger in a psychological sense, which refers to psychological traumas as a wound caused by the infiltration of unwelcome negative thoughts, emotions and experiences that focus on the meaning given to this wound from the research participant's individual perception (Colman, 2006; Habib, 2019).

In addition, because the term anger is difficult to define, especially after trauma, the preferred connotation is of anger as both a feeling and an emotion. The research took into account that anger ventures into or is seen in other emotions such as bitterness, sadness and fear, the last mentioned being an intense experience of emotional suffering caused by loss, adversity, acute sorrow and deep sadness (Dollie, 2019; Guralnik, 1970; Keenan & Rush, 2016). This anger contributes to alienation and makes the victim feel isolated and deprived of social support. The next section examines the role of social support in trauma.

Social Support

Some trauma victims display extreme anger, which puts them at odds with the accepted rules governing anger in their social environments. Other victims may repress their anger, fearing that they will be ostracised by their family or social group; for some victims this repression of anger results in psychopathology or manifests in physiological symptoms such as migraines or other physical discomfort (Arvay, 2001; Bond & Craps, 2020; Escalante, 2012; Rauch & Foa, 2006; Watkins, Sprang, & Rothbaum, 2018).

Following a traumatic event, victims often struggle to express the bewildering emotions they feel or even to name them. This could be because the memories of the trauma are processed differently to those formed by normal memories, which follow successive verbal processing. Hence, the memories cannot be processed and linger in the

consciousness as a feeling of uneasiness. Herman (1992) and Schupp (2015) maintain that this is the result of traumatic memories that are encoded and remembered as a picture show or a DVD on silent mode with no subtitles. The inability to process and code trauma memories results from the victims being unable to find the words to describe the horror of the event and being unable to accurately identify the emotions and anger felt. Trauma memories, unlike normal memories, diminish over time. Like young children, there is a lack of ability to accurately recall a memory (Alexander, 2012; Herman, 1992). Not being able to remember or verbally explain these memories, or control one's physiological and psychological responses, causes anger and frustration (Alexander, 2012; Van der Kolk et al., 1996).

Other people in the victim's social environment who were not part of the trauma do not necessarily understand the victim's emotions and inability to express what they are feeling. In an attempt to help, they may respond by saying unhelpful things such as that the person who died is in a better place, or that the victim was lucky to survive. Victims see this as a lack of social support; they feel misunderstood and that their complaints are not being heard, making them feel more alone, isolated and excluded from social support. The world they knew has been shattered, they do not belong to it anymore and nobody cares or is concerned about them (Arvay, 2001). They feel socially alienated, hopeless and less courageous, which affects their power of resistance and diminishes their ability to survive, leaving them feeling more overwhelmed and alone (Babbie, 2005).

Anger after trauma is a normal reaction and emotion; victims use this anger to make them feel that they can do something to right the injustice done and to feel less helpless (Keenan & Rush, 2016; Vivyan, 2015). The problem comes in when the victim perceives that they have been unfairly treated or disrespected, or believe that they or others

in their social environment have broken, or fallen short of the acceptance of, the unwritten rules that govern their social environment, making them feel they have experienced biased injustice (Vivyan, 2015). In addition, victims of trauma are in an emotional state and may lack the ability to reason, form a judgement or to distinguish right from wrong; they may say hurtful things to make them feel powerful or cause a heightened sense of power that might be offensive to those that try to support them, who then withdraw in anger (Anderl, 2018; Arvay, 2001; Berezin R. , 2018).

Problem Statement

The anger felt by the victim, and the effect of this their social environment owing to the nature and extent of this anger, overlaps many other emotions such as bitterness and sadness. Levine (1997, p. 33) describes this anger as dis-ease of the mind; because of the complex intensity of the anger, it confuses the victim. Their previous anger coping skills fail and they feel unable to control and process the unknown emotion that creates turmoil and results in a strained relationship in all aspects of their social attachments and bonds (Chapman, 2015; Levine, 1997).

Anger is usually defined as an emotion of displeasure, which is caused by a sense of injury or insult. Anger after trauma is a cluster of emotions that involves the psyche and physical will, fed by feelings of disappointment, hurt, rejection and guilt (Chapman, 2015). Victims experience their anger as a negative emotion and carry this negativity into their thoughts, as well as their reasons as to the cause of the anger. Anger is also physically persistent as the victim experiences excitement, rage, feeling flushed, racing heartbeat, and tensing of their body such as the stomach, and the clenching of their fist and mouth. These psychological and physiological changes further create the feeling that they are unable to control their anger and are being controlled by their anger (Chapman, 2015).

Society tends to blame the victim of a traumatic event, and if the victim feels they were not heard or listened to, their anger will not be processed positively but will be evident in extreme behaviour, such as substance abuse, road rage and even suicide attempts. If victims of trauma and their therapists can learn to understand victims' anger after trauma, it might help them to process their trauma and integrate it as part of their history. This has the potential to free them of some of the trauma symptoms and empower them to see the good and the positive in their lives again (Herman, 1992; Schupp, 2015).

Case Study

This research used the case study method because the focus and description were an intensive investigation of the anger of individual participants who had experienced trauma. The form of research method was also ideographic because it studied the individual as an individual, rather than as a member of a particular group or population, providing anger information about a particular individual in a particular situation (Terre Blanche et al., 2006).

Therefore, the focus of this study was on each particular individual's behaviour and their perception of anger after trauma, and was more concerned about the participant's interactions and reasons for anger after trauma than with group behaviours (Gravetter & Forzano, 2006). This meant that the research could not be generalised to all populations that indicated anger or had experienced a traumatic event; instead, it was relevant to the specific results obtained from the conversation with each individual participant in this research. Importantly, by using an ideographic method instead of a nomothetic approach, the research focus was on the individual. The reason for this was that group studies tend to overlook the significance and the reason the individual gives to their trauma and anger. Group studies can give more information and are a more direct path to discovering general

laws of the behaviour of anger, but they also limit the information and are not as personal, nor do they obtain the in-depth information that is important for qualitative data collection (Gravetter & Forzano, 2006).

Accordingly, the researcher hoped that, by looking at the individual variables contributing to anger, general truths and research done on anger after trauma could be complemented and expanded. She also sought to provide valuable insights into the role that society played in the anger and the meaning making of each participant from within their own social environment (Gravetter & Forzano, 2006).

Research Aim

According to Eagle and Kaminer (2010), South Africa is seen as a country with high levels of exposure to trauma and various kinds of violence, resulting in high levels of anger displayed by victims of crime. This display of anger after a traumatic event and subsequent aggressive behaviour has created concerns about the mental health impact such trauma has on the victims and their families. This directed the aim of this research, which was to address the anger experienced after a traumatic event from both an individual and a social construction. Trauma is defined as a unexpected potentially deadly experience, that leaves behind intrusive thoughts and troubling memories (Figley, 2012; Habib, 2019; (Rogobete, 2015; Van der Kolk, 2015). It was first seen as a medical emergency but the field has extended to psychology, military psychaitry and behavioural health and recently in the subfield of history and trauma. It also includes socialhistorical examinations of long term effects and meanings of major trauma experiences by communities or a nation, which include man-made and natural disasters (Figley, 2012). Trauma has broken through the barriers and more research are needed to understand the long term and immediate effects on the individual, broader communities and nations such as South Africa and contribute to

anger (Elliot, 2014).

Although trauma can be seen from a Western prospective and some of the symptoms are the same for victims according to interviews done by Mengel, et., (2010) South Africa differs in the diachronic model of time of the event. In interviews with various health workers it come to light that a Western concept of overwhelming event is conceived as singular or a particular event that lead to trauma. They suggest that within a South African context we have a continuous traumatic stress syndrome (Mengel et al., 2010 p.x) that are part of multiple events that entrench themselves into the lives of victims. Within a South African context the suggestion was that the analysis of trauma in South Africa requires and should include a more complex notion of time, collectively, of material conditions, racial inequality, poverty and unemployment which are violent social structures that produce and perpetuate trauma and not interpret it (Dollie, 2019; Mengel et al., 2010).

The research was curious as to why this anger was experienced and the reason or meaning victims gave to their anger. In addition, the researcher wanted to explore victims' perceptions of social influence in regard to the meaning they gave to this anger following a traumatic event. This was a concern for the researcher, as she became aware of the effect that the destructive feelings of emotional confusion had on victims' relationships, in all aspects of their life, making them feel unsafe and judged by others in their social environment. Therefore, it was important to understand anger after trauma from both a psychological and a social perspective (Herman, 1992; Sambu, 2015).

Victims of a traumatic event often describe their feelings as being uncontrollable. This feeling of not being able to control their feelings and emotions creates, according to Fisher (2012), anger directed at the self. Furthermore, it reminds them of the traumatic

event in which they had little or no control. They have the perception that they cannot escape or forget the traumatic event, reliving the traumatic event continuously (Herman, 1992). Not being able to forget and with their focus lost by constantly thinking about the traumatic event creates frustration and anger. In addition, the attitude and perception held by the victims that they were responsible for the traumatic event, and the continuous recalling of memories and self-blame, prevent them from establishing or going back to their normal routine and forgetting that the traumatic event ever happened.

Victims often feel that if they express anger it is undesirable, a social taboo. In addition, because each victim is responsible for their attitude, behaviour and decisions, they feel that they have to act and not to wallow in their pain and anger (Gass & Gass., 2019). Furthermore, although some traumatic events took place years previously, some victims, including some of the participants of this research, make themselves a victim by choice and not circumstance. This means that as suggested by Gass and Gass (2019), some of the participants need the attention, even the negative attention that the traumatic event provided, and anger helps them to hang on to this choice.

Another aim was to explore what constitutes anger after a psychologically traumatic event. This meant exploring individual participants' unique anger in the context of a traumatic event or events within their social environment (Leydesdorff et al., 1999). Therefore, it was important that the research investigated the social themes and aspects to understand this anger after trauma.

The research had to ask the question of what was the meaning of this anger after trauma and the role it played in both the victim's life and social environment. Does the anger that follows trauma have a purpose? What role did the victims' culture, beliefs, attitudes and experience play in how they reacted to the traumatic event and what role did

anger play in this perception? Social support, as an important factor to be included, could explain why victims who did not have that support found it difficult to deal with their emotions, thus fuelling their anger. Support or the lack thereof might explain why some victims were able to cope with their anger and trauma, as well as with their anger emotions, and others could not (Herman, 1992; Mengel et al., 2010; Sambu, 2015).

Furthermore, the researcher attempted to

- examine anger as both an emotion and a feeling
- investigate the types of anger
- evaluate the social factors that contributed to anger after trauma
- appraise different psychological theories about anger
- explore other authors' perspectives.

Research Objectives

1. To establish internal reasons and factors that influenced anger
2. To establish external reasons and factors that influenced anger
3. To explore the relationship between trauma, internal and external reasons and factors that influenced victims' anger after trauma.

Research Questions

1. What internal factors influenced anger after trauma?
2. What are the external factors that influenced anger after trauma?
3. What is the relationship between trauma and these internal and external factors?
4. How do these factors influence the perception of anger?

Rationale

The rationale outlines the motivation for the research by highlighting the meaning

of anger in the context of trauma within a social environment.

Anger after trauma is a symptom that needs to be addressed and assessed after a traumatic event. It is suggested that this is a crucial area for therapists and crisis workers to explore, thus helping empower the victims who experienced one or more life-threatening traumatic events. Talking about their anger is relevant to the victim's adjustment after a traumatic event and the emotion is often misunderstood or neglected in the treatment of trauma. The researcher hopes that therapists and other crisis workers will encourage victims to talk about their anger and trauma and their personal meaning behind the anger. In this regard, the themes identified in this research could be used. In addition, the researcher sought to explore the influence of victims' social interactions and environment as an explanation for the way they perceived anger after trauma.

Conclusion

This chapter discussed the research aims, statements, objectives and motivation for the study. The need to explore anger after trauma was explained and the reasons why certain social constructs were chosen as a theoretical framework. It was suggested that anger after trauma is not the same as anger felt in general and that the difference lies in the fact that when expressing this anger the victim feels a lack of social support. If the support given is not perceived as constructive and is deemed to be negative, the anger may be turned towards the self; thus, the meaning victims give to their trauma and anger is negative and at times destructive. While some people might be able to bounce back and be able to adapt to the adversity that the traumatic event created, other victims find it difficult to incorporate this new trauma-related information and combine it with their old belief system that is inconsistent with this newly formed belief. They struggle with intense anger and an inability to control this change to their belief system, as well as the other

overwhelming emotions. Therefore, this research aims to identify the factors, both social and individual, that contribute to this intense anger displayed or related by victims following a traumatic event or events.

CHAPTER 2

LITERATURE REVIEW

Chapter Overview

This chapter reviews the literature on historical, cultural and social views on anger and trauma in order to better understand anger after trauma and the themes used in this research. Therefore, this chapter focuses on the literature on and definitions of the concepts used in this research, as well as the various factors that influence anger after trauma.

Explanation of Trauma

Since the introduction and diagnosis of the word trauma in the 1980 Diagnostic and Statistical Manual of Mental Disorders (DSM) the term and concept expanded from more disciplines than PTSD used for war veterans (Sütterlin, 2020). Tragic events have caused societies pain throughout the ages and is nothing new, the term trauma did not begin until the mid-nineteenth century (Black & Flynn, 2021; Sütterlin, 2020). According to Sütterlin (2020) the general consensus is that it is due to the work of Judith Herman, (1992) Bessel van der Kolk (1996) and Ruth Ley's writings about trauma in psychiatry. Although the term was used more in the the mid-nineteenth century (Black & Flynn, 2021; Sütterlin, 2020), the condition goes back to the 1860 when British Medical practitioners found that victims of railroad accidents who had symptoms of physical disorders without having suffered any organic injury, this was later referred to as "railway spine" (Sütterlin, p 12, 2020).

The subject of trauma under the guidance of Freud returned following the years after the First World War (1914-1918). This war saw an epidemic of soldiers who had

symptoms of nonorganic nervous disorders which was referred to as “shell-shocked” soldiers Sütterlin (p 13, 2020) in which soldiers suffered from extreme fear and not concussive effects of exploding shells. Freud’s model of breach in the protective barrier lead to Abram Kardiner’s systematic account of war neurosis which formed the basis for PTSD in psychiatrics of today (Black & Flynn, 2021; Follette & Ruzek, 2006; Herman, 1992; Sütterlin, 2020; Van der Kolk, McFarlane, & Weisaeth, 1996).

Although the term trauma is associated with a medical condition such as a trauma to the body after a motor car incident, or a physical injury, it also refers to a psychological shock that has damaging emotional effects (American Psychiatric Association, 2000; Colman, 2006, pp. 3, 776). Because the trauma was never invited or expected, this psychological wound demands new coping skills unfamiliar to the victims and, in the case of this study, the research participants. Thus, trauma creates disruptions to many aspects of the participants’ psychological functioning, including faulty memory recall of the traumatic event, and behaviour, perception and meaning-making in relation to the event. Furthermore, the research had to look at trauma as both the stimulus of a traumatic event and as the stress that such a traumatic event caused (Eagle & Kaminer, 2010).

According to Keane and Weathers (2007), the problem with the definition lies in that trauma has multiple terms associated Black and Flynn (2021), differentiate to three types, disasters, crisis and trauma. This is because stressors can vary along a number of categories such as a life threat, threat of harm, interpersonal losses, the time and duration how often does it happens as in molestation or gender or domestic based violence . In addition the traumatic effect depends on the perception and subjective appraisal of the victim which makes it difficult to define stressors objectively, and independent of personal meaning-making (Keane & Weathers, 2007).

Theories of Trauma

Biological Theory

Biological theories focus on personal, environmental factors, interactions and human development, interactions (Bond et al., 2020; Black & Flynn, 2021; Sütterlin, 2020). In this theory the cause of trauma looks at genetic factors that may create a vulnerability to trauma symptoms (Alpert, Hayes, Yasinski, Webb, & Deblinger, 2021; (Foa, Huppert, & Cahill, 2006; Passer et al., 2004). Symptoms arise when the autonomic nervous system overreacts to a perceived threat, creating higher levels of physiological arousal Barlow et al., 2005; Passer et al., 2004). In addition hereditary factors may also cause over reactivity of the neurotransmitter systems in the trauma victim's emotional response (Bond et al., 2020; Black et al., 2021; Ehlers & Clark, 2000; Foa, Huppert, & Cahill, 2006; Passer et al., 2004; Watkins, Sprang, & Rothbaum, 2018)

Barlow et al., (2005) proposes that if a victim has a family characteristics and history of vulnerabilities such as anxiety the changes of not being able to cope with a traumatic event might be higher which suggest genetic influences in the development of traumatic symptoms. In addition victims in which factors such as has a tendency to be anxious, and have a minimal education and no or little cultural bonds shows a increased risk of developing trauma (Barlow et al., 2005; Mengel et al., 2010); Sütterlin, 2020). Personality and other characteristics, which might also be heritable may predispose the victim to trauma or risky situations as a result or gene –environment factors (Mengel et al., 2010). These according to Mengel et al., (2010) is poverty, unemployment collectively, of material conditions, racial inequality, which are violent social structures that produce and perpetuate trauma and not interpret it (Balaev, 2014; Barlow et al., 2005; Dollie, 2019; Mengel et al.,2010; Rauch & Foa, 2006). The focus of this theory is on a model of

biologic pathways for historical and intergenerational trauma, clients experience and meanings of traumatic events (Black et al., 2021, Ehlers et al., 2000; Foa et al., 2006).

Neurobiological and Development Theories of Trauma

Trauma involves a number of neurobiological systems. Stressful and threatening events activate regions in the brain. This causes the Corticotrophin-Releasing Factor system to activate as well as cortisol, the stress hormone. CRF stimulates the locus cereleus and the central nucleus of the amygdala which is the two brain structures related to anxiety and fear (Barlow et al., 2005; Foa et al., 2006). In tests done on primates the chronic activation of the stress hormones cortisol and the CRF resulted in damage to the hippocampus, which regulates the stress hormones. This may cause changes to the brain function and structure such as the hippocampus that plays an important role in learning and memory functions. Barlow et al., (2005) suggest if there is damage to the hippocampus it might explain the problems of recall of events, short term memories, and fragmentation of memory often seen in victims of trauma that have difficulties to recall some aspects of the traumatic event (Barlow et al., 2005; Black et al., 2021; Passer et al., 2004; Rauch & Foa, 2006; Sütterlin, 2020).

In looking for a reason and in the search for biological processes associated with trauma GABA (gamma-aminobutyric acid) was also indicated. GABA as an inhibitory neurotransmitter reduces neural activity in the amygdala that triggers emotional arousal. Abnormal low levels of inhibitory GABA activity in the neurotransmitter areas may cause victims to be more vulnerable to highly reactive nervous systems that produces anxiety responses to stressors (Black et al., 2021; Ehlers & Clark, 2000; Passer et al., 2004).

Developmental Theories of Trauma

The theory of human development includes the development across the lifespan and developmental crisis events. They built on the concepts of attachments, attachment styles, developmental tasks and neural plasticity and brain development, neurocognitive aspects of prolonged or chronic trauma, and mechanisms of change (Black et al., 2021). In this theory the focus is on human maturity and the periods of social, cognitive and physical developments. It takes into account the expected social, cognitive, and physical changes following exposure to a traumatic event and what it would have been if the event was not present. They theorise that if the victim has a supportive environment the developmental tasks will be completed and milestone reached. However, if the victim finds them in a neglectful and abusive environment their development and performance in these domains will be altered and influenced (Balaev, 2014; Black et al., 2021; Bond et al., 2020).

Biological Model of Mass Trauma

The biological model is based on Bronfenbrenner ecological model that existed of systems that explain an individual's development and time. This model explores the victim's development and the influences the event has on the victim and includes the biological factors like genetic predisposition, temperament, characteristics, ecological systems to identify the social extent of the trauma, thereby promoting a greater understanding of the victim, their family, social, community factors that include support, resources and culture (Black et al., 2021; Bond et al., 2020; Sütterlin, 2020).

Psychodynamic Theories

In this theory anxiety is a central concept in psychoanalytic conceptions for abnormal behaviour (Balaev, 2014; Passer et al., 2004). The ego's defences is overwhelmed by the trauma and intrude into the consciousness and action. Freud believed that the trauma is displaced into some external stimulus that has symbolic significance in

reaction to the real or unconscious conflict. Trauma and the resulting anxiety are thought to occur when the ego's defences are not able to control or contain the neurotic anxiety but are strong enough to deny the real or underlying conflict (Passer et al., 2004). Although this thought is not much supported it led to exploration of behaviour and cognitive theories of trauma (Ehlers & Clark, 2000; Passer et al., 2004).

Cognitive Theory

This theory stresses the beliefs and thought patterns formed after trauma that become maladaptive and which at times can be triggered by misinterpretations of physical symptoms or feeling out of control (Passer et al., 2004). The victim processes information and the process includes how they perceive the event, the selection and attention they give to it and in memorizing, storing and retrieving those memories will influence how they remember the event (Black et al., 2021; Bond et al., 2020; Follette & Ruzek, 2006; Sütterlin, 2020). Over the course of time these traumatic memories become frameworks or schemas used to interpret and organise external stimuli. Because trauma influences these schemas and mental interpretation of the world as a just and safe place the belief is changed to a more negative framework of the world as a unsafe place which leads to distress (Black et al., 2021, Bond et al., 2020; Follette & Ruzek, 2006; Mengel, et al., 2010; Van der Kolk, 2015). To relieve this distress the victim tries to integrate this information of the traumatic event into their current belief system if they cannot assimilate, accommodate this into their current belief and resolve the distress, symptoms of PTSD may emerge. To help the victim the theory suggests correcting, activating and correcting faulty beliefs so that they can see themselves, others and their environment more realistically. Emotions and the event need to be acknowledged and addressed (Black et al., 2021; Foa, Huppert, & Cahill, 2006).

Behavioural Theories of Trauma

From the behavioural perspective the reaction to trauma can also be a learned response as a result from emotional conditioning such as classical conditioning or vicarious learning. Once this response is learned, it may be triggered by cues from the environment or by internal cues, such as thoughts and images. (Passer et al., 2004). The victim might react with classically conditioned fear responses, observationally learned fear responses or negatively reinforced avoidance responses. (Black., et al 2021; Passer et al., 2004).

Social Theories of Trauma

The social and factor theory of trauma looks at the culture and environment of a victim for development of trauma symptoms. They look at previous exposure to aversive unconditioned stimuli, previous traumatic experiences, exposure to fearful models or to other's traumatic experiences and fear-inducing media exposure or cultural learning experiences. The broader and deeper the victim's social network and support the less they are to develop long lasting trauma symptoms or PTSD (Black et al., 2020; Barlow et al., 2005).

Although there are different theories of trauma the causes of the traumatic event are sometimes complex. They overlap and need to be analysed at different levels to understand that trauma is not just emotional; it has a biological, physical and social origin and understanding trauma and anger needs to include the other theories (Alexander, 2012).

Problems with the Term Trauma

Friedman (2006) suggests that trauma occurs not just from exposure to a catastrophic event but is also the emotional response of the person exposed to such an

event. Trauma was first introduced in the DSM-III (1980) diagnostic criteria for PTSD, which defined it as a catastrophic stressor that evokes significant symptoms of distress in most people. The traumatic event is not an everyday occurrence but is thought of as a rare and overwhelming event. This definition of a traumatic event excludes the range of usual or common experiences such as bereavement, chronic illness, business losses, or marital conflict violent social structures (Friedman, 2006; Mengel et al; 2010; Van der Kolk, 2015). Since the first introduction of the term *trauma*, the understanding of trauma has changed significantly with the realisation that traumatic events are not rare external incidents such as an earthquake miles away. Trauma is both a physical and a psychological response to an identified and overwhelming event, in which the victim's response is fear, helplessness and horror (Friedman, 2006).

Keane and Weathers (2007) maintain that the lack of an agreed definition of trauma hinders progress in the field of traumatic stress. This is because the everyday use of the word *trauma* makes a general definition of trauma a challenge. Such a definition does not include personal perception, duration, complexity, stressors, magnitude, and duration of the trauma. Furthermore, how can the severity of traumatic stressors be measured if there are no clear boundaries distinguishing ordinary stressors from traumatic stressors, which depend on the victim's personal stress appraisal (Keane & Weathers, 2007).

Our past histories are always present in the future, and although a victim can forgive they should seldom forget. The legacies of our trauma continue to resonate in complex and controversial ways into our future and emotions (Bond & Craps, 2020). Traumatic memories and events leave scars that often are unresolved and can last for decades and even longer, be transferred from one generation to another (Bond & Craps, 2020). Though trauma needs to be recognised the term trauma become a novel sentiment

within a thriving trauma industry such as museums, memorial walls all for tourist to view and spend money in gift shops (Bond et al., 2020). Even in the political culture trauma it is used as rhetoric to frame demands for recognition and rights to exploit a competitive politics of grief and constitute to a trauma economy and not psychology (Alpert, Hayes, Yasinski, Webb, & Deblinger, 2021; Bond et al., 2020; Black & Flynn, 2021)

Trauma theories have refined over the years and expanded from its investigation into memory, development, differences in simple or complex trauma's even cultural and collective trauma (Balaev, 2014; Black & Flynn, 2021; Watkins, Sprang, & Rothbaum, 2018).

Definition of Anger

Anger, according to Reber and Reber (2001, p. 35), is a strong emotional reaction that accompanies a variety of situations such as physical restraint, interference, frustration, attacks and robberies. It is a physical reaction that includes facial grimaces and body positions. In addition, it is also a psychological emotion, which is difficult to define objectively. This is because anger overlaps other emotional reactions such as rage, hatred etc. Furthermore, the similarity of anger and the emotions it overlaps can only be explained by the context and theoretical orientation within which the term *anger* is used (Reber & Reber, 2001).

Origins of Anger

The origins of anger have been theorised for many generations (Chapman, 2015; Tavis, 1989). Tavis (1989) maintains that some theories state that anger is inborn and a human symbolic ability, a biological reflex or a reactive display to ward off enemies and preserve the individual or species, and includes the human's ability to learn (Sue et al.,

2006). This ability is unique to humans, while an animal's anger or swagger reflects biology, not braggadocio (Tavris, 1989).

In normal situations, some degree of anger is natural and a beneficial part of life (Andrews & Foa, 2006). Anger is nothing more than the expectation that your needs and wishes will not be met, and that may be a reasonable expectation at times. If these needs and wishes are not met, frustration then creates anger. The challenge after trauma is sorting out short-term, healthy anger from long-lasting, unhealthy anger that seemingly serves no useful purpose (Andrews & Foa, 2006; Chapman, 2015). Furthermore, at a deeper level, trauma survivors feel angry at being let down (Herman, 1992; 2015). They feel betrayed and find it difficult to trust their own actions and those of others after the trauma. Anger subsequently becomes a defence mechanism for controlling their environment and against being hurt and for preventing such an event from happening again. With this comes difficulty in trust, creating distrust in how others trusted and treated them, and being unable to communicate their needs to their social environment. They feel isolated and this results in anger (Fisher, 2012; Herman, 2015).

Heredity as a Reason for Anger

According to Passer and Smith (2004), heredity partly determines why some people are more aggressive than others and why they do not display rigid, inborn aggression as other species do. Therefore, anger and aggressive responses are a genetic predisposition that can be traced to evolutionary adaptation (Passer & Smith, 2004). Passer and Smith (2004) suggest that anger benefitted our ancestors when competing for mates, food and shelter, and to survive attacks. This would increase the odds that individuals predisposed to anger and aggressive acts would pass on their genes to the next generation. According to them, as proof, studies involving twins indicated heredity as a

reason why some people are more aggressive than others. In the above studies, the results showed that identical twins were more similar in their aggressive behaviour than were fraternal twins, even when raised in different homes (Passer & Smith, 2004). Therefore, heredity also plays a role in aggressive behaviours and reactions.

Anger Response Influenced by Social Interaction

Anger response is also influenced by our present environment and past learning experiences. The risk of anger is increased by many other aversive events, including painful stimuli and memories, extreme heat, provocation and crowding (Passer & Smith, 2004; Westen, 1996). Anger, like other behaviours and emotions, can be influenced by social interaction and learning. Such operant conditioning has been observed in pre-school children who become increasingly aggressive when their anger and aggressive behaviour produces positive outcomes for them (Louw et al., 1998). Children can learn and model anger and this has been illustrated by studies that show that children learn how to aggress, even if the punishing agent is present, when rewards are available for aggressing. It also showed that children are more than likely to reproduce the angry model's action even when they witness an aggressive model being punished (Louw et al., 1998; Passer & Smith, 2004).

According to Tavris (1989), society also acts as a policeman, monitoring and conditioning others' observance of anger in accordance with social norms, using methods such as censure, or looking away at inappropriate remarks or behaviour, or imprisonment for behaviour considered deviant or dangerous. Anger and denial of anger are thus also social constructs, helping to promote social cooperation in order to regulate behaviour and maintain the norms and values of society (Braund & Most, 2009; Tavris, 1989).

Anger as Physical Response

Some research suggests that anger is centred in the neural pathways. Animal studies have shown that if the neural pathways in the hypothalamus are electrically stimulated aggressive behaviour results. In addition, if certain areas in the amygdala are surgically destroyed, defensive aggression is decreased (Aronson et al., 2005). According to Passer and Smith (2004), particularly with humans, the frontal lobe, reasoning and impulse control area also play a role in anger responses. They propose that deficient frontal lobe activity makes it more difficult to regulate the deeper brain regions from which anger stems (Passer & Smith, 2004).

It is also theorised that anger could have its origin in the central nervous system (CNS), which functions in the background, maintaining homeostasis (Fisher, 2012), releasing adrenaline when things are out of control. Adrenaline is believed to be found in a limited number of neurones in the lower brain stem and released in or after stressful events. Because adrenaline is released in surges, it has the potential for victims to become addicted to or dependent on the adrenaline surges. Victims, therefore, maintain the anger and the adrenaline surges that accompany this anger (Fisher, 2012).

According to Fisher (2012), anger after trauma is a subconscious action following which trauma victims might numb the anger emotion with a number of addictive behaviours they hope will obliterate the senses. However, avoidance, denial or numbing seldom helps. The more avoidant the trauma victim is of the anger and feelings, the more their behaviour will be dysfunctional (Fisher, 2012). It often happens that the authentic self soon becomes unrecognisable, creating frustration and more anger (Fisher, 2012).

Anger is also a method for defusing internal pressure, with the subconscious telling the victim that something is wrong (Fisher, 2012). Victims often know they are angry but

do not know why. If a perpetrator can be identified or associated with the traumatic event, the victim may channel their anger towards that source; however, if they are persistent with their negativity their social environment becomes tired of and impatient with their continuous anger and acting out.

Persistent anger is socially unacceptable and holds the threat of damaging or destroying relationships, hence, society must regulate it. This is done by society's use of rewards and punishment according to the communal norms for maintaining social order and preserving cultural values (Westen, 1996). Therefore, communities require parents and caretakers to teach their children to avoid anger and observe the community's moral precepts and written conventions of behaviour and socialisation (Westen, 1996). If these are not adhered to, the individual involved may be expelled from social activities.

The origins of anger are seen as biological, neurological and a social construct; it is understandable then that Reber and Reber (2001) call it a 'fuzzy concept' (p. 35), which overlaps so many other emotions that it creates confusion.

Theories of Anger

There are various theories on the causes of anger. In the next section, the four main theories of aggression theories are examined.

- Freud's psychoanalytic live instinct theory
- Lorenz's ethnological theories
- Alfred Adler's individual psychology
- Social theory of anger

Sigmund Freud's Psychoanalytic Instinct Theory of Aggression

According to instinct theory, humans are programmed to act out anger in certain

situations. The cornerstone of this theory is that human behaviour is controlled by two basic instincts or drives (Freud, 1920). The first is the life drive, which is positive and focuses on the survival of the individual; the second is the death drive which is essentially self-destructive. This means that while humans have a drive for life, they also have the drive to return to an inorganic state, and thus the death instinct conflicts with the life instinct. In addition, the theory claims that aggression is the result of being blocked or frustrated in reaching personal goals (Freud, 1920).

This conflict will therefore redirect from the self to others, and is manifested as aggression towards others, or it could be turned in on the self with the individual engaging in self-punitive behaviours or suicide (Louw et al., 1998). The only way to overcome this aggression is an emotional release or catharsis of the unconscious conflicts or situations that cause the feelings of frustration and tension. The catharsis or release comes when a victim rids themselves of unhappy memories or strong emotions such as anger or sadness by voicing or venting them in certain actions such as art, music or sport (Freud, 1920; Louw et al., 1998)

This means that in a social environment where anger and violence are discouraged or punished, individuals express their aggressive impulses in socially acceptable behaviours. This venting can take place in activities such as competitive sports, or by discharging aggressive impulses in their imagination or through the actions of another person who behaves aggressively. After the anger builds up to the point of explosion, or the tension of the anger is released as catharsis, the victim will revert to their former passive, unassertive state (Passer & Smith, 2004).

Konrad Lorenz's Ethnological Theories on Aggression

Konrad Lorenz theorised that aggression arises from instincts. These instincts help

members of a species to maximise the use of food, space and resources, and are an essential part of the life-preserving processes (Louw et al., 1998). Lorenz (1966) believed that in a modern society, animal behaviour patterns are similar to those of humans, including grief, falling in love, establishing social position and expressing anger. In regard to aggression in humans, Lorenz (1966) suggests that although animals have a degree of aggression, it is nothing compared to the violence of human nature. He attributes this human trait to a lack of concern and the sheer brutality of humans' ability to ignore natural inhibition mechanisms such as empathy and appeals for mercy that stops them from harming others (Lorenz, 1966).

Alfred Adler's Individual Psychology

According to this theory, the innate drive for cooperation leads individuals to incorporate social interest and the common good into their efforts to achieve self-realisation. Individuals are seen as unique, different and equal. All individuals are born feeling inferior or superior. This creates competition and if an individual feels low self-esteem and inferiority, anger is used to safeguard their self-esteem. Anger is thus a compensatory response and is used to overcome feelings of inferiority that result in aggression.

Intense anger appears to direct attention, memory, interest and perceptions to paths of impulsive aggression. When an individual feels inferior, they will compete; it is only when they see the other person as a comrade that they see their anger reaction as self-growth and feel equal or superior. Thus, individuals always compare themselves to other humans and compete because they feel inferior or superior. Only when the other individual is seen as a friend does this competition end and the individual is released from the fear of losing. If they feel fear or inferiority, they will fear losing and compare and compete; this

fear of losing makes them see the world as a hostile place, and the thought urges the individual to keep winning as they fear failure (Smith et al., 1999).

Social Theoretical Framework

The framework in this research comprised the social interaction between the participants' cultural values, worldviews and anger beliefs (Corey, 2005). This was done in accordance with the social constructionist belief that the context in which victims live is important as an indicator of personal attitudes and the meanings they attribute to their anger after trauma (Stanton, 2005). Victims' social interactions and social support are important factors for exploration, because humans invent their social environment as shaped by belonging to a group. Such groups are formed and maintained by the use of language, norms and compliance to the group's standards. No other social environment holds any importance other than reinforcing the preference or suitability to belong to that particular group (Carson, 2003; Durkin & Gerbode, 2013; Hergenhahn, 2005; Van der Kolk, 2015).

Belonging is important to all humans and because trauma creates conflict between thoughts, beliefs and behaviour, victims feel they have no control and are emotionally destabilised. In an attempt to resolve feeling out of control, they will adjust or modify their belief system to bring it in line with their behaviour (Reber & Reber, 2001). Therefore, their perception of the traumatic event will form their perception of their anger within their social environment (Opperman & Roets, 2012). In striving to make sense of what happened and explain their anger, they will combine their previous life experiences, social environment, cultural beliefs and social norms to form meaning that they perceive is acceptable or reasonable. Although this meaning might not be valid or understood by others, for the victim it makes perfect sense. Furthermore, in an effort to make it socially acceptable they might even adapt their traumatic experience and the reasons for their anger (Beike et al., 2004; Levine, 1997; Leydesdorff et al., 1999; Opperman & Roets, 2012). They form their conclusions based on their social interaction following the trauma and, although it is an unconscious action, it is within this social interaction and unspoken norms

that victims construct their reaction to trauma and their feelings of anger (Opperman & Roets, 2012). Anger and trauma are thus remembered from the social information that matches the demands of the beliefs in their social environment. If the beliefs are negative, their response will be negative, leaving the victim with anger and feeling as if their social group has rejected them (Beike et al., 2004; Levine, 1997; Leydesdorff et al., 1999). Therefore, it could mean that anger after trauma may be seen as a self-defence ‘mechanism’ that protects the victim and demands that their world returns to normal, is predictable and works in accordance with the expectations of their social environment (Niemeyer, 1998; Schupp, 2007; Van der Kolk B. , 2015).

The researcher, therefore, attempted to explore and investigate to what extent society and the participant’s social interactions were a contributing factor when they talked about their anger. This was important for providing an in-depth understanding of the participants and their levels of anger after trauma. Therefore the research had to take into account the diachronic model of time as a limitation, and see the trauma from within the world of the participant. In addition to be aware and understand the latent explosive violence in South Africa, and also to explore the feelings of anger, hatred, resentment, and helplessness that are so intrinsic to the lived experience of trauma victims in South Africa (Mengel et al; 2010).

Following a traumatic event, victims experience inner conflict and in order to rebuild their lives and resolve this conflict, they will use the new trauma information in line with what they learnt, and combine the old and the new information. This is called accommodation, and requires the victim to change their worldview to accommodate this new trauma-related information, which depends on the meaning attributed to the traumatic event and their anger. However, this accommodation can have both positive and negative outcomes. Growth and learning from this experience have the potential to be positive in that this leads to valuing processes and positive changes, as well as the actualisation and accommodation of this new trauma information that is provided by their social environment. However, if the outcome is assimilated to the pre-trauma baseline, which is a negative direction evident in psychopathology, they feel devalued and the meaning they give to their trauma and anger is negative (Berezin, 2018; Sambu, 2015; Van der

Kolk, 2015).

Social Psychologies Theory of Anger

The social constructionist theory of emotions specifies that an individual's emotions are shaped by the culture and society they live in. In this view, social constructions belong in the domain of culture, functionally defined as the social transmission of habits and knowledge. This theory has therefore led to scientific research on the way in which individuals, thoughts, feelings and behaviours are influenced by the real or imagined presence of other people in their social setting (Lorenz, 1999). According to this theory, individuals are constantly influenced by others in their social world, by their striving for success and their connection with others they continually contribute to society and feel they have a purpose within their social sphere which is important to mental adaptation after trauma (Alexander, 2012; Aronson et al., 2005; Smith et al., 1999;).

Social constructionism is defined as the meaning individuals make within a social relationship (Corey, 2005). Truth, reality and meaning-making are seen from the individual's perspective; in addition, others people's reactions and behaviour within their social world are included in their individual reality.

Following a traumatic event, victims experience inner conflict and in order to rebuild their lives and resolve this conflict, they will use the new trauma information in line with what they learnt, and combine the old and the new information. This is called accommodation, and requires the victim to change their worldview to accommodate this new trauma-related information, which depends on the meaning attributed to the traumatic event and their anger. However, this accommodation can have both positive and negative outcomes. Growth and learning from this experience have the potential to be positive in that this leads to valuing processes and positive changes, as well as the actualisation and accommodation of this new trauma information that is provided by their social environment. However, if the outcome is assimilated to the pre-trauma

baseline, which is a negative direction evident in psychopathology, they feel devalued and the meaning they give to their trauma and anger is negative (Sambu, 2015).

Most therapist and mental health workers use the Western explanations and theories of trauma concept and focus on intrusive memories, avoidance, hyper-arousal, fear and anxiety to describe and treat trauma. Although it is symptoms of trauma it is limited to a particular or singular event (Mengel et al., 2010) that disrupts of shatters victims live and believe in a just and safe environment (Fisher, 2012; Herman, 2015; Schupp, 2007). Trauma can be a singular event or multiple events that are continuous stressors such as when a criminal case is postponed continuously (Eagle & Kaminer, 2010) or unemployment creates as system to engage in criminal activities to make a living (Habib, 2019). If we look at the theories of trauma it does not include social environments and continous stressors such as unemployment, material conditions, poverty, inequality and the complexity of time in which the trauma takes place. In South Africa, according to Mengel et al., (2010) this should be taken into account as these are contributors to a violent social structure that produce the trauma and not interprut it.

The research thus could not only look at the invidual but had to include their support structure and environement to understand the participants meaning and reason for their anger and how they perceived the traumatic event. Including participants from different cultures assisted the research to see the anger and trauma from their own percpective and gave a better understanding to the researcher about their anger.

In order to understand the participants' stories, truths and realities, as well as their meaning-making, the research had to understand the social influence of each participant. These social influences were powerful enough to outweigh the differences in the individual participants' personalities, as the determinants of human behaviour regarding

anger after trauma. In doing so, the research had to be cautious not to make fundamental attribution errors (Aronson et al., 2005, p. 25), where the researcher tries to explain the behaviours of the participants and others in terms of their personality traits and underestimates the power of social influences (Aronson et al., 2005). It was important to understand the social environment and the individuals' perspectives on their environment in order to understand the reality of their anger perspective (Alexander, 2012; Burr & Dick, 2017; Mengel et al., 2010).

Types of Anger

Hostile

Most people believe that they have little to no control over their hostility or aggression, and even less control over anger (American Psychological Association, n.d.).

Definite

This anger is directed towards any kind of genuine wrongdoing, mistreatment, injustice or breaking of laws. The anger is sparked by the violation of laws or moral codes (Chapman, 2015).

Distorted

Distorted anger is anger directed toward perceived wrongdoing where no wrong has occurred; it is sparked by the individual's perception that others have hurt them, as well as by stressors, fatigue and the individual's unrealistic expectations (Chapman, 2015).

Passive Aggressive Anger

This type of anger occurs when an individual expresses negative feelings indirectly instead of openly talking about what makes them angry (Aronson et al., 2005; Chapman, 2015; Fisher, 2012; Passer & Smith, 2004). This kind of anger has three stages:

1. *Denial*. The person will deny that they are angry or, if they experience anger, frustration or depression, they will hide it from other people, finding it difficult to admit that they are angry. They do not show the need to yell or hit back.
2. *Withdrawal* – the individual will avoid situations or people. They do this thinking that if they avoid or stay away from the person or situation that triggered the anger, sadness or hurt emotions, then the anger might go away or subside.
3. *Brooding* in that they cannot let go of grudges. The person involved will revisit and think of the same anger trigger or situation repeatedly and think they will never forget. Anger is turned inward. Such people include those who self-harm by indulging in self-cutting and those who constantly experience stress.

Explosive Anger

Explosive anger is an impulsive reaction that is not premeditated and is defined by a disproportionate reaction to any provocation, real or perceived. Such anger is shown and described as a bomb or an explosion, witnessed by others to hear, see, or feel; it also can make others feel a high level of anxiety and fear (Aronson et al., 2005; Chapman, 2015; Fisher, 2012; Passer & Smith, 2004).

Assertive Anger

This type of anger uses feelings of frustration for positive change. Individuals express or vent their anger in ways that create change around them. This is done in such a way that it does not cause distress or destruction.

Behavioural Anger

Behavioural anger is expressed physically and usually involves aggression. An individual may feel so overwhelmed by their emotions that they lash out at the objects of their anger. If they are unable to do so, they will lash out at anything that they perceive to

have caused the discomfort.

Chronic Anger

This kind of anger is an ongoing anger that manifests in the generalisation of resentment towards other people, frustration with a specific situation or circumstances and anger towards oneself.

Judgemental Anger

Judgemental anger occurs in response to a perceived injustice or another person's shortcomings. The victim becomes judgemental towards the person who they feel has done them harm and will make a negative judgement of their behaviour.

Overwhelming Anger

Overwhelming anger is an uncontrolled type of anger that occurs when an individual feels that a situation or event is beyond their control, resulting in feelings of hopelessness and frustration.

Retaliatory Anger

Retaliatory anger is an instinctual anger response when we are confronted or attacked and is the most common type of anger. Retaliatory anger is motivated by revenge at a perceived or real wrong and by danger.

Self-Abusive Anger

Self-abusive anger is shame-based anger where the individual feels hopeless, unworthy, humiliated or ashamed. The victim unconsciously assimilates their negative feelings and expresses their anger in negative self-talk, self-harm, substance use and other behavioural disorders (Herman, 2015; Passer & Smith, 2004).

Factors that Influence Anger

Cognitive Factors

In recent years, researchers have started to look at cognitive factors as an explanation for anger (Goldstein, 2005; Louw et al., 1998). The theoretical rationale for cognitive factors is that the way individuals feel and behave is determined by how they perceive and structure their traumatic experiences, and these structures and beliefs have highly personal meanings and are interpreted according to their interaction within their social environment (Corey, 2005).

Owing to social influences and to fit in with their environment, individuals spend a lot of time and energy suppressing feelings such as anger and fear, leaving themselves at the mercy of unexpressed emotions. A traumatic event opens the floodgates of these suppressed feelings, changing the individual's internal landscape and worldview as regards a safe and just world. This creates suffering which is a paradox because the suffering is an emotion, a state in which they find themselves, and is not a feeling. At the same time, it could also be physical suffering, which in trauma could be somatic or real (Fisher, 2012). If you were to deconstruct the emotional pain, it would be discovered that a range of feelings drives the suffering. However, the downside of repressing these negative feelings to avoid pain is that the more they are repressed; the more suffering and pain will be felt. This creates more discomfort, pain and suffering, leaving the individual feeling hopeless, out of control and overwhelmed, and as if the perpetrators or wrongdoers still control their feelings and emotions (Fisher, 2012).

Memory Recall of Trauma as a Contributing Factor to Feeling Anger

Each time victims remember the trauma; its recall overrides the primary original memory and rewrites it into a terror-filled nightmare that generates a new and darker

narrative. In this new trauma memory, the victim experiences overwhelming feelings that shift their perceptions, sense of self and belief in a just and safe world (Berezin, 2018). This is in accordance with Schacter's (2001) theory of misattribution of information and according to the reconsolidation view that only a small portion of the original memory is retrieved. This is because memories are susceptible to change each time they are retrieved as well as by additional information from different sources such as social media, and what was seen, heard and even imagined (Schacter, 2001). The recall of these faulty trauma memories also contribute to shaping personality, character, anger reaction and social interactions after the trauma (Alberini & LeDoux, 2013). Thus, memories of the trauma affect the anger response and the perception of the victim in many areas of their lives and their social interaction (Alberini & LeDoux, 2013; Alpert, Hayes, Yasinski, Webb, & Deblinger, 2021).

Biological Factors

Because of the vast differences between individuals and cultures regarding anger and aggression, it is no longer accepted that aggression is simply an inborn, instinctive response. Instead, it is suggested that a response to anger and reactions to stimuli are activated by biological systems as well as our environment. Nature and nurture plays a role in how we react to anger and perceive anger (Passer & Smith, 2004). In order to investigate the biological causes for anger and the brain's function in anger researcher did a number of research to study the biological factors for anger (Passer & Smith, 2004).

Research Indicating Biological Factors for Anger

- Research done on the CNS indicates that the hypothalamus and the amygdala are associated with anger and aggression (Louw et al., 1998).

- In animal studies, electrically stimulating certain neural pathways in a cat's hypothalamus makes it arch its back and attack (Passer & Smith, 2004).
- In both human and animal studies, if partial or total areas of the amygdala are destroyed or removed, defensive aggression decreases, resulting in aggressive animals becoming tame and, in extreme aggressive humans, a reduction in anger and aggressive behaviour (Louw et al., 1998; Passer & Smith, 2004; Westen, 1996).
- Humans with brain tumours in the hypothalamus showed increasing irritability (Louw et al., 1998; Passer & Smith, 2004).
- Activities in the human frontal lobes, which are the seat of reasoning and impulse control, show that anger indicated activity in this area. If the frontal lobe activity is deficient, it is more difficult to regulate anger impulses generated by deeper brain regions (Passer & Smith, 2004).
- Hormones, specifically the male hormones androgen and, predominantly, testosterone in the endocrine system which controls the gonadal hormones, seem to play a role in anger (Louw et al., 1998; Passer & Smith, 2004).
- Although no central brain area for anger can be pinpointed, no anger chemical exists either. However, low serotonin activity levels appear to play a role in impulsive aggression, as when people lash out in emotional rage after trauma (Louw et al., 1998; Passer & Smith, 2004).

Passer and Smith (2004) suggest that gender differences are a contributing factor to and indicator of aggressive behaviours:

- Gender differences indicate that males are more aggressive and this behaviour is already visible in early childhood.

- During puberty, aggression in males increases when heightened levels of testosterone are secreted during sexual maturation. Furthermore, studies of mammals have shown that if males are injected with testosterone, they are more socially aggressive, whereas castration decreases aggression. However, in humans and other primates, the association between testosterone and anger is weaker and less consistent.
- More men are convicted of violent crimes, and the testosterone levels of these men were higher than those who were convicted of non-violent crimes.
- Girls prenatally exposed to high levels of male hormones were inclined to be more aggressive than girls not exposed to these male hormones.
- In mammals, higher testosterone levels contribute to greater social aggression and unprovoked anger that establish a dominance hierarchy among same species.

Gender as Factor for Aggressive Behaviour

Becvar and Becvar (2006) maintain that if gender dominance and aggressive behaviour in the mechanism of anger were examined, it would be seen that a male's dominance tendency is rooted in the physiological differences between males and females (Endicott & Welsch, 2003). In addition, the social classification of dominance as a male anger display contributes to this perception. This gender behavioural attitude is important in a social environment and develops expectations in line with gender behavioural differences (Endicott & Welsch., 2003; Louw et al., 1998; Westen, 1996).

Brain Chemicals as a Possible Reason for Anger

Although no central brain area for anger can be pinpointed, no anger chemical exists either. However, low serotonin activity levels appear to play a role in impulsive

aggression, as when people lash out in emotional rage after trauma (Louw et al., 1998; Passer & Smith, 2004).

Environmental Stimulus

Another contributing factor to the biological stance on anger is that certain aggressive behaviour is reflexively triggered by specific environmental stimuli in some species. However, this genetic predisposition, according to some theorists, can be traced back to evolutionary adaptation, because aggression helped our ancestors to survive attacks and compete successfully for mates, food and shelter (Chapman, 2015; Passer & Smith, 2004; Tavris, 1989). The survival of the fittest ensured the odds that individuals with anger survival skills would pass their genes to the next generation (Darwin, 2018; Passer & Smith, 2004).

Frustration-aggression

According to Louw et al. (1998), the frustration-aggression hypothesis proposed by Dollard et al. (1939) suggests that individuals experience frustration when they are blocked from attaining their goals. Their inevitable reaction is anger or aggression. This hypothesis was expanded as theorists soon realised that not all anger is caused by frustration and that not all frustration leads to anger. The reformulated version states that frustration can cause anger or aggression because frustrating events such as trauma can elicit negative feelings (Louw et al., 1998). Besides goals being blocked, other aversive events such as trauma, pollution, noxious odours, extreme heat, overcrowding, poverty and physical and emotional pain also lead to frustration and anger (Louw et al., 1998; Passer & Smith, 2004; Westen, 1996).

Social Media

In our current society, children are born with the help of technology and even before birth technology can predict the gender of the baby and whether there are any defects. Millennials have more social media at hand than their sometimes older parents, the X generation (born mid-to-late 1960s to early 1980s) that follow the baby boomers of the fifties preceding the millennials. Millennials start viewing television and other social media at an ever younger age. Louw et al. (1998) relate that children, on average, are exposed to television and view programmes from the age of six months and at three of age, they have their favourite programmes. What is important is not the time spent on social media, although addiction to social media is a real concern, but the content of the programme material to which they are exposed (Louw et al., 1998).

In studies done in the USA, violent acts occur 21–25 times per hour in children's cartoons and prime-time programmes. In South Africa, an average of six violent incidents occurs during prime-time viewing (Louw et al., 1998). With technology, children have access to games, films and websites that do not censure age-appropriate viewing or the content of social media. According to Louw et al. (1998) and Passer and Smith (2004), anger in social media can affect children and adults in various ways:

- People identify with or model an aggressive hero.
- The aggressor is sometimes the good person, and the aggressors are the ones that bring the deviant person to justice.
- Social media acts of violence create possibilities to learn new aggressive skills.
- Watching violence or playing games with high levels of violence result in desensitisation towards violence so that violence becomes more acceptable and the viewer or player become numb to the sight, thought and suffering of others.

- The world is seen as a hostile and scary place in which it is normal to solve problems with anger.
- Viewers and gamers come to believe that anger and reaction to anger are usually rewarded or at least rarely punished.
- Children accept what they see on social media because they are unable to differentiate between fantasy and reality.

Social learning theorists suggest that by modelling aggressive behaviour and reinforcing these models and images, social media violence is more likely to increase a viewer's aggressive behaviour than reduce it (Louw et al., 1998; Passer & Smith, 2004). This means that in order to kill, we must overcome the natural inhibition against killing members of our species or any living creature. A game makes it easy to kill in a fantasy world of make-believe. This could contribute to aggressive behaviour because young players do not always understand the context in which the violence occurs because they cannot combine the separate scenes into a meaningful storyline (Louw et al., 1998; Passer & Smith, 2004). They are, therefore, not always aware of the motives for the anger or of the consequence of anger contributing to their willingness to imitate their favourite social media character's anger reaction (Louw et al., 1998; Passer & Smith, 2004).

Although it is highlighted that social media is a contributing factor to how we control and react to anger, it is not the only variable or single factor we should consider when looking at anger after trauma (Louw et al., 1998). An individual's background, history, parenting styles and personality, as well as environmental stressors such as community violence and culture and interaction with others, ultimately determine the individual's level of anger and reactions to trauma (Louw et al., 1998; Passer & Smith, 2004).

Belonging to a Group and Cultural Influences

Debates about understanding anger after trauma need to be understood within a broader context in which politics, culture and socialising have implications for understanding individual trauma. It is in forming and maintaining relationships with other people in their social environment that their basic human needs of belonging are fulfilled (Aronson et al., 2005; Levine, 1997; Tavis, 1989). When a victim feels excluded or that they no longer belong, they feel a lack of support and struggle to overcome trauma. Consequently, the frustration they feel turns to anger towards their society.

Some people believe that anger is a result of our evolutionary past where anger as a survival tool depended on bonds with other humans. Forming groups with other humans with similar anger survival needs and control assisted and ensured survival and access to safety and food (Aronson et al., 2005; Levine, 1997; Tavis, 1989).

Throughout the years and today, group sizes have been determined by how such groups recruit people and the criteria for belonging or membership. The size of the group may be determined by saturation and vary at any given time. A member's reaction to trauma and anger disrupts the shared beliefs and becomes a threat to the stability of the group. This is because membership or belonging to a group depends on similar beliefs in the reaction of anger after trauma to ensure that anger is dealt with in the same manner or that members' are consistent with how they control anger (Aronson et al., 2005; Tavis, 1989). When a traumatised individual acts out of this anger norm, they no longer meet this requirement in that their anger reaction or behaviour contradicts what their society or group demands from them. To keep the status quo, they are pushed out until they reform or leave. In other words, their society will protect the system even at the cost of trauma victims or vulnerable members (Aronson et al., 2005; Tavis, 1989).

Culture and Anger

Anger and culture are servants of the same rule masters. Sometimes the rules are explicit; more often they are implicitly disguised in the countless daily actions performed because that is the way things are done and will be done (Tavris, 1989).

Examples of Cultural Rules of Anger and Behaviour

Rituals and rules have the social purpose of avoiding the heat and destruction of anger. It is therefore understandable that when individuals express anger after a traumatic event, their social environment will see it as a threat that cannot be tolerated and must be avoided to maintain the equilibrium of the group or society. It is also a reminder of their social obligations to the family and the culture, emphasising the importance of staying in line and paying close attention to the traditions that keep the group together (Tavris, 1989).

- The !Kung-San of the Kalahari are a nomadic, foraging group, whose survival depends on interaction with others in the group. To deal with any antisocial or angry outbursts that threaten the survival of the entire group, they will use food-dunning jokes and bickering to avoid direct physical confrontation or violence (to dun is to make persistent demands on someone, especially for payment of a debt (Dictionary.com)).
- Eastern European Jews who came from the shtetls of Russia and Poland used dunning and a rich curse repertoire to ensure social obligations.

As seen in the examples above, the group's rules regulate both the feelings of anger and the angry behaviour, establishing when anger may be expressed, how, to whom and for what reason (Tavris, 1989). However, trauma falls beyond the regulation, and the victim feels ashamed of their anger and yet aggrieved that they cannot express their anger.

Innateness of Anger

How much of an individual's reaction to anger after trauma is innate? First, we must clarify the term *innate*. One meaning of innate is that it is present at birth and not learnt, rather research should also look at it not as an airtight definition, and the term should be used as an intuitive contrast (Bloom, 2012). Bloom maintains that certain rules about sport are known because of exposure to these rules. Other information such as fundamental knowledge of objects and numbers is universal because it is not extracted from the environment. Therefore, rules about anger and behaviour information are learnt as part of an individual's exposure to their social environment and social interaction (Bloom, 2012).

Anger as a Learnt Response

Various studies have been done to investigate learnt responses. In studies done by Bloom et al. (2007), in which they explored babies' intuitions about scenes with helping and scenes with hindering, they found that babies preferred the friendly helpful individuals to the hindering individuals; In other words, the infants were drawn to the nice guy and repelled by the mean guy. This, according to Bloom et al. (2007), was because a baby's intuitions are the product of evolution and personal experience while adults have the additional influences of culture (Andler, 2018).

Furthermore, studies by Hammen (1991) on the family histories of depressed people showed a family history of neglect, poor parenting and stressful events while growing up. Such people fail to develop good coping skills and a healthy self-concept, which make them vulnerable to triggers that cause stress or depression (Christensen & Duncan, 1995; Passer & Smith, 2004; Rosenberg, 1965). The same could be applied to anger and reactions to anger, that is, that individuals learn anger reactions and fail to

develop good coping skills.

In trauma and anger reactions, the information learnt from peers, groups and family will influence an individual's reaction to anger reactions and their responsive or overt behaviour. According to Berk (2009), studies done with children showed that children take their cues from their caretakers in situations in which they are uncertain as to how to react or behave. However, in other studies on children in societies high in violence such as in war-torn areas, small children react apprehensively and will not go to a stranger; in peaceful areas, however, they are more likely to tentatively try to discern the caretaker's reaction and then advance toward a stranger if they interpret it to be safe (Berk, 2009; Passer & Smith, 2004).

Social Constructions Viewpoint of Anger as Learnt Response from Childhood

From a social construction viewpoint, if individuals learn to react with anxiety and fear to strange and stressful situations such as a trauma, which is seen by most as a negative experience, their anger reaction and behaviour will be negative. Therefore, this research believes that certain factors of anger after trauma are a learnt response and an innate action. The perception of and behavioural reactions to a friendly or frowning face are part of nature's evolutions and adaptations, rendering them innate and used by all, allowing living beings to ensure that they survive (Darwin, 2018). Responding in a positive manner to others in their social environment, such as their caretakers, ensures that children are taken care of (Andrews & Foa, 2006; Berk, 2009; Passer & Smith, 2004; Rosenberg, 1965).

Use and Abuse of Anger

Anger is often blamed for every wrong, from a husband drinking and then abusing

his wife and children in a fit of anger, to political gatherings in which buildings, infrastructure and properties are destroyed. Temporary insanity or running amok is different from true psychosis, mental illness, or even anger (Tavris, 1989). The difference can be found in that the individual with a true organic abnormality or psychoses that produce rage attack symptoms does not revert to normalcy shortly after a violent episode. Moreover, the so-called psychotic symptoms of people who use anger as an excuse for criminal or other unacceptable behaviours vanish within a month or two of the episodes, which is seldom the case with people who experience trauma and the anger that persists for days, even months and years, if not addressed and the origin of the anger found (Tavris, 1989).

The Problem of Anger Classification: Is it a Feeling or an Emotion?

Whether anger is an emotion or a feeling is hotly debated, according to Fisher (2012). As an emotion, anger is difficult to define objectively as it is a term with similar emotional reactions such as rage, hostility and hatred (Reber & Reber, 2001). The confusion is created by the emotional overlap and similarity of anger with other emotions and terms. In addition, Bernstein (2013) proposes that the treatment of anger or other emotional outbursts has only one insight for therapy and that is that emotions are something you feel instead of being inevitable reactions to other people's misbehaviour. According to Psychology Today, the terms feeling and emotion are often used as synonyms even though they are not interchangeable. Feelings is considered as an emotional and physical sensation that are a conscious experience such as feeling hungry, cold or being in pain, therefore feelings is a conscious experience. The problem comes in that not all conscious experiences are a feeling such as seeing. Emotions on the other hand is felt through our emotional experiences and is not always a conscious state and is

associated with our thoughts, beliefs and actions as well as our behaviour to a traumatic event. The most common believe it that the fundamental difference between feelings and emotions is that feelings is experienced consciously, while emotions could either be a conscious or subconscious state and can be impacted by factors such as the victims behaviour, culture and traumatic experiences . Emotions are neuro-physiological reactions therefore emotions are physical and activated by either an external or internal stimulus and feelings are a self-perception of specific emotions that are a mental process of a subjective expression of emotions (Burton, 2020; Cookson, 2015; Fernàndes-de-las-Peñas, Palacios-Ceña, Florencio, de-la-Llave-Rincón, & Palacios-Ceña, 2020; Frank, 1954; Jekauc & Brand, 2017)

Fisher (2012) states that the British Association of Anger Management uses eight feeling words to describe anger; namely, angry, sad, hurt, scared, peaceful, powerful, happy, shame. In contrast, many American theorists and academics specify that we are born with only four feelings – mad (angry), sad (sad), glad (happy) and bad (scared) – the rest are all considered emotions (Fisher, 2012). Others suggest that there is no difference between a feeling and an emotion. They ask which feelings are synonymous with emotions and state that feelings and emotions cannot be separated (Fisher, 2012; Reber & Reber, 2001). Fisher (2012) further states that other theorists see a feeling as different from emotion. The difference is that an emotion is energy in motion and that a feeling is an internal experience, a felt sense of something, while emotion is an outward expression of the feeling (Fisher, 2012).

Culture and Anger

Within a cultural context, anger is used and abused as culture also plays a role in anger responses, and how we perceive that we should react, take action or control anger

(Barlow & Durand, 2005; Tavris, 1989). Tavris (1989) suggests that a strong taboo exists against intentional acts of violence such as murder; however, culture often counteracts that taboo with as great a passion for revenge, retribution and defence of moral values (Tavris, 1989). Accordingly, this leaves a legal loophole whereby the law allows individuals to become angry enough to kill, but only if they kill in the service of society's dominant values, and only if they kill without premeditation or self-control, the so-called "in the heat of passion" actions (Tavris, 1989).

Language as a Social Moral Guide against Anger

According to Taylor and MacLaury (1995), language and culture view anger as a demon that has always been something that is undesirable. This can be seen in words, phrases, expression and metaphors used through the ages, for example in basic general metaphors such as anger is heat or a sin (Taylor & MacLaury, 1995). Thus, not only do social norms and standards express anger as undesirable; in language anger is identified and continues to be seen to this day as something that needs to be controlled (Taylor & MacLaury, 1995).

In understanding society's moral code about anger, it would be unreasonable to ignore conventionalised language used to talk about the anger emotions that actually reflect those beliefs and have an influence on how victims relate to and view their anger (Taylor & MacLaury, 1995). In addition, societies use language in the protection of their moral code which acts as a guide to show victims the harm that can befall those who overstep traditional anger boundaries (Foley, 1997).

The Research Theory on Anger and Trauma

According to Bednar and Peterson (1995), the field of psychology acknowledges

individual differences in anger and the control of anger in cultures (Bednar & Peterson, 1995; Lore & Schultz, 1993). Individuals and groups differ in aptitude, image, temperament and tolerance towards others and how they deal with aggression and anger in their groups, society, or culture (Levine, 1997; Tavris, 1989).

Because the individual's perception of anger was previously formed by their past learnt experiences and the interaction that took place in a social context collides with their present anger, they feel pushed out or alienated (Bednar & Peterson, 1995). Their anger and the traumatic event make them feel as if they do not belong to the group and their anger emotions are not shared by the group in their social environment. This is because individuals associate with other people who share common values that make them extend their affection and honesty (Bloom, 2012). In addition, they tend to associate with others who share their beliefs and encourage achievements (Bednar & Peterson, 1995).

Belonging or sharing a previous belief about security and safety after trauma is difficult because trauma shatters a victim's beliefs in a world as a safe and just place and they question the previous assumptions of their social world (Fisher, 2012). The traumatic event disrupts the victim's inner cognitive schemata and they struggle to match their previous beliefs, schemes or models with those that formed during and after the traumatic event (Horowitz, 1976, 1999). If a victim can give a reason or give the event a meaning, it lessens their distress and restores the sense of self-control. However, if they cannot give it meaning and reason and restore self-control, the victim feels frustrated and has a build-up of anger (Horowitz, 1976, 1999).

After trauma, the victim's behaviour becomes unacceptable because they do not contribute to the group's goals and values as the norm. Trauma and anger disrupt the harmony and regulations of society. Their acceptance by a group is not attached to higher

standards or values, but to their compliance with the group's norms and values; anything that changes or alters this status quo is no longer acceptable (Bednar & Peterson, 1995). This could be attributed to the ways society experiences trauma and what it perceives or experiences as traumatic, because the meaning of the event is placed within the context of relationships, social standing and feeling empowered or disempowered (Brown, 2008). When this need for belonging and social support is not met, the individual reacts with anger and frustration. The power they felt they had has been taken away and they feel overwhelmed, lost in a familiar society that does not understand their anger and hurt (Bednar & Peterson, 1995).

In addition, the victim's behaviour and actions change their perception, self-worth and values which conflict with those of their social environment (Bringle et al., 2004). Not only does the individual have to deal with the trauma, but also with what they perceive as rejection.

Themes Identified and Explored in the Research about Anger

One of the reasons given for anger after trauma is the intense shame the victims feel because they felt overwhelmed and unable to defend themselves or others during the event. The traumatic event could be a trivial event but the shame they attach to it creates extreme anger. After the traumatic event, when the victim reacts with anger it is to seek justice and retribution for being shamed (Gilligan, 1997; Levine, 1997). This anger may mask many emotions such as guilt, sadness, self-blame and judgement; therefore, this research will look at these emotions and the social factors that influenced the research themes under discussion.

Anger

A victim's first reaction to trauma is shock, disbelief and a feeling that they have lost control of every aspect of life. The feeling of loss of control includes feeling disconnected from their social environment, their emotions and their group, and an inability to control their own and other people's behaviour in their social environment. This inability to predict or control a previously familiar environment is disconcerting and they feel as if they are on the outside, excluded from group privileges, waiting to be invited back. Even if their social environment does not make them feel unwanted, they feel as if they no longer fit into the once familiar surroundings. Furthermore, bombarded with several unwanted emotions all at once they feel overwhelmed. Although they are familiar with most of these emotions, the emotions they feel are more intense and stronger than they are used to and can cope with.

To deal with the stress of not being able to use previous coping mechanisms, victims often try to deny that the event happened or enter an unreal state that acts as emotional anaesthesia to temporarily numb the senses. This numbness assists the victim to gradually comprehend the loss, whether it is physical or emotional or both (Schupp, 2007). Victims describe this numbness as an empty nothingness and an intense sense of being utterly lost. They often experience this numbness as if floundering in a vast ocean, flaying their arms helplessly so as not to sink and drown, blind to any lifeline or safe shoreline. They know they need to swim to survive but feel lost in the vast emptiness surrounding them, floundering mindlessly and without any hope. The emotions their trauma evoked are never-ending, always continuing, leaving them frustrated and angry at their own helplessness and at the world that passively, coldly observes while they struggle.

Anger is also a part of the process described above, as it is a normal emotion aimed

at protecting the individual and others from the intensity of the loss and the pain. This anger, according to Schupp (2007), serves the purpose of masking the helplessness felt as a result of the loss and serves as a more dominant and powerful emotion for survival. Anger momentarily provides epinephrine which gives energy to the person and acts as barrier against the numbness and feeling weak (Schupp, 2007). This anger masks the uncertainty, confusion and the loss of possessions or a person, security, faith, trust, body image, appearance, home, income, animals and family. Furthermore, the victims need to adjust to more than the loss of possessions; they also have to deal with the loss of belief in a just world and to face the new fears the trauma evoked. With this adjustment come new tasks, roles, and skills, the new experiences they feel ill-equipped to deal with. Together with their social environment's lack of concern, their own frustration and helplessness, anger is built towards everybody they perceive to be indifferent to their pain. Because victims feel fearful of rejection, they might not openly display this anger but will become rebellious and act out in destructive ways such as drinking and driving, overeating and road rage or in aggressive acts such as fighting with people in their environment (Schupp, 2007).

Anger Towards the Self

To control their anger and pain, a victim may withdraw further from others in their social environment who they perceive as not understanding their pain and anger at the injustice done to them. Unable to express this perceived social injustice the victim internalises blame and directs their anger and hatred against themselves (James, 1996). This can take on in the form of suicidal tendencies or self-destructive behaviour that sometimes serves as a form of resistance. This negative self-talk and internalisation can persist long after the event itself, although it no longer served any useful or adaptive purpose (Black & Flynn, 2021; Herman, 2015; Van der Kolk, 2015; Vivyan, 2015).

According to Cameron (1992), anger at the self comes from self-doubt. The victim turns this self-doubt into self-attacks and criticises their actions and behaviour before and after the trauma. Although these self-attacks are unsubstantiated, emanating from either internal or external sources, they perceive it to be the truth. This enables the victim and they remain stuck in the emotions of feeling a victim and could lead to self-sabotage (Cameron, 1992). They feel frustrated about not being in control of their environment and emotions; they turn their anger on themselves (Black & Flynn, 2021; Cameron, 1992; Herman, 2015; Van der Kolk, 2015; Vivyan, 2015).

Anger Towards a Deity

Although victims of trauma may have diverse belief systems, they follow similar traditional religions which hold that their god or deity is an angry, vengeful or punishing god (Evans, 1885). According to traditional religious systems, this doctrine prescribes acceptance and humbleness after a traumatic event or loss, and anger is not acceptable behaviour (Eagle & Kaminer, 2010). This is a challenge as victims sometimes use anger as a purpose to explain, to give the traumatic event a reason. If they fail to get an answer to why the event happened or God allowed it to happen, it means that the loss is of no importance. This, according to Eagle and Kaminer (2010), is because traumatised individuals use one of two philosophies to explain the event. The first is that bad things happen, and the victims accept that there are no knowable laws or rules that govern why they are victims. Events occur fairly randomly, and they were the victim of a particular traumatic event owing largely to chance, bad luck, or being in the wrong place at the wrong time (Eagle & Kaminer, 2010). This conclusion gives some victims comfort because it suggests that they were not specifically singled out by fate and did nothing to deserve the punishment or suffering (Miller-Perrin & Krumrei Mancuso, 2015).

In the second philosophy, victims self-explain their trauma in the way they were taught or by means of the ideas they believe in regarding how their deity, God, ancestors in the spirit world, fate, karma or destiny expect them to behave in crises (Eagle & Kaminer, 2010). The trauma and how they deal with it afterwards, namely acceptance or defiance, is seen as a deliberate test or task placed in the victim's path. It is seen as a challenge to their belief system that will teach them or give insight, punishment for sins or intervention to put them on the right path (Eagle & Kaminer, 2010).

In both these philosophies, the victims need to accept and make peace with the traumatic event, but they also need to understand their suffering as being part of a broader, mysterious system that has some logic and coherence to it (Eagle & Kaminer, 2010). This also means that the experience of the trauma results in a profound shattering of long-held faith and belief systems. In addition, it means that some victims question the existence of the God, gods or spiritual forces they previously believed in, resulting in a crisis of faith (Schupp, 2007). This profound shattering brings challenges for victims. They feel a disappointment in their spiritual forces for not protecting them, preventing the trauma or answering their prayers to safeguard or make them victorious in the outcome of the trauma. They look to others in the social spiritual environment they feel are more equipped or less deserving of divine grace and ask why me, and not this or that person who is a burden to society, or causes harm to others. These creates anger for the victim in that they try to do what they trust is right by God and their society but are nevertheless punished, while the wicked or unworthy are blessed and no harm befalls them.

Losing a Child

Every parent's biggest fear is harm done to their child or the death of a child; it does not matter what the age of the child or parent is when the death occurs. Whether it is

a self-death, murder or illness, the death of a child is always seen as an extreme loss (James, 2008; James & Gilliland, 2018). Finkbeiner (1998, pp. xxi, 37, 44, 54) states that one of two important lessons about the long-term effects of losing a child is that it is disorienting. This is because the human mind needs to find pattern and meaning, to place things that are similar together in order to make sense of things. However, a child's death makes no sense, it has no learning school or precedents, has no natural pattern; in fact, a child's death is unnatural and wrong. Parents must fight against the unnaturalness of death, at the same time changing their perspectives on life and adjusting to a reality that does not make sense (Finkbeiner, 1998). The second lesson is that for a parent, letting go of a child is an impossible task. Finkbeiner (1998) describes her initial reaction as one of repeating surprise at how much her son influenced her life. At first, she tried to avoid thinking about it but later realised that her son was part of her life and death could not break that bond (Finkbeiner, 1998).

The social context of the parents also contributes to this anger toward God when phrases that hurt instead of comfort are uttered, such as *God picks the prettiest flowers for His garden, God needs your child more than you*. Parents already struggle to understand the reason for their child's death and hearing the words that God is responsible for the death creates anger and disappointment. This is especially the case if a parent has prayed for their child to be healed or not come to harm. They feel intense anger and disappointment in God who, in their perception, ignored their prayers and selfishly stole their child. Parents often turn away from God and feel that he has no concern for their pain and that they are utterly alone. At times, they try to feel his presence but often relate that they cannot feel him nor do they have any hope that God exists (Schupp, 2007).

Accountability and Justice

So great is the need for the victim to believe in justice and fairness in their social environment that, rather than forgo this belief of justice and fairness, they assume a large burden of anguish and self-blame. Self-blame relieves the anxiety of thoughts and assumptions that no one is responsible or be held accountable and the person responsible has got away with it (Tavris, 1989). Self-blame restores the sense of predictability, control and safety in a way that blaming a perpetrator does not, and the victim will take responsibility and accountability for the traumatic event (Tavris, 1989).

Isolation, Aloneness

Harris (1974) sees alienation and estrangement as a system defence in an institutional structure. Trauma isolates the victim and makes the victim fearful, heightens the insecurities of their own and their social environment, making both the victim and society feel helpless and dependent on the governing culture or classes. In this way, the institution protects itself against the victim acting out in anger and the victim draws further away from confronting the ecclesiastical and secular establishment of their society (Harris, 1974).

Why do groups and societies alienate a victim that expresses their anger after trauma at the injustice being done? According to Fisher (2012), it is because the victims want to fit in perfectly and are so attached to being seen as suitable by their peers within the group. Consequently, any threat such as anger trauma is seen as a danger to this perfectly portrayed image and deemed intolerable by the group's ego which is the driving force behind social attachments (Fisher, 2012).

When a victim's anger threatens this image of perfection physically, emotionally and even spiritually, and threatens society's ego, the society will react with alienation,

even estranging the victim who is seen as the offender to the ego (Fisher, 2012). Therefore, would societies that created the belief that the image of their society is a true reflection of a safe and just world react quicker by using estrangement and alienation as protection at what they perceived as a threat and an assault from the angry traumatised victim (Fisher, 2012).

Social Support

Anger after trauma depends on the perceived support the victim receives from their social environment. If their perception is that they do not have social support, they will feel resentment that turns to anger.

Society's Role in Alienation, Estrangement and Aloneness

With trauma comes the possibility of death, and as living creatures, we in arrogance believe we can deny the power of death and nature itself (Nuland, 1997). If members of society acknowledge trauma and possible death, they have to face the reality that they, as part of the victim's society, could also become victims and even die in a traumatic event. It is easier to deny trauma and isolate the victim than face the possibility of their own death or of becoming a victim of trauma.

After a traumatic event, victims are left feeling alone and estranged as if they never have been part of the bigger, intimate, social environment (Harris, 1974). The purpose of this social exclusion is, according to Harris (1974), to keep the institutional structure and status quo standing. Furthermore, a possible explanation for the social exclusion of victims could be that their social environment feels helpless and unable to address the crime, the trauma and subsequent anger. Therefore, is the victim's perception of alienation a mere perception or the reality? Who turned against whom? Did society turn against them or the victim against their society which did not meet their expectation of support after trauma

(Briggs, 2002; Harris, 1974).

Compliance with a Group's Rules and Norms

Individuals belong to groups to satisfy their need for interpersonal relationships and togetherness; therefore, they will look for groups with similar interests and will associate with neighbours, church groups, families, political parties etc. (Bednar & Peterson, 1995). Each group has its own norms, requirements and expectations, and participation will be judged and approved or disapproved of according to how group members comply with and enhance the goals of the group. If the individual fulfils the group's expectations and abides by the norms, they are rewarded for allegiance and contribution to the collective group goals and values. However, if their values change or they do not contribute to the desired goal of the group as expected, they revert to the norm or will face rejection. This is not caused by the social environment's higher set of standards or values but it is based on compliance with the group's norms, no matter if the values are restrictive and unfair (Bednar & Peterson, 1995).

Social Support and Reasons for Victims' Anger

Group formation and homeostasis, though often underestimated in anger after trauma, trumps the victim's trauma as a way of avoiding anger and confrontation within the social environment. Furthermore, how victims perceive themselves in their social environment, their social environment's response as well as suggestive talk will influence their trauma memory recall, anger and behavioural reaction (Bartlett, 1932; Bringle et al., 2004).

In an effort not to threaten the delicate internal web and mechanism of their social environment, the victim will try to adhere to their society's rules about trauma and anger.

Victims often describe as frustrating the fact that others expect them to move on and get on with their life and forget the devastation the trauma brought. The social environment, in turn, in an effort to ensure that the individual's anger does not become excessive and threaten the social balance will rely on informal ways such as alienation and turning a blind eye to keep inappropriate anger in check (Stanton, 2005). This alienation could turn to depression after trauma, according to Lewinsohn et al. (1985, cited in Passer & Smith, 2004, p. 531), which is triggered by the loss of social support. The victim will withdraw even more and see the lack of support as a loss or punishment for not taking part in positive reinforcement hobbies or social events as before. In addition, the victim tends to make others in their social environment anxious, depressed and even hostile. This causes the people who are providing support to lose patience, failing to understand why the victim doesn't snap out of it and get better. It may also lead to diminishing social support and may eventually cause the victim to be abandoned by those who are important to them (Passer & Smith, 2004). The victim is left with the choice to accept these unwritten rules or leave the group. However, finding a new group that shares all the same norms and values as the previous group is not always possible.

Following a trauma, victims find that when the adrenaline rush of society passes and the trauma become old news when telling their stories about the trauma and anger, they are often met with a shrug of the shoulders and with worn-out phrases. This makes the victim become bitter and ask why they have gone through all that they have when they encounter friends and social as well as cultural structures that are indifferent or ignorant to their trauma, anger and pain (Frankl, 1984). This bitterness turns to anger at what the victim perceives as a lack of social support and indifference to their plight to be heard. As a matter of interest, some victims often prefer the presence of their pets after trauma as they perceive them as being more comforting, tolerant and accepting than the humans in

their social circle. When that pet dies, they experience the loss as devastating and mourn it as if it were a close family member (Brooks & Martinez, 1999; Hsu, 2008; McCutcheon & Fleming, 2002; S. Smith, 2009).

Anger, the Nature of the Event and Bonding

After a traumatic event that involves a loved one or a person emotionally close to the victim being hurt or even killed, the victim experiences intense anger. Not only do they have to deal with painful horror and humiliation during the traumatic event, but also with the mourning of what should have been and what they expected their own and their loved one's life to be if the traumatic incident had not occurred. The victim's grief may also increase and become complicated when death occurs by traumatic means such as motor car accidents, murder or natural or human-made disasters (James & Gilliland, 2018). Not only does the victim suffer from the emotional turmoil they experience but also the despair in which their thoughts are constantly focused on the loss. They continuously search for something that shows that the person is still alive or search for the reason for the death and protest against the incident that caused the trauma (Bowlby, 1961; Joffrion & Douglas, 1994; Kübler-Ross, 1975; Schupp, 2015).

In events that are not a complicated traumatic event, the victims feel that their support group is frustrated and irritated that they do not get over the event and move on. However, in complicated mourning of the potential of what should have been, the victim becomes stuck in the past and emotionally they feel numb and unable to understand the loss they experienced. In an effort to understand their grief and pain, they will talk about the incident or person who died repeatedly. Their every conversation will be about the deceased person or how they died. It is as if they are trying to make sense of the traumatic incident and are unable to make logical sense of the event and what followed the traumatic

incident (Arvay, 2001). Their support group becomes exasperated that the victim does not want to understand that they need to move on with life, the traumatic event is over and they should be grateful that they are alive. Faced with the lack of understanding and support of their social group, the victims feel intense anger.

According to Rando (1984, 1996, cited in James & Gilliland, 2018), mourning and loss have the potential to increase and become complicated if the incident included the following situations:

- It occurred suddenly and was not anticipated.
- The traumatic incident included violence, mutilation and destruction.
- If the victim believes the traumatic incident was preventable or random.
- Death of more than one person occurred.
- Victims' confronted their own mortality.
- Realisation of their own human weakness as: *"I could have died, or I am vulnerable and can die"*.
- Witnessing the violence or mutilation.

In traumatic incidents such as a homicide in which a legal system is involved, whether it is through civil or criminal actions, the victim must also be a witness repeatedly of the after-effects of the legal actions that follows (James & Gilliland, 2018). This is because in court cases, the victim is re-exposed to the horror of the traumatic event which sometimes has no resolution or closure. Each time the victim must attend a court case, they must deal with their own vulnerability, residual trauma, reliving the pain and the initial loss and trauma (James & Gilliland, 2018).

Anger Emotions as a Result of a Self-perception Process

Sadness, fear, anxiety and anger reactions are relevant to our anger and, at times, are because of the misattribution of how a victim remembers the event and the emotional effects attributed to it (Aronson et al., 2005). This, according to Aronson et al. (2005, p. 154), can be explained by the cognitive appraisal theories of emotion which suggest that a victim will form emotions based on the interpretation or explanation of the traumatic event in the absence of any physiological arousal. They will make the appraisal according to whether they perceive the event as good or bad and how they explain what caused the traumatic event (Aronson et al., 2005).

The cognitive appraisal theories of emotion are similar to Schacter and Singer's (1962) two-factor theory of emotion in terms of which people try to explain the causes of an event and their reaction to it (Schacter & Singer, 1962). The main difference is the role that arousal plays. In the cognitive appraisal theories of emotion, arousal does not always come first; the cognitive appraisal alone is a sufficient cause of emotional reactions (Aronson et al., 2005).

The two theories are compatible in their view that when people are aroused and not certain of where the arousal comes from, the way in which they explain the arousal determines their emotional reaction (two-factor theory) and when they are not aroused, the way they interpret and explain what happens to them determines their emotional reaction (cognitive appraisal theory). Both theories agree that people learn about themselves by observing events, including their own behaviour, and then trying to explain these events based on two factors, namely, physiological arousal and a cognitive label (Aronson et al., 2005). Furthermore, when an emotion is felt, physiological arousal occurs, and the person uses the immediate environment to search for emotional cues to label the physiological arousal. This can sometimes result in misinterpretations and misattribution of emotions

based on the body's physiological state. When the brain does not or cannot explain an emotion, it relies on outside sources or external stimulation for indications to label the emotions (Reber & Reber, 2001).

To test their two-factor theory of emotion, Stanley Schacter and Jerome Singer (1962) conducted an experiment in which 184 male college students took part. The researchers created a situation in which two variables, experiencing physiological arousal and seeking an emotional explanation or label for the occurrence, were present to explain the reasons the participants in the research gave for their anger (Aronson et al., 2005). The participants were told that the study was about the effects of a vitamin compound called Suproxin on people's vision (Aronson et al., 2005). The participant was not told that he would be injected with either a placebo that had no physical effects or epinephrine that is a naturally produced hormone that causes arousal. While waiting for the Suproxin to take effect and for the eye test to take place, the participant was introduced to another participant who was in fact an accomplice of the researcher. Both were handed a questionnaire that included personal, intimate, and insulting questions. The participant was a witness to the accomplice participant's reaction to the questionnaire, and subsequently reacted angrily, tearing up the questionnaire, throwing it down and leaving the room in a rage (Aronson et al., 2005)

The participant who received the epinephrine injection did not realise it was due to the hormone which caused a rise in body temperature and an increase in heart and breathing rates. They would attribute it to the questionnaire and that they are angry, as well to the questions, thus proving that in order to experience an emotion a person needs to be aroused. They consequently sought and found a reasonable explanation for why they felt the arousal, attributing it to the situation they were in. In contrast, the participants who

were given the placebo reacted with less anger than those who were given the epinephrine (Aronson et al., 2005). The results indicated that by providing an explanation that was not emotional, the researchers could prevent people from becoming angry when they felt aroused. It showed that participants could be made to experience a different emotion if the most plausible explanation for their arousal was changed (Aronson et al., 2005).

This experiment showed that emotions could result from a self-perception process. In addition, in angry and aroused states such as trauma, people look for the most plausible explanation for their arousal. Sometimes, this ready-at-hand explanation is not the most plausible or correct one, and people end up with misattribution and mistaken emotion such as anger or euphoria. The students who participated in the experiment, who became angry or euphoric, did so because they felt aroused and thought this was due to the obnoxious questionnaire and the behaviour of the accomplice. Because the real cause of their arousal, the epinephrine injection, was hidden from them, they relied on situational cues to explain their behaviour (Aronson et al., 2005).

Victims' Childhood and Personality Development

Living beings need trust to be part of a social environment; trauma destroys basic trust in feeling safe in a social environment. Schupp (2015) and Passer and Smith (2004) refer to Erikson's developmental psychology, which holds that the way people react to feeling unsafe and not trusting the social environment develops in the first year of life.

Erikson (1968) theorised that personality develops by confronting eight major psychosocial stages; each stage is dependent on and involves a different crisis or conflict in relation to how people see and compare themselves to other people in their social environment and the world. These conflicts or crises are ever present throughout a person's life and the importance given to this conflict or crisis depends on their age and

will have an effect on their future development. According to Schupp (2015) and Passer and Smith (2004), four of these crises occur in early childhood during the formation of personality and are dependent on a person's interaction within a social environment.

1. The basis of trust and mistrust develops during the first year of a child's life when they are dependent on a parent or caretaker. A child will develop trust when their needs are met and when they receive love, affection and comfort. Mistrust is developed when a child's needs are met with anger and aggression in their interaction of their parent or caretaker. The type of first-year caretaking interaction, within that care or neglect, will form a child's identity, perception of the self, social environment and intimacy. This is because the parents' or caretakers' positive or negative responses are imprinted on the child's mirror neurons. The learnt behaviour will be an instinctive response of emotions and behaviours that mirror those learnt from the parent or caretaker. Though they are unconscious and come without thought, they are influential in their lives and can control their behaviour.
2. During the age of two to four years, children become ready to separate from their caretakers or parents and develop individuality. This is also the time that autonomy, shame and doubt develop. In a restrictive or harsh environment, they will develop shame and doubt about their own ability that will discourage them from being independent. A confident child will explore their surroundings and thereby build more confidence within a secure caretaking environment. This exploration of their social environment only occurs if a child feels safe; confidence is relational and follows if children trust their parents or caretakers within the social environment.
3. Children display curiosity and are inquisitive about their world from age three to five. This is also the time they develop initiative or guilt. Freedom to explore and

receiving clear answers to their questions develop a sense of initiative; however if they receive punishment or if they are hindered in their exploration they will develop guilt and suppress their curiosity.

4. From the age of six and into puberty a child's life start to include other social environments such as attending creche or primary school. During this stage, they learn to be industrious when they experience pride and encouragement in mastering tasks and strive to achieve and grow. A child that repeatedly fails or is discouraged by a lack of praise for trying forms a sense of inferiority.

Trauma and childhood memories wired into a child's brain form the core beliefs about current and future relationships. These core beliefs in the limbic system or emotional brain are encoded and organised into intense working models during childhood and are stored as implant memories (Hyman et al., 1995; Schupp, 2015). Although these implant memories were emotional and latent, they will influence a child's behaviour. If their caregiver is negligent or perceived as inconsistent in their show of care and affection, the victims tender feelings for them can be intertwined with feelings of ambivalence and anger (James, 1996). These conflicting emotions create a feeling of being robbed or bereft of a normal childhood (James, 1996).

Unfortunately, these implant memories together with previous traumas, personality type, and other factors such as sexual and verbal abuse, will determine a child's present and future style of relating to others (Schupp, 2015). This is because when incidents like molestation and abuse threaten their sense of security, children fear exploration and attachment behaviour is activated. They will try to reconnect with their parent or caretaker to feel safe, pushed by intense emotions which are usually a mixture of anxiety and anger (Bowlby, 1988; Schupp, 2015). Children will attempt to re-establish these reconnections

after they are broken and will indicate what they require by seeking and signalling behaviours to obtain physical closeness to the parent or caretaker. This can take the form of either crying, whining, screaming or pleading. When a caretaker or parent ignores this response or the child is met with irritation, they will conclude that their social environment and parents are not safe, do not care and cannot be trusted (Passer & Smith, 2004). They learn and model aggressive behaviours and carry these traits over into adult relationships and stressors in their adult years (Bowlby, 1988; Passer & Smith, 2004; Schupp, 2015).

Conclusion

This chapter presented an overview of the literature reviewed for this research. It started with a definition of anger and explored the origins of anger, looking specifically at the theories of anger proposed in the literature, as well as the types of anger and the factors that influence it. It also looked at the research and the interest of the research in anger from a social viewpoint. In addition, the chapter looked at examples of cultural rules in regard to anger and anger behaviour which seek to regulate the social status of the group or society. Finally, the chapter concluded by discussing the themes explored in the research.

CHAPTER 3

RESEARCH METHODOLOGY AND DESIGN

Chapter three explains the research methodology, design and focus of the research. It describes how the research was conducted, and the methods used to collect and analyse the information obtained from the research. The chapter will also look at rigour as used in qualitative research as for validation purposes and ends with the ethical considerations considered during the research and specially the data collection.

Epistemological Framework

The theoretical framework for this research was social constructionism because the social science models represent various viewpoints and insights not seen in other paradigms (Babbie, 2005). This framework was selected since social science paradigms represent a variety of views, each offering insight not offered by the others and in addition allowing the researcher to ignore aspects of social life that the other theoretical frameworks expose (Babbie, 2005; Corey, 2005; Terre Blanche et al., 2006).

In this research, the use of language and conversation processes was the focus for understanding the participants' narratives about their anger and trauma (Corey, 2005). This was deemed the best framework based on the social constructionist, solution-focused and narrative viewpoints that assume that there is no single truth, but that reality is socially constructed through human interaction (Corey, 2005). Thus, the research focused on social human interaction and the meaning given to anger in terms of a participant's interaction with their society (Babbie, 2005; Corey, 2005; Terre Blanche et al., 2006).

Social Construction as the Conceptual Framework of the Research

Corey (2005) attributes the development of social constructionist theory to Berger

and Luckmann, and Gergen, with Gergen placing emphasis on how people make meaning within their social relationships. In terms of this theory, although the victim's language represents reality, truth for each individual cannot be seen as a generalisation or universal because each victim's reality is created, and not discovered, within a social context (Carson, 2003; Corey, 2005; Gergen, 1994). In other words, the victim's reality about their anger and trauma is formed by the use of their individual social language within the meaning given to it by their social environment (Becvar & Becvar, 2006; Stanton, 2005).

The focus of social psychology is that social interaction influences every living creature within their society, culture, pride or herd. As social creatures, our thoughts, feelings and behaviours are influenced by our immediate surroundings within our history and our cultural and family background which includes our overt reaction of anger (Aronson et al., 2005). We are influenced by the social environment in which we are immersed, owing to our social and cultural context, and all living creatures, humans especially, will try to fit in and make others proud, whether the presence is physical, real, or imagined as in a group's ego and image (Aronson et al., 2005).

Social Constructionist View on Anger

Victims of crimes feel alienated and alone, bereft of social support (James, 2008). It is this feeling of loss of their social support that creates more uncertainty and aloneness. In addition, they feel that their social environment blames them for the traumatic event and they struggle to understand why they are judged in this social context (Herman, 2015). It was in consideration of these views that the conceptual framework of social construction was chosen for this research. The assumption of this research is that anger after trauma is influenced by the way the victim views themselves in their social environment and that their social environment has an influence on how they react and perceive the traumatic

event. Such anger after trauma must be seen in the light of the social interaction between the trauma victim and their society (Babbie, 2005; Corey, 2005; Terre Blanche et al., 2006).

According to Taylor and MacLaury (1995), social environments look at anger as a fiend that is undesirable. This viewpoint in societies can be seen in the words, phrases, expressions and metaphors used to describe it, such “in the heat of anger” or anger as a sin. It can also be seen in less elaborate metaphorical word patterns such as, anger is insanity, anger is an opponent, anger is a dangerous animal, and anger caused by overstepping society’s boundaries (Taylor & MacLaury, 1995). Thus, not only do social norms and standards express anger as undesirable but society also uses language that identifies anger as an emotion that needs to be controlled (Taylor & MacLaury, 1995).

Furthermore, people spend a lot of time and energy on feelings they suppress and do not want to feel and they perceive that their anger leaves them at the mercy of these unexpressed emotions (Fisher, 2012). Because of the trauma experienced, these suppressed feelings are exposed and come to the forefront, changing their previous internal perceptions and forming beliefs and changing their worldview (Fisher, 2012). It is puzzling for the victim, as the suffering is an emotional state they are in and not a feeling, and at the same time it could be physical suffering, which as trauma could be something real or somatic (Fisher, 2012). In addition, anger is generally seen as an emotion fuelled by frustration, distorted and even definite anger as in real harm done (Chapman, 2015; Hunt, 2013; Levine, 1997). However, in trauma, the anger felt needs to be explored within the context the victim gives to it.

This anger differs from normal anger and even though thoughts of retribution are usually at the centre of this anger, the emotions that the anger hides need to be

investigated. The anger experienced after trauma masks emotions such as sadness, loss of control, feeling overwhelmed and alienation. If the emotional pain could be taken apart, it might be seen that the array of feelings behind the suffering is either a sensation of feeling or experiencing this pain and suffering. Underneath all these confusing emotions were usually blame, sadness, fear and shame, emotions that the victim prefers to avoid or deny while pretending they are not felt (Fisher, 2012). However, the more the victim represses this anger, the more pain and suffering they unconsciously create and experience, which intensifies the more they try to suppress the anger and avoid pain (Fisher, 2012). Repressing their emotions only creates more anger, discomfort, pain and suffering, which leaves them feeling overwhelmed and out of control. This, according to Friedman (2006), is since trauma occurs not just as a result of the traumatic event, but is also the emotional response of the victim exposed to such an event.

Methodology

Defining Methodology

The term methodology and its definition are often associated with scientific methods, which suggest that the only acceptable method used for research is methods verified by science. The scientific method refers to actual procedures that use specific interviews to explain a specific occurrence to be researched or explained (Reber & Reber, 2001). This form of data and information collection, according to Terre Blanche et al. (2006), is called a paradigm. A paradigm is thus a pattern, model or general conceptual framework of theories and methods constructed in a particular area of research, in terms of which the theories pertaining to a particular area of research are constructed (Colman, 2006). Bird (2012, p. 861) expands on this, stating that the term *paradigm* refers to a disciplinary medium or a set of obligations that are shared by practitioners in specific science research or field that includes a special vocabulary, established experimental

techniques and accepted theoretical claims.

Regarding this research, it was not directly concerned with the accumulation of knowledge or developing an understanding of anger or trauma; rather it was more interested in the thoughts, feelings and meaning the participants attributed to their experience of anger after trauma in order to obtain knowledge, and explore and understand their experience (Babbie, 2005; Corey, 2005; Terre Blanche et al., 2006).

Qualitative Research Methods

A qualitative research method was used in order to understand the eight cases and the research question pertaining to anger after trauma in more detail. From a social constructivist viewpoint, it was the best method for answering the research questions on anger from the personal perceptions of the individuals involved (Babbie, 2005; Stanton, 2005, Terre Blanche et al., 2006). Individual conversations were deemed the best way to collect personal data about anger, as a group situation might lead to a loss of rich in-depth information. In addition, in in-group settings, participants may feel intimidated to answer in a particular way or may feel that their contribution will be unacceptable to the group (Babbie, 2005; Stanton, 2005).

Research Design

The research used a descriptive and interpretive qualitative method design to explore the phenomenon of anger after trauma within the context of the eight participants' social environments. The descriptive aspect addressed the factors that influenced anger after trauma and what kinds of anger emotions contributed to this feeling of anger. The interpretive aspects in this research looked at the meaning making the participants gave to their anger, why did they give it this meaning, and how these factors contributed to their anger coming about (Babbie, 2005; Stanton, 2005, Terre Blanche et al., 2006). The next

two sections will look briefly at the interpretive and descriptive approach for evaluation of the research.

Interpretive Approach of the Research

Qualitative research cannot be defined by rules and unyielding designs of science research and in understanding the social world of the participants the researcher had to use the interpretative process that are open, fluid and changeable and not caught in technical terms (Babbie, 2005; Corey, 2005; Terre Blanche et al., 2006). The researcher had to be able to adapt to change and questions asked to accommodate the participants while the data was collected (Terre balance et al., 2006). The flexibility allowed the conversation to flow and the participants to be at ease.

At the same time to be interpretive the researcher had to be an outsider, have a clear perspective and knowledge of the research question, as well as being objective and not biased to the information discussed and that emerged from the conversation to ensure credible and valid, detailed data to emerge (Terre Blanche et al., 2006). In order to be able to meet the interpretative approach it asked of the researcher to change the dominant positivist tradition and focus on participant observation, case studies, qualitative interview or conversations and analysis. Therefore the researcher also had to be subjective and reflexive to give a valid interpretation without being part of the conversation or drawn into the participants world (Terre Blanche et al; 2006). The researcher had to understand the meaning the participants gave to their anger and trauma and understand their natural social life to evaluate the data. This made the researcher part of the research but at the same time and outsider that reported the data. By using the interpretative approach it gave strenght to the research in that she could meet the participants needs rather than being a preordinate and inflexible in character (Terre Blanche et al; 2006). Therefore the focus of the research

involved the participants subjective trauma and anger experience as their reality and essence of what is real for them, making sense of their conversation of the trauma and anger felt. It meant interacting with the participant and listening carefully to what they told and using qualitative research techniques to collect and analyse the information. It also meant that by using the interpretive approach the attention and focus was not on isolating or controlling variables, but to understand the language of the participants to help the researcher understand their pain, social environment and trauma experience (Babbie, 2005; Corey, 2005; Terre Blanche et al., 2006). The negative to this sort of approach is that the researcher as an outsider can become too involved or be a stranger to the data information and in that way lose valuable data and information that means that it worked against the aim of evaluation (Terre Blanche et al; 2006).

Descriptive Approach of the Research

The research also used a descriptive approach in order to describe and explore the question of anger after trauma (Terre Blanche et al; 2006). The aim was to describe anger after trauma accurately. To be descriptive the research used conversations with trauma victims about their experiences of anger and trauma. And documenting the themes that repeatedly come up in the conversations of each participant (Terre Blanche et al; 2006). Therefore the research wanted to describe anger after trauma in considerable detail. It also meant that the participants were selected from a particular group namely trauma victims that had a traumatic event.

Research Instrument

The research instrument used was a conversation that did not rely on numbers, statistical analysis or questionnaires; rather, the data were collected through observation, conversations and content analysis (Babbie, 2005; Lofland & Lofland, 1995; Mannin &

Cullum-Swan, 1994). By using these qualitative methods, the researcher was able to make sense of social observations without converting the data obtained from participants into a numerical format that would not explain why they felt anger; rather it would merely show that they had anger (Babbie, 2005). Therefore, the focus was on each participant and the meaning they gave to their individual story, anger and trauma (Babbie, 2005; Corey, 2005; Terre Blanche et al., 2006).

Researcher as Research Instrument

The researcher relied on the participant's words and language in the context of their trauma experiences, first-hand accounts of anger felt, and to the best of her ability described the conversation in rich detail. It also meant she had to represent the data collected in engaging format without changing the meaning and the language. It also meant she had to be careful to listen and observe, write down notes and thoughts without becoming part of the conversation (Babbie, 2005; Corey, 2005; Terre Blanche et al., 2006). She had to put down her therapist hat and use the interpretive researcher skills of understanding the context of the conversation and become the researcher as the primary instrument that collect and analyse the information collected (Terre Blanche et al; 2006).

This also meant that the researcher had to take note of her own presence in the research and at the same time be aware of her own possible subjective biasing and the effects it may have on the research and interpretation and results. She needed to sit back and read through the text and rewrite areas she might have lack the empathetic understanding and make sense of the participants reality and write it down the language conversation as it was spoken and not as she heard it or assumed it to be (Babbie, 2005; Corey, 2005; Terre Blanche et al., 2006).

Qualitative Conversation

Data were collected by means of interviews with participants that took the form of a conversation (Babbie, 2005). Gathering data and information using conversation and qualitative methods enabled the researcher to conduct the conversations and writing of the text in a subjective manner. A qualitative conversation method for data collection was used because the research sought interaction between the researcher and the individual participants (Babbie, 2005; Corey, 2005; Terre Blanche et al., 2006). The data information collection was generally a conversation in which the researcher established a general direction for the conversation while pursuing a specific topic raised by the participant. In this research, the conversation had a general plan of inquiry, without pre-set or specific questions to ask to allow free flow of the conversation, although at times the question would be directed back to the topic of the research (Babbie, 2005, p. 314).

This also meant that the researcher had to be familiar with what questions to ask for the conversation to flow smoothly and naturally (Babbie, 2005). This was done to collect unique data from each participant, exploring the topic of the persistence of anger after trauma and uncovering the participants' own conversation or experience (Jary & Jary, 2000). This contrasted with quantitative research techniques, where reliance is placed on the research instruments used for measurement (Jary & Jary, 2000) and which would only have reflected the anger, but not the reason for the anger.

In order to collect in-depth information, the conversation and data gathering used was unstructured conversation which allowed the researcher and the participants to interact naturally and spontaneously about their anger, even though it was for some at times a difficult topic. At times the researcher had to guide the conversation to a specific theme or question to allow the researcher to be more specific and personalise questions for

immediate responses and allow flexibility to obtain more information when participants wanted to explore an emotion or explain a reason behind their actions or words. Guiding was needed in order to get an answer in regard to the research topic and research. Therefore, using qualitative methods resulted in rich and detailed data about the participant's anger (Babbie, 2005; Huberman & Miles, 1994; Jary & Jary, 2000; Mannin & Cullum-Swan, 1994).

During the conversation, and in data analysis when reoccurring themes were observed, they were highlighted to compare with the other participants' conversations and themes. This meant that the themes in the data were considered sufficient and rich in detail, and as closer to the participant's perceived world. The use of quantitative methods could not supply this and could lead to poorer and less expressive data (Jary & Jary, 2000).

The participant's emotions and perceptions come across more powerfully in the conversation than they would in statistics (Babbie, 2005). This point to the superior validity of this qualitative research compared to that of surveys and experiments, allowing the research to tap into a deeper understanding of the participants' perceptions and emotions. Observation during the conversation could also explore the emotions and language, the silence and the tears without being intrusive, at the same time understanding the reason and the meaning behind the participants' anger. This also allowed the researcher to use prompting questions to explore the meaning and perception the participant indicated by their sighs, non-verbal body language or tears, even silence. In quantitative research methods, this mine of information and knowledge would have been lost, as it could not be observed in questionnaires alone (Babbie, 2005; Huberman & Miles, 1994; Jary & Jary, 2000; Mannin & Cullum-Swan, 1994).

In line with the personal nature of this research, judgement depended on the

researcher's orientation and perception. This meant that the researcher had to note this as a potential threat to the research and she had to address and resolve personal biases and points of view; whenever she was unsure of a theme or data, she asked assistance from an associate to clarify her train of thoughts (Babbie, 2005).

Information gathering was done by using a conversation method as suggested by Stanton (2005), which took on the form of a conversation between the researcher and the individual participants. This meant the researcher was up close and personally involved in the conversation, thus building trust with the participant and allowing them to observe their behaviour during the conversation. At the same time, being part of the conversation meant she could explore their silences and follow up with a question when she was unsure of a reason or meaning or needed to explore an emotion or sentiment, something she could not do if she was not part of the conversation and had to rely on another person's perspective or a questionnaire in which their behaviour could not be observed or explanations explored (Babbie, 2005; Huberman & Miles, 1994; Jary & Jary, 2000; Mannin & Cullum-Swan, 1994).

The biographical data was collected and below an example of the data information collection form that was used in conjunction with the consent form. See appendix ii for example of the form used for general information. The researcher made additional notes on the back of the consent form and information for clarity and for personal notes of each participant.

1. Name & Surname
2. DOB: DD/MM/YYYY
3. Language
4. Mother Tongue Language

5. Gender:
6. Nationality:
7. Occupation
8. Marital Status
9. Family Structure such as Children, siblings, parents - this also included family members that passed on
10. Religious Affinity
11. Short Description and date of Traumatic Events: Example: Death of loved one, Robbery, Etc.

Conversation Schedule

The participants were contacted individually and invited to participate in the research. The reason for and aim of the research were explained to them and they were given an opportunity to think it over before they accepted or declined the invitation. Of the eleven individuals who were approached, eight indicated their willingness to share their anger and trauma stories, while three declined, as they felt they were still not emotionally ready to talk about their anger or the trauma.

Prior to the conversations, an information sheet was given to the participant to complete in order to obtain information regarding their socio-demographic characteristics such as their age, gender, marital status and occupation, as well as a short description of the trauma they experienced or events and situations they considered traumatic. Attached was a consent form that they could read and sign in acceptance of participation in the research. Before the conversation started the researcher again verbally went through the objective of the research and the participants were again given an opportunity to consent or withdraw from the research. The information and data was taken down as notes on each

participants individual consent and information sheet and more in-depth details was written down for later use.

The conversation consisted of questions about the participants' trauma and the emotions they experienced, their perception of the anger and the reason behind their anger. The conversation started with general questions regarding non-specific topic questions to put the participants at ease and help them relax. The conversation was slowly expanded to more specific questions about their trauma and anger that included emotional and psychological factors (Babbie, 2005; Corey, 2005; Terre Blanche et al., 2006). To fully understand or explore the emotions and anger, probing questions were asked to answer the research questions. This was done as empathetically, unobtrusively and gently as possible in order not to cause more pain and suffering for the participant (Babbie, 2005; Huberman & Miles, 1994; Jary & Jary, 2000; Mannin & Cullum-Swan, 1994).

Example of possible opening question used to clarify or gather information:

1. You indicated on the information sheet you experienced an event/s you considered as traumatic. Would you please give me more information about the event?
2. Another example of a question that might have flowed from the conversation. During our conversation in regards to social support you mentioned that you felt.
3. In regards to the traumatic event did you experience any anger

During the conversation, they were given time to relax and take a break if they felt the conversation was emotionally draining. They were also given opportunities to continue or withdraw from the research during these intervals.

Though the conversation was emotional, all participants were willing and indicated that they would continue with the conversation as they felt it gave them insights into their own perception of what happened, as well as the freedom to address topics they had never addressed or voiced to another person.

In this research, this was achieved through interaction between the researcher and participant, in which she had a general plan of enquiry, but not a specific set of questions (Babbie, 2005; Terre Blanche et al., 2006). Furthermore, it meant that the participants did most of the talking (Babbie, 2005; Stanton, 2005, Terre Blanche et al., 2006). By using conversation and observations as a method, the research was less rigid and more appropriate for qualitative research (Babbie, 2005; Terre Blanche, et al., 2006). This method of conversation allowed for a more flexible, interpretative and continuous rather than prepared in advance, structured conversation format. It allowed the researchers to gather information, analyse, test and come closer to a clear and convincing model of the phenomenon of anger in this research (Babbie, 2005).

Sampling

The researcher approached each participant personally and informed him or her of the research. They were invited to take part in the research, they were given information about the topic and the purpose and the objective of the research were discussed. Their presence in person gave the researcher an opportunity to answer questions to ensure that they understood the research aim and were able to decide whether to participate or not. Identified participants who indicated they would be interested were given a few days to think it over and were then contacted again. If they were still willing a time and place for the conversation were agreed and, to show their willingness to participate, they were asked

to complete an information form and sign a consent form before the research conversation started.

A qualitative research model determined the style used to gather systematic and methodical solutions (Terre Blanche et al., 2006). This meant that the focus of this research was on the eight participants' individual stories, which indicated anger after a traumatic event. The researchers used purposive sampling to purposely seek out and choose individuals who had experienced a traumatic event. This fitted well and was the basis of the objective of the research on anger after trauma. Trauma was important to the research, as it wanted to explore the anger felt after trauma, therefore also purposefully looking for participants' availability regarding the specific topic of the research (Babbie, 2005; Corey, 2005; Terre Blanche et al., 2006). This meant the researchers chose the sample by utilising personal judgement and deciding whether the sample would be an adequate representation of the exploration of the research topic, namely anger after trauma. This meant that the participants did not represent all trauma victims, but they had the necessary experience and information about trauma to be effective for the research. These participants were individuals who indicated that they had experienced traumatic events and were willing to share their stories. The use of this method of sampling allowed the research to develop transferability by providing a dense description and solid data with a wide possible range of information through the detailed and accurate descriptions of the participants about their anger after trauma. This was done by continuously returning to the notes and transcripts of the conversations to ensure the meaning was captured as it was said and in context of the conversation (Cypress, 2017).

Sampling and Size

The research was interested in anger after trauma and the research aim was to work

within the qualitative framework. Therefore, opinions and conclusions on everyday anger were considered, but the focus remained on a detailed in-depth analysis of the participant's conversation about their anger after a traumatic event (Stanton, 2005; Terre Blanche et al., 2006).

The use of purposeful and snowball sampling, as termed by Terre Blanche et al. (2006), allowed the selection of eight information-rich conversations for the research on anger. The researcher considered the sampling methods appropriate as the information that needed to be collected were dependent on availability of individuals that experienced trauma and their willingness to participate. To contact potential participants the researcher had asked contacts and friends to direct her to trauma victims in a process of gradually accumulating a large enough sample for the research (Terre Blanche et al., 2006). Therefore, the research concentrated on each participant's anger which rendered it both a procedure and a result of the inquiry (Terre Blanche et al., 2006). With the research being qualitative and explorative, the researcher systematically gathered enough information about a participant, their social setting, culture and beliefs about their world and about anger (Babbie, 2005; Corey, 2005; Terre Blanche et al., 2006). In addition, the research intended to explore the patterns found in the trauma stories and the words of participants in the context of the event that gave meaning to their anger. It also meant that the focus was narrowed to specific anger after trauma by comparing the uniqueness, commonality or similarity in the anger conversations explored in reoccurring themes (Stanton, 2005).

Participants were selected using the criteria discussed in the following sections.

Inclusion

1. Individuals diagnosed with trauma or who indicated that they had experienced a traumatic event.

2. Individuals who were able and willing to give consent verbally and in written format.

Although it was part of the inclusion none of the participants was diagnosed with trauma but were individuals who indicated that they had experienced a traumatic event.

Exclusion

1. Any person under 21 years
2. Any individual with cognitive impairment

This type of sample was used in line with the qualitative method of information-rich cases to be used, which could explore the phenomenon of anger in depth (Terre Blanche et al., 2006). Therefore, a very small group of trauma victims was selected who are residents in South Africa. This was done to explore the research question about the process of anger after trauma.

Research Setting

The research setting was set in accordance with the participant's preference. Three preferred their office environment; four preferred the researcher's office and one of the participants' preferred their residential area. The participants could indicate their preference and was given a choice of the place they would feel more at home and ease as not to create trauma and anger inducing stressors.

The participants had experienced a variety of traumas that included robberies, hijacking, murder, as well as disability resulting from motor vehicle accidents and work injuries. They experienced the trauma and violence as stress inducing which led to psychological responses of anger, alienation, guilt, blame and self-doubt (Arvay, 2001).

Despite the traumatic experiences, some of the participants were resilient enough to overcome their trauma and continue with their day-to-day lives (Arvey. 2001; Alberini & LeDoux, 2013, Berezin R. , 2018; Mengel, Borzaga, & Orantes, 2010), nevertheless, they still suppress their anger in regard to the trauma and a perceived lack of social support.

Data Collection Procedure²

The data were collected by having a conversation with each individual participant, concentrating on their opinions, experiences and feelings of anger after the traumatic event. The conversation method was also suitable in the research as it helped the participants to talk about complex and painful information about trauma and anger in detail (Babbie, 2005; Gravetter & Forzano, 2006; Terre Blanche et al., 2006). Using this manner of data collection helped the researcher to see the anger from the participant's point of view, and the participants could share their thoughts, and explore and clarify their anger emotions in detail. Therefore, it encouraged free-flowing interaction during the conversation and the participants were able to share their stories without judgement or blame. Moreover, using the conversation method allowed the researcher to explore the richness of detail in the conversation on each participant's culture, perspective, insights, feelings and thoughts about his or her anger (Babbie, 2005; Corey, 2005; Terre Blanche et al., 2006). It also allowed the researcher to explore and follow up on comments, silences and culture-specific phrases to make sure they were understood in the context as related by the participant.

² Data collection was done between 22 September 2020 and 15 December 2020 as per government and UNISA directives in line with level 1 Covid-19 regulations and limitations and as set out with UNISA guidelines (Government, 2020; Meyiwa, 2020). Physical human interaction in close proximity was conducted under strict Covid conditions in the homes, places of work and researcher/s office.

The use of purposeful and snowball sampling, as termed by Terre Blanche et al. (2006), allowed the selection of eight information-rich conversations for the research on anger. The researcher considered the sampling methods appropriate as the information that needed to be collected were dependent on availability of individuals that experienced trauma and their willingness to participate. To contact potential participants the researcher had asked contacts and friends to direct her to trauma victims in a process of gradually accumulating a large enough sample for the research (Terre Blanche et al., 2006).

The researcher also observed the non-verbal language while the participants shared their stories of anger and trauma. Sometimes a sigh or a tear related more than the spoken words. Another advantage of using an unstructured conversation was that it was spontaneous and flowed with ease despite the difficult and emotional side associated with the topic. Likewise, because the conversation followed both a formal and an informal structure, the participants could be asked to verify the information gathered and explain their emotions. The data gathered were presented and grouped as themes in order to answer the research question on anger after trauma (Babbie, 2005; Corey, 2005; Terre Blanche et al., 2006).

Interpretive Data Analysis

Interpretive Analysis was used for data explanation and followed the data collection phase. It was deemed the best method of analyses as interpretive research is interested in the experiences, feelings, and meanings that the participants gave to their anger and trauma in their conversations (Babbie, 2005; Terre Blanche et al., 2006). This was achieved by staying close to the data, interpret it from a position of empathic understanding and listen instead of being listened to. This also meant a thick and rich description of the data collected including the character, processes, and contexts that

describe and explain the question of anger after trauma imbedded in the meaning, experience and language of the participants (Babbie, 2005; Mannin & Cullum-Swan, 1994; Terre Blanche et al., 2006). It also describes the role of the researcher in data collection as well as putting together the description and explanation of the themes (Terre Blanche et al.; 2006). The purpose of the researcher in this was to put together the data collected into perspective by bracketing all the information and putting aside her academic knowledge about trauma and anger and simply listening to what the participants said about their anger and trauma (Terre Blanche et al., 2006).

Steps Followed in interpretative data analysis

Familiarisation and Immersion

After the completing of data collection and literature reviews, the researcher had an idea about the theories and themes that were emerging from the conversations. It gave her a rough understanding of the meaning and what she could learn from the data collected. She was familiar with the context of the conversation but immersed herself into the data collected in the form of written notes, text, conversation and information written during and after the conversation and data collection information (Babbie, 2005; Corey, 2005; Terre Blanche et al., 2006). It meant reading the text repeatedly and making changes, notes and diagrams. Go back and reading and immersing herself into the data until she had a clear reflection of the anger and trauma seen through the eyes of the participant (Terre Blanche et al., 2006).

Inducing Themes

In order to analyse the data into themes, the researcher documented all aspects of the analysis by categorising and ordering the information in such a way as to make sense

of the data and to write a final report that was true and accurate (Babbie, 2005; Terre Blanche et al., 2006). The best way to accomplish and identify the themes that emerged and make sense of the data was to code data into rich descriptions. Themes that showed similarities were identified and developed from the raw data in which recurring themes were highlighted on the case notes and categorised for future use. The categorisation process helped the researcher to make sense of the raw data, and highlight and illuminate themes and descriptors as they emerged, thereby capturing interesting facts on anger and other information that helped with the interpretation of the data and finding themes that occurred in each individual conversation (Babbie, 2005). In order to understand and to accurately and comprehensively describe the research topic of anger in the data collection and categorisation process, the researcher immersed herself repeatedly in the topic, paying special attention to the collection, identification and analysis of all the data pertinent to this research. After completing the immersion process, she again immersed herself in all the categorised information and material. This time, instead of working with the participants' direct words, she focused on her own notes and conversation descriptions which were constructed and filed by category or emerging theme, as suggested by Terre Blanche et al. (2006). Going through the grouped data and the information facilitated an understanding thereof, including the types of information about anger found in the data, the recurring themes and the interpretations that would be supported by the information (Terre Blanche et al., 2006). This meant that the grouped and categorised data also included the semantic and latent levels of the individual participants' conversations which had to be analysed separately to identify their significance and whether they coincided with the particular participant's story in relation to the theme (Babbie, 2005; Corey, 2005; Terre Blanche et al., 2006).

The researcher had to elaborate and explore themes more closely at this stage to

find deeper meanings or insights she might have missed until no further significant or new insights emerge (Terre Blanche., 2006).

These enabled the researcher to name, elaborate and briefly explain each theme as the final step in interpreting the data according to the themes identified from the conversations (Guest, 2012). The final step involved the use of a social research framework to provide a written account of the data collection. After going through the data carefully to uncover any weak points and contradictions in their interpretation, this also allowed the written text to be scrutinised to search for over-interpretations or research bias so that these could be discarded (Terre Blanche et al., 2006).

Research Themes

The identified and categorised themes were grouped together and coded for use in the written report. Despite the potential for overlap among the themes and with the themes of other participants, they were not applied in their entirety to each case study and cannot be generalised to other studies about anger and trauma (Babbie, 2005; Terre Blanche et al., 2006). Although the chapters that relate to each individual conversation between the researcher and individual participants may have similarities, these should be seen in the context of the time and the interpretations of both the researcher and the participant. Therefore, they do not represent the ultimate truth of each participant's reality about anger at this current time, but rather just their reality at the time of the conversation (Babbie, 2005; Terre Blanche et al., 2006). Future changes in reality and interpretation may be ascribed to future experiences and perceptions that might change the meaning given to traumatic events. Even talking about their anger in this research conversation might have changed their perception, adding a newly formed reality to their worldview, which is subsequently adjusted to fit his/her new realisation (Babbie, 2005; Terre Blanche et al.,

2006). This also means that this cannot be generalised to all findings relating to anger after trauma (Babbie, 2005; Corey, 2005; Terre Blanche et al., 2006).

Reliability and Validity Discussion

Establishing rigour in qualitative research can be problematic, as the rigidity of quantitative research methods requires the demonstration of reliability, replication and validity (Maher et al., 2018). This rigidity is, however, less appropriate for qualitative research, which is focused on what is to be understood about the topic, rather than the numerical values related to the topic, and on which acquired data are interpreted. It also means the researcher has no or little input into the reason why the participants choose an option. In qualitative research, this means the research ignores the social context, which gives the subject's behaviour and action meaning (Burr & Dick, 2017). Therefore, and in accordance with the qualitative methods and social constructionist view of the research, validity and reliability as applied to quantitative methods could not be used to determine the truthfulness of the current research. Accordingly, rigour was seen as the best way to establish validity and reliability.

The scientific aspect of reliability assumes that repeated measures using objective methods establish the truth of the findings (Cypress, 2017). The problem for this research, which was conducted using qualitative methods, was that establishing reliability was difficult as it dealt with emotions and behaviour that cannot be repeated or replicated even if the same research were repeated with new or the same participants, as their meaning making and perception would differ. The possibility also existed that data about anger and trauma could be interpreted incorrectly owing to the naturalistic aspects that seek to understand the phenomena in context-specific settings, where the research has no intention of manipulating the phenomenon of interest or research (Cypress, 2017). Therefore, if

reliability were used as a measure, this research would fail owing to the limitations of scientific requirements. Rigour replaces reliability in qualitative research. The reliability of this research was established by a thorough description, consistency, and care in the application of the research practices, analysis and conclusions. Reliability was also reflected in the written report, namely the thesis, in which the researcher remained mindful of the partiality and limits of the research, the findings and ethical considerations.

According to Cypress (2017, p. 257), validity in qualitative research means to investigate, question and theorise, which are also activities used to ensure rigour in qualitative research. To ensure validity in this research the researcher sought to investigate and explore the phenomena of anger after trauma, thereby gathering knowledge and understanding the factors, meaning, attributes and characteristics of this anger. This meant that the researcher looked for a specific factor or certain qualities that were typical of this anger and which differentiated it from normal everyday anger (Cypress, 2017).

To ensure validity, the researcher used rigour as means of assessing anger from a psychological viewpoint. This was done by using the criteria of credibility, transferability, dependability and confirmability. Thus, the aim of the research was to understand, investigate and explore the meaning of anger after trauma through conversations with and the lived experiences of eight participants. In the research, the researcher asked herself how she could make the reader take note of the importance of the topic, namely anger after trauma, the analysis and why it is important to give credence to this anger. This could only be done by means of the four criteria of rigour, namely, credibility, transferability, dependability and confirmability. These will be discussed briefly in the following sections.

Credibility

To establish credibility in this research, an accurate, honest description of a participant's story about his/her anger after trauma was given. The researcher took the themes and similarities that occurred in each story and elaborated on them in regard to the anger emotions or feelings expressed. This meant that the data collected from the conversations with the participants had to contain a detailed account of their anger and trauma (Babbie, 2005; Corey, 2005; Terre Blanche et al., 2006). It should be noted that during data collection other themes arose and the researcher had to ask herself whether they were relevant and should be included in the written report. This was done using a methodical triangulation, that is, cross-checking the data and interpretations within and across each theme by the use of multiple methods to study a specific question of anger after trauma (Terre Blanche., 2006). The researcher looked for information from other sources such as the participant's conversations, observations, and literature reviews.

Whenever the researcher was unsure, she would contact a peer to allow questions and critique so as to clarify whether the theme and interpretation were valid. Constant interaction with the data obtained from the themes following the conversations was integral to the research design (Maher et al., 2018).

Transferability

The criterion of transferability refers to the ability to transfer the findings to other contexts or settings. Owing to the research specifications and particularly to the context of anger after trauma, it was important that a thick description of the research conversations and data be given, allowing the reader to assess whether the data are transferrable to their situation (Maher et al., 2018). It should be noted that although most of the conversations were reported in a written format, some of the details were not included owing to their

sexually explicit nature or the nature of the conversation, and in some conversations the use of excessive profanities was toned down or left out (Babbie, 2005; Corey, 2005; Terre Blanche et al., 2006).

The use of purposive data sampling methods assisted in providing rich, in-depth descriptions that improved the transferability of the research. Robust data with a wide range of information were obtained from the conversations, helping to understand the participants' personal experiences. Ensuring transferability also meant the data were again cross-checked with data and themes from other participants' conversations. Transferability was also ensured by continuously returning to the notes taken during the conversations. This required the researcher to immerse herself in the data in order to increase the adequacy, purpose and understanding of the conversations. It also meant that special care was given to the collection, identification and analysis of all the data (Babbie, 2005; Corey, 2005; Terre Blanche et al., 2006).

Dependability

Dependability was achieved by means of the explanation of the research methods used. These were described in adequate detail to facilitate another researcher repeating similar qualitative research (Maher et al., 2018). However, generalising the exact results to all trauma victims would not have been possible. This was because the participants' personal exploration and meaning was given to the topic at hand at the time of the conversation (Babbie, 2005; Terre Blanche et al., 2006). Even if the research were repeated with the same participants, the results would not be the same, although some data would be consistent. Their perceptions depended on their experiences, their history and other factors that could have been altered or changed by the research itself or life events.

Confirmability

The researcher kept notes and descriptions during the research process by writing down her introspections every day. The use of an audit trail to examine the processes whereby data were collected and analysed and interpretations were made helped her to stay on track. This audit trail included written notes of the conversation and personal notes, reminders, perceptions and recollections about the conversations (Babbie, 2005; Corey, 2005; Terre Blanche et al., 2006).

A concern of qualitative research conducted within a social framework is the researcher's biases, assumptions, beliefs and presuppositions that might be included in the written report. If the researcher had to consider total reduction, the rich information and true reflection of the data information would have been lost. It also meant that the researcher had to be aware of her own bias to the interpretation of data.

The researcher was careful to consider her own biases and the possibility that they might influence her conversations, interpretations and observations. To guard against researcher bias she kept a record of her thoughts and notes on the literature available, as well as taking account of and interpreting nonverbal cues. Furthermore, reading and reflecting on the research analysis process combined with the literature reviews gave her time to reconsider (Babbie, 2005; Corey, 2005; Maher et al., 2018; Terre Blanche et al., 2006). Subsequently, if she came to the same conclusion that was supported by the analysis, the data were captured for the write up and coding of themes. In this way, she stayed close to the data and remained open and flexible to emerging insights. In addition to the data collection, which included conversations, field notes and memos, and the literature review, she would discuss her analysis with a peer to see if they came to the same conclusion or analysis and make her aware of any researcher biases (Maher et al.,

2018).

In addition, during the conversation phase of the research, the researcher would ask the participant for clarification if she was uncertain about a word, a phrase or silence, asking them to explain the context and meaning behind the word or gesture to ensure accuracy (Babbie, 2005; Corey, 2005; Maher et al., 2018; Terre Blanche et al., 2006).

Therefore, the researcher did her best to curb researcher bias that tends to see results from a subjective point of view and to record information from her own personal views in order not to affect how the data were interpreted and analysis conducted. She tried her best to set aside her own strongly held perceptions while keeping the knowledge gleaned from the literature review in mind during the conversations, coding, analysis and write up of the results (Babbie, 2005; Corey, 2005; Maher et al., 2018; Terre Blanche et al., 2006).

The researcher believes that rigour in this research was demonstrated by following qualitative research methods that demand that the researcher have an in-depth engagement and interaction with the participant. This enables the researcher to be part of the conversation, while being objective in order to build trust. It also enables the researcher to see and understand the meaning given to anger after trauma (Babbie, 2005; Corey, 2005; Maher et al., 2018; Terre Blanche et al., 2006). This requires the researcher to be able to reach through spoken words and in engagement and interactions to find the hidden meanings and sometimes concealed emotions the participants feared to voice. This helped the researcher to explore the anger in detail and obtain more valuable, rich, informative data, which might not have been available if she had taken the words at face value only and not explored the meaning at a deeper level (Maher et al., 2018). This supported the research methods used to establish rigour as the data were up close and personal (Babbie,

2005; Corey, 2005; Maher et al., 2018; Terre Blanche et al., 2006).

Ethical Considerations³

Any research and with any type of research, ethical considerations were essential (Allan, 2008). The first step was to contact potential participants for participation in the research. They were informed about the purpose and aim of the research and the degree of their involvement in it. Participants who indicated their willingness to take part in the research were contacted to set up a date, time and location for the conversation. During this initial conversation, the participant had the opportunity to withdraw or indicate their intent to continue with the research. They were allowed to ask questions and clarify any uncertainties they had about the research, the objective and aim, as well as their involvement in the research. The process and type of data collection were discussed with them; namely, that it would take the form of a conversation and that a written report on the process would take the form of a thesis.

At the start of the conversation, and after the Covid 19 protocol was followed, an information sheet with biographical details was completed, and consent was obtained verbally and in writing. The researcher and the participants' involvement were again discussed and the participant was given the opportunity to withdraw or continue or discuss any uncertainties they had about participation. In cases in which the participants indicated nervousness, the researcher spent time calming them down and assurances of research confidentiality were given. Giving the participant's time to calm down and confirming the procedure and process that would be followed helped them to relax, and they were more confident and able to share their story. They were encouraged to engage with the

³ Ethical clearance from the University was received 2020-PsyREC-43439381; see Appendix I P269-270.

researcher if they felt uneasy or needed more time. In addition, they were encouraged to ask questions or clarify any uncertainty about the research, the methods and the purpose of the research.

After the formalities regarding the completion of the information sheet and signing of the consent form were completed, they were given time to relax before the conversation started. This was done by talking about general matters such as the weather, their work etc. for a few minutes while guiding them gently and slowly towards the topic of the research.

In accordance with Allan's (2008) legal requirements and to protect the participant's identity, pseudonyms were used when revising and reflecting, as well as in written material such as personal notes by the researcher and in the written report. The research practices used were ethical and within the context of each participant's cultural beliefs and values (Babbie, 2005; Corey, 2005; Maher et al., 2018; Terre Blanche et al., 2006).

Each participant was treated with respect and empathy during the research. This was done by accepting their point of view and ensuring they were comfortable during the conversation, particularly when they discussed emotional or personal matters relating to their anger and trauma.

At the end of the conversation the participants were allowed to reflect on the process, and if they had any questions or insights they wanted to share, they were able to share them with the researcher. They were also invited to contact her if they had any uncertainties or if they felt the information given during the conversation was a threat to their physical and psychological wellbeing.

In line with the ethical considerations, the researcher allowed them to share their perceptions of the process, promoting openness. They were also encouraged to contact the researcher for a possible referral if they needed therapeutic interventions. If they felt uneasy during any stage of the research, they were allowed to terminate their participation without any fear of reprisal. The researcher had to take into account how the participant's would benefit from the research or would be of value to them. This was done by giving them knowledge and access to information about trauma, skills and interventions and health care facilities (Babbie, 2005; Corey, 2005; Maher et al., 2018; Terre Blanche et al., 2006).

The information obtained during the conversations such as that on the consent and information form, as well as the conversation notes and data, were stored in a place to which only the researcher has access.

To promote fairness and justice to all participants, regardless of age, gender, values or beliefs, the researcher treated all data collection as professionally as possible, and the discussion process was conducted consistently in all circumstances. There might have been slight changes, such as in regard to the responses from the participants; however, the researcher used the same guidance and questions as regards the data required.

Conclusion

Chapter three discussed the methodology of the research, examining the epistemological framework, themes and sampling methods. It also discussed the research setting, data collection procedure and data analysis. In addition, the researcher discussed the rigour applied to establish validity and reliability. The chapter concluded by explaining the ethical considerations for social research applied in this study.

CHAPTER 4

EVE'S STORY: PERSONAL ACCOUNT OF HER ANGER AFTER TRAUMA

Personal Data

Participant:	Eve
Age:	35
Occupation:	Financial administrator
Research setting:	Researcher's office
Language and conversation language:	English (English and Afrikaans combined)
Types of trauma:	Motor vehicle accident (MVA) Emotional neglect Robbery

Introduction

Eve comes across as a lonely, frightened young woman, who is old before her time. According to Herman (2015) children that suffered neglect, abandonment and instability at a young age might have fewer emotional skills and coping mechanisms because of the poor decisions, lack of emotional support and inconsistent caregiving of their parents and other adults in their childhood years. This lack of stability and consistency deprived them of learning how to cope mentally with the trauma they experienced as a young child and which shatters their belief system. Herman (2015) relates this shattering of a once trusted world as devastating at such a young age and the lesson learnt from their trauma was that they could never trust adults.

As seen in many other situations of trauma and terror, in accordance to what

Herman (2015) indicates, Eve, after her first traumatic event, namely that of a motor car accident, sought her mother as primary caretaker as her first source of comfort and protection. However, her mother abandoned her and she rarely had contact with her mother and was dispatched from one family to another. In these caretaker homes, she felt as if she were the hired help and a burden.

Just an unwelcome add on (sic) (addition) to my father's relatives, nie 'n gas nie, daai persoon wat die genooide add on die wedding invite. ongenooid, my aunt's free domestic and nappy changer without payment or rights. Family do not do things for love, or kindness, or because you are kin, net solat hulle iets kan score of kry. Jy is moeite of a burden.

My family did not take care of me out of love, kindness, or family, they had to get something in return. I became the free domestic helper and minder of the babies. Another unwelcome addition to the household, someone uninvited, I was a burden to them.

Following the car accident her normal core family unit was ripped apart. The only time her mother would acknowledge her former family was when she needed something, which was usually money.

Eve always looked up to her father who tried his best to be in her life and keep her close to him. Owing to his partial disability as a result of the car accident, he could not work and was dependent on his family for survival. Following the accident, Eve never again experienced a family unit as she had before and felt like the domestic help or a charity case in each home she was taken into.

The second trauma was a robbery in her early thirties. She and her co-workers

worked overtime and while Eve and her husband were in the car on their way home, they were held up and robbed of their possessions. According to Eve, she was to blame for this robbery as she was familiar with Johannesburg central business district and so she created this opportunity to be robbed and almost killed.

Discussion of Themes in Eve's Trauma Story

Anger

Eve related that at times she is irritable and easily angered. Anything and everything angers her, whether it is her child who does not want to comb her hair or a friend who does not arrive on time. Small things anger her and she cannot understand why she gets annoyed so easily at things that are essentially irrelevant. She felt that the reason for her anger could be traced back to her early childhood and the trauma she experienced during that traumatic period. During her conversation, she spoke in a negative angry tone of stories that involved her mother. The only good memories she recalled of a loving mother was before the accident. Eve felt that the only reason she still has contact with her mom is that it is expected and the right thing to do.

Eer jou moeder en vader.

You will honour thy mother and father.

Eve shared that she is angry with her mother and blames her for breaking up the family and destroying her childhood. She feels that her mother abandoned her and her core family unit when she needed her mother the most.

Netso, poef, weg is my lewe and I became a burden to everyone, except when ma needed something, meaning money that is all she ever wanted money or me to buy her things. Ek haat haar, wens sy was weg. Dood daai

tyd.

Just like that, my life disappeared and I become a burden to everyone except when my mother needed something, meaning money, or me to buy her what she wanted.

It never was about me or what I needed or wanted, it always was about ha (her) and ha (her) need. Pa (dad), he was broken, the victim, the loser in this soapy. He never ever remarried or had a new woman; it always was her, the one that rejected us.

Yes, I am angry with her. She chose to forget about her family and then it was just men and more men, and her own selfishness. Never us, only her own selfishness and a new man in her life. I hate her, I wish she would leave and disappear, died that time.

According to Eve, the only reason she accommodates her mother and allows her in her life is because she is blood and it is expected of her daughter to do well by her and pay black tax (money that successful young black people are expected to give every month to support their family, less fortunate family, or extended family members).

Anger at the Divinity

Eve related that she is a Christian and that her perception of God is that of a god of anger and punishment. In addition, she believes that the sins of the mother will be visited upon her children, and particularly Eve, who will be punished for her the mother's sins.

Ek het in die begin baie gebid, God was doof vir my gebede. Ek het gebid hulle vergeet en vergeef, ons gaan terug huistoe, kry my honde. Dus nie

laat ek nie glo in God nie. Ek dink nie ek is sy flavour nie. Daai favourite's wat alles het.

I gave up on prayers. God never heard me. Early days, the first year after the divorce, I prayed daily that my mom and dad would come and see me and forgive each other and we will move back to our home and even go find our dogs. It was not that I do not believe in God; I just do not think I am one of His favourites. You know the ones with the good life. Happy families, good income, love.

Eve explained that she felt that God ignored her and praying does not help.

God het my teleurgestel. Ek het gebid, elke dag, dat my familie bymekaarkom, maar dit het net vererger. Waar was God al die tyd? Annermense het my gesé, glo net, trust, alles sal regkom as ek net glo en vertrou. Ek het vrae gehad, hoekom maak Hy dit gebeur, hoekom het Hy dit laat gebeur? Wat weet 'n kind van sulke goete. Ek was kwaad vir God en ons het baie lank gepraat en baklei. Ek het bly hoop, maar God het my net ignore, as dit nie so was nie, sou dinge better uitgewerk het.

I am disappointed in God. I prayed to him, every day, to bring my family back, but it only got worse. Where was God? Then people told me I needed to believe, trust more, everything would be great if I only trust him. Why did he make it happen? Why did he allow it to happen? What does a child know about such things? Yes, sometimes I was very angry with God and we had long fights, actually I talked, he ignored me. If God heard, he never listened anyway; otherwise, things would have worked out.

Anger at Self

Eve felt anger towards herself and a sense of guilt and self-blame for both the robbery and her parent's separation and divorce. Even though she related that she knows she was not to blame, she still felt she made it happen.

Ek moes dit laat gebeur het. Miskien was ek sleg in die hospital, ontevrede. Of moontlik omdat ek wou huistoe, my verjaardag vier, met koek, alles, net soos die jare voor dit. Ek wou net my lewe gehad het soos van tevore.

I think I must have been bad in hospital, and maybe it was because I wanted to go home, and have a birthday party, cake, everything, like every year. All I wanted was my life back.

Although the robbery was an opportunistic act, Eve regards her actions and behaviour as a reason for the event.

By die werk betaal hulle goed vir overtime. Jy kan lekker goed doen met oortyd. Jou bietjie spoil. Pedi (pedicure) en mani's (manicure) en ekstra uit oortyd. Baie keer dink ek dat as ek nie oortyd gewerk het nie, dan sou dit nie gebeur het nie. Dit was omdat ek gierig was vir daai fancy goed. Net soos my kinnerjare, is alles weggeneem omdat ek gulsig was en vain. Ek het die lesse van my kinnerjare vergeet. Trots en gulsig gaan jou baie kos. Ek het vergeet en die robbery het my net weer herinner, jy kan alles weer verloor.

At work, they pay well for overtime, and you can spoil yourself with your overtime money. Pedicure and manicure, braids, all the extras and fancies overtime paid. I made it happen, if I did not work overtime, it would not happen; it was my punishment for my vanity and greed. This robbery taught me, not to be vain, I forgot the lessons from my childhood, and then

again, I lost things and was reminded, that I should be grateful and not vain and boastful about worldly things. This robbery was a reminder; remember your childhood punishment or you will lose more.

She gave meaning to the traumatic events by taking the blame for them.

Na die ongeluk, ek het geglo ek is verantwoordelik vir al die slegte goed wat gebeur het jare terug. God straf my. Ek weet net nie hoekom nie. Wat het ek gemaak. Netso met die robbery, wat het ek gemaak. Wens ek het geweet hoekom en wanneer gaan dit stop.

After the robbery, I felt that I was responsible for these bad things and those years ago, God is punishing me. Do not always know what I did wrong, but I know it was his punishment. I just wish I knew when it will stop.

Accountability and Justice

Eve had no one she could hold accountable for her lost childhood. She felt that her mother never took accountability for letting her family down and threw them away as if they never mattered to her. Eve just wanted her mother to say she loved her and that she was sorry for the motor car accident, the divorce and Eve losing her childhood dreams and hope.

Ek kon dit net nie verstaan nie en verstaan nog nie. In een nag was my kinnerjare weg en ek het moeite geword. Ma het nooit gese sorry nie. Sy het my, my broer en pa weggegooi.

I just could not understand it. In one night my happy childhood was gone and I became a burden to everyone. My mother would never say she was

sorry, why she divorced my father or rejected her children.

With regard to the robbery on the way home from work, she felt that she would receive no justice and the robbers would not be held accountable for the crime.

Criminals kom met alles weg, self moord, as hulle gevang word, gaan hulle Sun City toe. Maar ons leef soos criminal's inni tronk en hulle leef soos Christmas elke dag.

Criminals get away with murder, they can do anything, and get away with it and even if they are caught, they go to Sun City. [Jail facility in Johannesburg where it is rumoured that criminals have more liberties than law abiding citizens.] But we live like we are in jail, while in jail they live well, as if it is Christmas every day.

Ek is kwaad vir die polisie en politiek, hulle maak hulle oë toe vir die verkeerde goeters wat gebeur, laat dit gebeur. Maar dan moet ons tax betaal, met n smile vir hulle verblyf. Dit is nou as hulle tronk toe en die docket nie verlore raak nie. I report nie eers sulke goed nie, mors van tyd, hulle doen niks nie. Almal weet hulle en die diewe is kop in een mus.

I am angry with the police, the state and politics that ignore these criminal things, allow it to happen, but expect us to pay tax with a smile for what, what do I benefit from it. That is if the criminals are caught, sentenced and the docket not lost. I did not even report the matter, why waste my time, they will do nothing anyway. Everybody knows they are in it with the criminals.

Isolation, Aloneness

Eve described herself as being on the outside looking in and as being alone, even when she is surrounded by friends or people she believes love her or who she loves. Eve's perception is that the last time she felt as if she belonged was before the accident. After the accident, she did not fit in anywhere and never belonged to anyone. Even with her children and husband, she feels as if she is on the outside, the little puppy begging for scraps at the table while everyone was eating from plates on the table.

My ma sal net notice as ek nie haar oproep antwoord as sy iets soek nie. Sy sy sal my bankkaart mis, nie my nie. Na die ongeluk het ek nerens gehoor nie, altyd alleen gevoel. Ou klere dra wat te klein vir die anner was, of as hulle nuwes kry. `n Kamer deel met anners, niks was heilig of myne nie, altyd geleen of ou gebruikte goet.

Soos my aunt en haar kinnners. Dit was haar kinnners eerste, hulle liefde, hulle ma, hulle huis, hulle goet. Nooit gese dankie, `n hug, or mooi gedoen nie. Net ek moet grateful wees iemand het my ingeneem.

If I died, my mom would only notice when she called and nobody answered. It would be the loss of money that she noticed, not me, not Eve. I never belonged to anyone after the accident, I always felt alone. I had to wear hand me downs, share a room with my cousins, and clean up after them. Nothing was mine. It was always borrowed or used. Like my aunt and her family. They were her children, her home, their mother, and their love. I never got any praise, encouragement or given a hug. Continuously told that I should be grateful I was taken in.

Social Support

Lack of Social Support

In Eve's perception, she never had the social support she needed to deal with the trauma of the car accident and her parent's separation and divorce. She felt that she was always made out to be the rebel child who was too spoiled and who needed discipline. Her mother and family was the people she felt let her down and never gave her support.

Nobody but my father cared about me, niemand, net my pa. Society het n blinde gegooi vir my seerkry en weggooi.

Nobody but my father care about me, no-one. Society was blind to my pain and hurt.

Lack of Support and Neglect from her Mother

Nie my ma nie, Ek haat haar. Is dit sleg om te se jy haat jou ma? Ek wens sy was dood, gesterf in die ongeluk. Miskien sou dit beter wees vir ons almal. Lewendig, maak sy ons lewe hel. As sy gesterf het, ek sou hartseer wees, gehuil het, maar sou oor dit kom, ons sou nog 'n family wees as sy gedood het. My pa sou dit laat werk het.

Not mom, I hate her. Is it bad to say you hate your mother? I do hate her. I wished she died in the accident. Maybe then, it would be better for all of us. Not with her still living and making everyone's life a misery. If she died, I would cry and be sad, we would get over it and still be a family; my dad would have made it work.

Eve's greatest hurt is that her mother did not care about her and made her feel as if

she resented her birth and being her father's daughter.

Eens op 'n tyd was ma ook lief vir my, en het sy ook affection vir my gewys dit maak seer laat sy, my nie meer lief, ma dit is oraaait. Somtyds wonner ek of dit regtig was, die onthou toe ons `n familie was, gelukkig, miskien was dit net `n droom, `n fantasy.

I want to believe that once my mom loved me, that she showed affection. I can remember times we were a family and happy, maybe it was a dream and not real, and some fantasy I made up about those happy times. It hurts that she does not love me anymore, it is okay.

Ek kan daarmee deal, it ma net see as jou eiegen ma jou nie like of lief nie. Jou soos `n sleg hond, weggooi, nie eers weggee nie, net weggooi, netso, sommer netso.

I can deal with it. It hurts when your own mom does not like or love you. Throw you away as if you are a dog, not given away but thrown out on the streets like an unwanted dog.

According to Eve, her mother always made her feel as if she were the reason her parents got divorced or why the accident happened. Her mother never said it to her, but she always felt it was insinuated.

Ma sal my stilmaak as ek vrae het oor die divorce en ongeluk. Die manier waarop sy stilbly, maak my altyd voel dit was my skuld. Ek het iets verkeerd gedoen. Maar dan wonner ek, hoe kon dit, sy het my pa dan geskei en binne drie maande weer getrou.

Ma never would talk about the divorce or the accident. Her silence always made me feel as if I made it all happen. Somehow I was to blame for it. How could it be, she divorced my dad and got married within three months.

Soms, wonder ek, het ek iets gesien en my pa vertel, daarom het hulle gefight in die kar? Miskien is dit hoekom sy my blame. Ek onthou weinig oor die ongeluk of die fight. Partykeer dink ek, ek het dit net gedroom, dalk is dit net 'n gedagte om myself te troos, sin te maak, anner kere dan dink ek dit het so gebeur, dit was waar.

Maybe I saw something and told my dad and they had a fight in the car. Maybe that is why she blames me. I do not remember much about the car accident or the fight. Sometimes I think it is a real memory that makes me think that I saw something and told my dad. Other times I think it is the only way I try to make sense of what happened.

Lack of Support from Family

She related that she felt angry with the people around her and society that did not support them, but rather blamed her and were judgemental towards her.

Gedurende my kinnerjare het my aunties my altyd laat onthou dat dit my ma se sonde was waarvoor ons betaal, ek en my kinnars en die volgendes. My ma se sondes het veroorsaak dat ek ongeluk sal hê vir ewig. Hulle was reg, ek moes die prys betaal vir haar sonde. Niemand wou my hê nie, ek was moeite en 'n burden. Altyd aangegee van een familie na 'n anner. Hulle reg om my te laat huiswerk doen en alles skoonmaak. Ek moes ophou kla en dankbaar wees vir 'n huis oor my kop en hand me down klere. Selfs

vandag, se hulle ek is ondankbaar, hulle het `n roof oor my kop en kos gegee, wat meer wou ek?

During my childhood, my aunts would remind me that it was the sins of the mother that were visited on the children until the next and next generation. It was my destiny to be unhappy because my mother did something terribly bad. My aunties are right; I paid the price for her sins. I was a burden to everyone, nobody wanted me. Passed on from one family member to another, never felt I belonged. Become the free domestic help in every new family. It was their right to make me do all the housework and cleaning, I should be grateful that they were so generous to give me a place to stay and hand-me-down clothes. To this day, they still say I am ungrateful, they gave me a roof over my head and food, and what else did I want?

Support Received

As she saw it, only her father supported her and cared about her emotions. He was the only person with whom she felt as if she were not an unwelcome burden.

My pa het probeer om na ons te kyk en `n eie huis te kry, maar hy het te veel verloor, meer as ek, my ma, sy werk, kar, familie en gesondheid. Ek kan sien hy kry seer omdat ons nie saam is nie. Hy huil nie, net hard geword, praat nie soos tevore nie, voor die ongeluk nie. Hy is `n goeie pa, altyd tyd vir my, wanneer ons saam is, dan is dit net oor my en wat ek wil. Nog nooit sal hy praat oor wat hy nodig, net ek en wat ek nodig. Dit het my special laat voel, important.

He tried to look after us and find a home or a place to stay, but he lost more

than I did, he lost my mom, work, home, car, family and health. I think it hurt him to see us not together. He never cried, just became hard, never spoke as he used to before you know, the accident. He always had time for me, when we were together it was about me and what I wanted. Never about him or his needs, just mine. It made me feel special, important.

She never felt as if she were a burden to her father. She worshipped the ground he walked on. Her father was the only constant she could remember from her childhood.

Ek lief my pa, hy kan streng wees en met die disability suffer hy, maar hy probeer agter ons kyk. Ek vra nooit nie, maar ek weet hy sal geld leen of iets verkoop om agter ons te kyk. Die kere wat hy kon kom kuier sou jy sien, hy het nie meer sy oorlosie of die of dat nie. Ek vermoed hy het dit verkoop om goeters vir ons te koop. Ek vra nie, dit sal disrespekvol wees en hom seer maak, perd in die bek kyk. Ek weet hy is lief vir my, as hy die maan vir my kon koop, sou probeer en oor.

I love my dad, although he is strict and with his disability he was suffering, he always tried his best to look after us. I never asked how, but I knew he would borrow money or sell something to help. When he visited you would see he had no watch or this or that. I suspect he sold it to buy us things. I never asked, that would dishonour his gift. However, I know he loves me. If it were in his power to buy me the moon he would do it time and again.

Eve is fonder of her father and feels closer to him. Although her father was strict Eve was happy because he showed care and love for her.

Eve related her affection and fond memories of her dad as follows:

My pa het my altyd special laat voel, hy het probeer. Ek het hom lief omdat hy altyd probeer het. Hy het my nooit laat voel asof ek `n burden of moeite was nie. Altyd geliefd. Nou nog.

My dad, I loved him because he tried. I never felt unloved or a burden.

Her father's way to show his love was to make shopping special, to show her he cared.

Dit was lekker dae, goed om te onthou, die moeite wat pa gedoen het.

It was good times, pleasant to remember, the trouble my dad went to make it special.

In 1994, he got a disability grant, and I had to go with him to town to get his money and help him carry the shopping bags. It is my fondest memories, going to OK Bazaars (general dealer/shop), the first thing he would put in our trolley was Queenie's (sic)(Muffins), a full bag for R9.50, and a small box of Smarties or Jelly Tots. He would go without sugar or coffee to buy us this treat. If money was left over dad would buy KFC (Kentucky Fried Chicken, and an ice-cold Coke (sic) (Coca Cola) we would share.

After we shopped and before we go home, he would take out a Queenie, fill it up with Smartie's or Jelly Tots and hide it behind his back and I had to guess in which hand he had hidden the Queenie. No matter what, I always guessed right and got the ones with the most sweets, and then he would complain bitterly about the unfairness and suggest we should play the Lotto (Jackpot) because, with my luck, we will win the Lotto. Eating Queenie's we would celebrate all the birthdays we remembered and dreamed about

winning the Lotto, and what he would do if he won.

Ons sal `n kar kry, so uit die box, `n huis en `n hond, my pa was lief vir honde, altyd gese, `n gelukkige huis verdien `n Lassie

By a brand new car, home, and a dog, my dad loved dogs and always said every happy family deserved a Lassie (dog).

In her own way, Eve tries to keep these happy childhood memories alive by recreating the shopping sessions as a way to say thank you to her dad.

Ek kan groceries gaan koop vir my pa, sal nie moeite wees nie, sal vinnig en maklik wees. Hoe ouer hy word, suffer hy meer met die disability en loop. Ons albei sien uit na ons shopping, is ons special day, netso na payday.

It would be easier to do the shopping for dad. With his disability, age and getting older, he struggles to walk. It is still our special day to go shopping after payday.

Ek maak dit special vir hom. I make it special for him. We would go shopping at Pick and Pay (Hypermarket). While he waits in the car I will go to Woollies (Woolworths) and buy nine blueberry or banana muffins, his favourite, get some KFC (Kentucky Fried Chicken, and an ice-cold Coke (sic) (Coca Cola) for dad. Then I will take out the muffins, hide them behind my back, and ask him which hand. These days he always is the lucky one who gets the hand that has the bag of muffins, Smarties and Jelly Tots. We will drive to the park, eat muffins and celebrate missed birthdays; afterwards, I play the Lotto and Powerball, for luck like his, will win

millions. If I win, I will buy a house, with an adjoining granny (flat) and a Lassie.

Self-blame

Eve believes that she is to blame for the accident and her parents' divorce following the accident, even though she has no concrete reason for this.

Dit moes my fout gewees het, miskien was ek selfish, dalk as ek my ouers meer in ag geneem het en minder oor my birthday gepraat en droom het. Dalk het my drome en wilde praatjies oor my birthday hulle gepressure en dit was die rede vir die ongeluk en divorce.

It was my fault. Maybe if I was less selfish and thought more about my parents and less about my birthday and going home, maybe talking about going home and my birthday put too much pressure on them and it caused the separation and divorce.

Voor die ongeluk was ons gelukkig, as hulle gefight het was dit normal fights. Ek het nooit gedink hulle sou separate en divorce nie. Ek was so opgewonde om huis toe te gaan, my huis, my kamer; my klere en TV programs te kyk.

Before the motor vehicle accident, I cannot recall that they were unhappy, and if they had a fight, it was a normal fight. I never even considered separation or that my parents will get divorced. I was so excited to get out of the hospital, to go home, my own room, watch my own TV programmes, my own clothes.

My birthday wens was dat dit alles `n bad dream was. Ek sou wakker word

in nie bed en ma en pa hoor happy birthday sing. Pa sou byvoeg, you belong to the zoo, you look like a monkey and act like one too. Ek en ma sal lag en sy sal hom laggend uit jaag, en se dat sy pa `n aap mag wees maar nie haar dogter se pa nie. Dit was lekker dae. Birthdays were fun tyd, geluk en lag. Pa sou grappe maak soos `n nar. Hy het oorboord gegaan, Hy het altyd alles fun gemaak en ma moes `n pienk koek maak met candles en icing. Pienk vir `n meisie.

I think my birthday wish was that it all would be a bad dream. That I will wake up in my bed, hear my mom and dad sing Happy Birthday to you, and my dad adding, you belong to the zoo, you look like a monkey and act like one too. And I will laugh and my mom will chase him out of the room, telling him that, his father might be a monkey, but not her daughters, it was a fun time. Birthdays were times of fun and joy, laughter, it was the times my dad would be a clown. He would go to town. He made everything fun and mom had to bake a pink cake with candles and icing.

Ek moes iets verkeerd gedoen het, die dag van die ongeluk of in the hospital, hoekom anders sou hulle separate en divorce.

It must have been something I did on that day of the accident or in hospital; why else would they separate or get divorced.

Eve's Reason or Meaning Making given to her anger

Ek moes iets iewers verkeerd gedoen het. Miskien het ek iemand se potlood geleen en nie terug gegee nie, of ek was rude met my ouers. Ek verstaan nie hoekom dit gebeur het nie. My woede kom van my ma se goeters af. Ek is

kwaad vir haar, sy het ons aspris vergeet en net aan haarself en al die ander mans gedink. Haar eie dogter was nie belangrik genoeg dat sy omgee nie.

I did something wrong as a child. Maybe I took another child's pencil or was rude to my parents. I do not understand why it happened. I know my anger comes from my ma (mother), the things she did after the accident. I am angry with her. She chose to forget about her family and then it was just men and her own selfishness. I was not important enough that she would care about my wellbeing.

Observations of Eve's Anger

Eve showed her anger in the words and phrases she used. Whenever she talked about her mother, she would emphasise the word *ma* (mother), pull back and narrow her lips as if the word *ma* (mother) left a bad taste in her mouth. Her expression changed and seemed harder and her tone of voice would be louder. Her feelings also showed in the way she clenched her fists or tightened her lips. This because especially apparent when she spoke about her mother, her extended family and her perceived lack of social support. Whenever she spoke of her father her voice would become softer and gentle, sad. In fact, the only time she ever smiled or laughed was when she spoke about her father and the affection they had for one another.

When talking about her father and her childhood before the accident, her tone of voice would be soft, sad. Her body language would become less aggressive and defensive and she would hug herself. Often when Eve spoke of her father she would weep softly and intensely. Even when she recalled being loved once by her mother it didn't bring softness to her face, only signs of anger.

Conclusion

Eve has carried her anger with her from early childhood throughout her teen years and into adulthood. This anger formed in her childhood when she was emotionally neglected and learnt to rely on herself. Following the accident, she never learnt to bond emotionally with her mother, to trust her or to reconnect with her. She was left bewildered and angry that the life she remembered and hoped for no longer existed.

The anger remained dormant and festered into hatred towards her mother whom she believed was the reason for her emotional pain and the destruction of her family unit. The emotional neglect from this particular woman in her formative years resulted in her isolating herself from her female peers and she struggled to bond or connecting with them.

Most of her anger is directed towards her mother with whom she has a love-hate relationship. Although she says she hates her mother and wishes her to disappear, the longing in her voice betrays her words. Eve needs and wants her mother's affection. This was true not only when she was a small child, but also as a young adult, when she longed for her mother's approval and feared the continuous rejection.

According to (Herman, 2015) Eve, like all children, only wants her mother's love, support, care and affection. Her anger at times is a front to hide the pain of her rejection and her anger reaction is that of a young child who wants to punish her mother for not loving her. If Eve's mother were to acknowledge Eve and show interest and care, Eve would likely be less angry and more willing to forgive her for her childhood neglect and rejection.

CHAPTER 5

TOM'S STORY: EXPRESSIVE CONVERSATION OF HIS ANGER

Personal Data

Pseudonym:	Tom
Age:	40
Field or occupation:	Self-employed
Research setting:	Researcher's office
Language and conversation language:	English
Types of trauma:	Childhood sexual abuse, abandonment and neglect Armed robbery

Introduction

This chapter deals with the conversation relating to Tom's anger and trauma. Tom used profanities throughout his conversation, most of which were in relation to himself or his childhood. Tom related that he experienced his first trauma as a young boy when he was molested by both his uncle and his grandfather. While he knew them as his uncle and grandfather, they were not his blood relatives as they were both related to his siblings who had a different father. The sexual abuse only ended when both these perpetrators died.

The second event was when his father moved out when Tom was around six or seven years old and started a new family. One day he woke up and the man he believed to be his father was gone. When he asked for his father, his mother told him not to waste his tears as it wasn't his real father. She never told him who his biological father was and used it as a weapon to control and manipulate him with false promises of giving him his father's

name when he was older or behaved better. Tom believes that she will take this secret to her grave. He cannot understand why she will not tell him, as his siblings know who their fathers are and have contact with their respective fathers. He asks himself what he did as a child that made his mother keep the secret of his paternal heritage from him. He reasons that it is either something bad he did as a child or that this father must have been married or even that his father must have been a monster and is in jail for horrible crimes. Why else would his mother not be honest and keep the information from him? He does not think she will ever tell him the truth, but asks why she would give him names of different men that were supposedly his father throughout his life and then told him that she lied. He sees this as a game she plays to toy with his emotions and create heartache. When he was in his early twenties, his mother told him his father had died. She would not tell him his father's name or when he died or the date of the funeral. Tom is now unsure whether she was being spiteful again or if this was the truth.

*Sometimes I hope that she will slip up and tell me his name. She never does, **NEVER**, not even when she has had a few to drink. Her continuous lies and taunts made me feel that I was her dirty little secret, something she was ashamed of. The child who was a huge mistake should never have been born. It felt as if she used the knowledge of his identity as a promise and punishment. I do not think I will ever know the truth. She has told me so many lies. Even if she had to be honest and not spiteful, I will not be able to believe her. It is all a game to her, give me a name, and then a few minutes later laugh and say she was joking.*

In his narration, Tom expressed bitterness towards his mother for not identifying his father and withholding the information from him. Tom felt that everybody knew the

secret about the identity of his father but would not tell him.

My aunt told me that my father stayed nearby, around the corner with his new family. She would not give me any details. Then again it is my mom's sister, maybe she was telling lies like my mom.

With regard to his sexual abuse as a young boy, he gave meaning to the sexual abuse that happened by stating that the perpetrators were not his own blood, in other words, sexual abuse was easier as he was not family. In addition, he stated that it was his step-grandfather's and uncle's way of punishing him for whatever wickedness his biological dad had done. In terms of his reasoning, he deserved to be molested for his father's sins.

It was easy for them to molest me. I was not blood. They are my sister's and brother's family. I took them as my own, I had no one else. My sister and brother blamed my dad for breaking up their happy home. They knew their father and saw him regularly. I am the odd one, the mongrel of the family. The one that should not have been, the son of the man that destroyed a happy loving home, had his fun and left my mom with the problem. The bastard child of the bastard, they could not make him pay for his sins; it had to be me that took on the punishment in his place.

Tom's third trauma took place in his adult years when he was robbed by two armed men while he was intoxicated. He gave meaning to this robbery by stating that it was his fault for always being intoxicated.

My wife and family, like me, know why I was robbed. Being drunk and telling all my drinking buddies I was paid, bragged about my new shoes, a

cell phone and showed them the money in my pocket. It made me a soft and easy target.

In the conversation, he related that he had abused alcohol and smoked heavily for as long as he could remember. It started when he was young, as alcohol and tobacco were readily available at home.

My grandfather, my father, uncles and my mom, even the men after my supposed father, they all drank and chimney smoked. Cigarettes and alcohol were like mother's milk, always available.

Tom's frequent abuse of alcohol resulted in him repeatedly losing his job for being aggressive and drunk on duty.

I got jobs, good jobs, well paid. But I would start drinking and mess things up. I could have done a lot of things. But I had to prove my mom and others right that I am a nothing, a bliksem bastard. Useless piece of shit. Then I would get fired because I would fight or be drunk on duty. I had opportunities, a few but I blew it.

Themes in Tom's Trauma Story

Anger

Tom related that he learnt from an early age that anger is a defence. If he used anger as a tool to attack people, he would feel safe. His anger towards himself showed in his lack of self-image and negative talk. He used negative descriptions of himself and words such as bastard, scum, drunkard, loser and disappointment.

See, that is why I am angry at myself for being such a kitten, a weak little pup that got molested by an old man, uncle and others. Molested for what,

a handful of sweets and a few karretjies (cars). I should have donnered (hit) them, all of them. Today, if you tried to molest me, I would see you right; you would not take advantage of me. Try it; see what I do to you. I am a grown man, even when I am drunk, pissed. I can protect myself.

In his conversation, Tom blamed himself for the childhood sexual abuse and for the fact that his father abandoned him. He reasoned that if he had been a good son, his father would never have left, and even if he had left, he would have kept contact with Tom.

I wonder if I was like that before my dad left. If that was the reason he abandoned me. Left me with mom, no protection, care, or support. Was that why he disappeared and never tried to contact me, he knew I was rotten to the core, a bad apple?

Therefore, he was a bad boy who made his father leave and reject him. In Tom's mind, the sexual abuse reaffirmed his belief that he was bad to the core and deserved all the bad things that happened to him. At the same time, he was confused as to why he was not loved.

I once told my mom about the molestation, she just laughed at me, never believed me, said I only wanted attention, and if I was in trouble, I used it as a reason to be forgiven.

I wonder what if she believed me, would it change my anger, if she believed me and took those bastards on for what they did to me? Would it make a difference if she took my side instead of laughing and telling everybody as if it was a joke and I was the butt of the joke? I wanted her to take my side; perhaps that would have shown me she cared about me.

This confusion turned to anger which Tom used as a survival and a coping mechanism. In the conversation, Tom said that he was known as a troublemaker, a rebel and a starter of fights. When he referred to himself, he would do so as follows: I am the shit, who always brings shame and bad luck to his mother, big disappointment, drunkard, scum, and a loser.

As 'n laatjie, het ek hulle dop gesteel en gedrink (even as a small boy I used to steal and drink their liquor). They all drank, the old lady, every man she invited into our home, grandfather, uncles. I used to joke and say we had more alcohol than food at home.

I was kind of a rebel; if you tell me not to drink, I will show you by drinking more, fighting harder. She told me since childhood, I would be a loser like my dad; nobody could love someone like me that is always drunk and in fights. Why would a father own up to being a father to such a bastard?

Everything about Tom – his posture, his speech, even his words – indicated anger. During the conversation, he used profanity regularly to describe his emotions and feelings. At times when he related an incident that was emotional for him, it came across as if he were spitting the words out like rapid gunfire.

She would not tell me. Always a promise of one day when I am good or less trouble, then I would deserve to hear his name. At times I did not drink, was sober, earned more, and had a steady job, my own home. She still would not tell me his name.

When asked where his anger came from, he answered that the anger came from deep within; that he would retaliate with more aggressive behaviour to prove that nobody could hurt him and get away with it. The first time he felt this anger was after the first

sexual abuse.

Anger at the Divinity

Tom especially indicated anger against religion and society which, as he sees it, prescribes that he should forgive and forget. Tom's perception of religion is that it is a litany of do's and don'ts. In Tom's opinion, God will use him as others used him to get what He wants. God only creates mayhem and sadness and cannot be trusted, just like the adults and significant others in his life. According to Tom, the only time he experienced God was when others whom God favoured needed something and he could do it for them. For Tom, God was selective and cruel.

I used to pray when I was a boy for this abuse to stop. But I think the big guy upstairs was too busy to look down and help me.

Anger at Self

Tom related that he was angry with himself for allowing the molestation to happen.

I do not know why they chose me; maybe I was too pretty, too wild. I do not know, but I think it was because they knew I also wanted my own cars, sweets, toys, my own, not second-hand broken things, thrown away or given to the poor child. Even if they were broken and old, I never shared my toys, they were mine. I think that was why they chose me because I did not share and wanted all the toys and sweets. That they could read my hunger for things that other children had and I did not have. What if I were not so greedy for sweets and toys, it never would have happened. Somehow, I made it happen.

Tom feels his mom was right; he uses his wickedness as an excuse to drink and

then becomes a bastard when he is drunk.

I feel bad when I drink and swear at my wife or when we fight. Then I will go out and get drunk because I was swearing at my wife and then fight with her and then get drunk because I feel guilty for doing both. My wife often says she knows when I need my Soweto Pepsi (beer); I start a fight and then I have a reason to go out and get drunk.

After each incident of sexual abuse he would cry and become angry for crying. He felt that his tears made him weak, and when he got older, he made a promise to himself that he would never cry again. When narrating this, Tom started to laugh and said:

Nowadays, if I cry, it is because I am motherless drunk. That is the only time I will cry when I am motherless. Sorry for myself drunk.

In addition, Tom's perception is that he was weak and an easy prey. If he had fought more or harder, the sexual abuse would have stopped.

I am a fighter, why did I not fight more against them when they molested me, punch, hit, bite, and fight back. Today, I would see you right; you would not take advantage of me. Rather them than me, and if my anger and fist got me out of it, why not. They taught me anger and violence, it worked for them, and so far, it works for me.

Accountability

Tom's anger is directed towards the legal system and the fact that criminals and molesters are not held accountable for their actions. The victims of their criminal actions do not get any justice on earth from a legal point of view. It is only God that will avenge

them.

Maybe if they were alive, I would hate them, but both died a horrible painful death. Cancer! They suffered a lot. I was happy that I saw them suffer. It felt good to see and hear that they had a bad time and suffered. Their death was painful and slow. I know that they went to hell. I prayed that they died horribly and that prayer was answered, so I know they will also be in hell. Those two prayers were answered.

He went to the local shebeen (pub) and when he left, two men held him at gunpoint and took his cellular phone, wallet, watch and shoes. He did not report it to the police as he did not think that anything would come of it.

The robbery is part of being a South African, and that criminals always get away with crime, I did not report the robbery. The fact is, even if I reported the matter, everybody knows the police are in it as well. Why waste your time or money.

Isolation, Aloneness

Tom described that at times he felt as if he were living in a dream, or more accurately a bad nightmare; that he felt alone and isolated and as if he did not exist or did not matter to the other people in his life.

After his death, when I fought, my mom always would say that when my dad left, she should have given me up to him or had an abortion when she found out she was pregnant. What kind of mom says that to her son? She would tell me he wanted to take me with him. I always felt as if I did not belong with them and that I was not her child. My other siblings had the same

father; I was the odd one out. The one that swore was always drunk, angry and wild.

When I was a child, teenager, the other children made fun of me, because I did not have classy clothes or new shoes or fancy pens and pencils. I had to borrow pencils to colour in all the time. I hated it. Even the teachers hated me as much as I hated them. Ek was hardegat (I was a hot-head). And I went out to make life as difficult as possible for them, just as difficult as they made it for me.

He felt this especially with his mother, a woman he admired and who, according to him, had standards he never could reach. The one woman he loved and hated with a passion; the woman he tried to please and never succeeded according to him because he was his father's child, something he believed his mother would always hold against him, never forgiving or forgetting. In addition, he felt destined to suffer because of his mother's beliefs that he was like his father – a loser and washout.

I guess I started to believe her, and then I had to show her I would live up to her expectation to be a nothing and a dronkgat (drunkard).

Apparently, my old man was the same. Life would have been easier without a son like me. Made me feel as if by being the youngest and the smallest I had to take the punishment and the blame for everything that went wrong in her life. Not perfect, but the loser and bastard like my father. I know she loves me but it still hurts to hear it from your mom.

My aunt tells me I am like my mom, just as spiteful and hard-headed, not willing to compromise. Ma and I fight a lot, we are full of shit. As a child, she would threaten to give me to my aunt who wanted to adopt me, always

the threat because I was a fighter and a troubled child. Not like my sister and brother, they are perfect little angels. We still have our disagreements. She feels that I am not looking hard enough for a job and I should keep a job and not be so picky and quick to quit or get fired.

You must think I hate my old lady; she is not always that bad. She helps out, and we have food and a roof head over our heads. I am frustrated, I love her and your mom should be the one that was supposed to love you unconditionally, no questions asked. She should not be the one that tells you that you are a loser, a nothing and will never amount to anything but failure. It hurts to hear it from your old lady.

Sometimes she will add that I am like my dad only that I am a bigger loser and disappointment, I never will reach my potential, because I am like my father, a nothing that deserted his family and left her with the burden and responsibility to look after his drunken brat. I think if she believed in me and told me so and meant it, maybe I would have been different. I could have been a better son and husband.

Not only did Tom feel as if he did not belong; after the robbery, he also felt he was judged not only by himself for being drunk and stupid but also by his family and his wife. Tom believes that they blame him for the robbery, because his irresponsible behaviour, namely being drunk at a local shebeen (pub), placed him in harm's way. This blame game made him feel more excluded and alienated.

Behind Tom's anger, I heard the voice of loneliness. He is a lost soul who would like to be part of a group, society and even a family. However, in Tom's mind, this is a fantasy, something that will never materialise. Tom narrated that even if he were allowed

in, his anger and distrust would make him an outsider, the one who does not fit in, not because he sees himself as a bastard, but rather because he has built a wall around himself that excludes other people, including his wife, from interacting or emotionally bonding with him.

Tom's conversation not only included the events themselves but also his responses to them and the responses of the people he perceived as important in his life (Herman, 2015). Tom mentioned that he blamed society and other people for what happened to him.

I am a bliksem (bastard), because I were bliksemd (was beaten) and society made me that way. People taught me to not trust them. They are always out to get you and take you for a ride. They are dishonest and you think you can trust them, not at all. So, I will expect bad things, and wait, because I know, they will show their true deceitful colour. They have no shame; they make promises, but seldom deliver or pay you for service or work done. No, I do not trust them.

Social Support

Lack of Social support from Family and Mom

Tom felt that his mother and others in his social life did not believe him when he told them about the sexual abuse and instead accused him of seeking attention. If the sexual abuse had happened it was because he wanted it to happen. In other words, if it really happened then they blamed him.

I told my mom, but she did not believe me, and made a joke of it, told my other siblings, and my aunts and uncles. They all said I did it to get attention. Nobody believed me; I still think nobody believed that it actually happened. Sometimes I even doubt myself. It did happen, it was not

something I made up, and I will never forget it. My mom would say; that I used the molestation as an excuse to drink or get out of trouble.

Lack of Societal Support

At school as was the poor laaitjie, the one that was missed and overlooked. They did not care about me, only the rich children was noticed

This included his wife. Tom also related that he felt like he did not fit into life's puzzle, that he was the odd piece that came with the box, never fitting the picture on the outside, but trying to be part of the bigger picture, the acceptable piece. However, as much as he tried, he perceived that he was always thrown aside.

*Besides, every time I got a job, they paid me poorly because I had no school papers, I worked harder than anybody else, but they paid me less. And if I complained they would tell me this or that and then I will end up getting drunk to show them I can do what **I WANT**. Or just leave, even if it meant no pay. But they would not determine what I am or who I am or what I am worth. **I DECIDED THAT**.*

Life has taught me not to trust or expect anything from people. They will let you down, especially your family. They say they love you, but they are the first that will throw you to the wolves or take things from you. I love my old lady, I know she loves me and helps out, but I do not trust my mom. I know when I turn my back, she will gossip to this one or that one about me. Never will she say to them, this is my son, he is doing well, never, never, but she will tell them how I screwed up again, got drunk or was in a fight with my wife or lost my job again because I was such a loser, no not ever that I

did something good.

Observations of Tom's Anger

At first glance, Tom came across as wary. He seemed to be tired of life and the normal day-to-day struggles. His greatest wish was to win the Lotto (jackpot) and buy his own place and car, and move away to a place where they could start again without people knowing his history: a new beginning for him and his wife, a fresh start in which he would control the people around him with money he could waste.

Profanities were part of his conversation and were mainly used in relation to himself and his actions or inactions. Although a small number of profanities were used in this written report most of them were left out for academic report writing purposes.

Tom's anger was observable in his general demeanour and the way he spoke, in addition to the words he used. He appeared always to be ready for a fight and as though he expected to jump up and defend himself at any moment. He seemed unable to sit still and relax even for a few minutes.

When he became emotional when speaking about the sexual abuse, he would utter his words as if they were bullets – fast, rapid and at times brash. His outer appearance and demeanour would also change to a more aggressive stance. This was visible in his posture, where he would lean forward and clench his fists. He would also clench his teeth and use sarcastic comments to try to control the conversation. His stance was that of a person ready to jump up and physically fight. He would hunch his shoulders, narrow his eyes and frown.

Whenever he spoke of his mother, his voice would change and would be pitched higher than his normal abrasive way of talking. Even when he appeared relaxed it was

noticeable that his voice would change when talking about her. A scowl would appear on his face and he would often grimace when recalling his childhood neglect.

Lessons Learnt from the Trauma

Do not trust anybody; they are out to get you. Expect the worse of all situations and people then you will not be surprised if people disappoint you or something bad happens.

Conclusion

Tom's self-description embodies a person who is in your face, has an aggressive nature and is suspicious of every person who crosses his path. According to him, he always had an angry personality but this became worse following the sexual abuse in his childhood. According to him his childhood anger turned into explosive rage centred mainly on his mother's emotional neglect and disregard for him as her son. The profanities were generally self-descriptive and derogatory in relation to how he viewed himself and his personal life stories. The childhood memories of emotional neglect were carried forward into his adult years and he struggled to connect with and trust others in his social life. He had no trust in his own ability to make a success of his life and expected to be kicked down by society.

CHAPTER 6

ZOLA'S STORY: REASON AND MEANING MAKING OF HER

ANGER

Personal Data

Participant:	Zola
Age:	36
Occupation:	Financial auditor
Research setting:	Researcher's office
Language and conversation language:	Afrikaans
Types of Trauma:	Dog attack
	Death of her sibling

Introduction

I chose the alias Zola because she reminded me of a young Zola Budd, small body and stature, a soft-spoken disposition, and a sharp wit. We would at times smile or laugh aloud at her comments that she made when she felt emotion would overtake her. To break the mood she would say something inappropriate or funny. I realised this was her way of coping and avoiding the emotional backlash of pain caused by her traumas. This was particularly true in her anger after her sibling was murdered. Zola used humour as a safeguard and related that she hardly if ever cried over her brother's murder and sometimes felt guilty for not crying, but believes that once the murderer is brought to book and the murder case is settled, she will cry and close the book.

During our conversation, Zola related she experienced her first trauma when she was a teenage girl of around 16 when her mixed-breed dog attacked her. She had had him since he was a puppy and never expected such an attack from her own dog. The attack was vicious and she was hospitalised in ICU, suffering a broken arm, ribs and skull fractures, and having to undergo skin grafts where her skin was ripped from her skull. Nevertheless, Zola felt she had caused the attack. She related anger towards herself more than her dog for the attack and felt something in her behaviour on that day had unwittingly frightened him while he was asleep; instinct took over and he attacked what he saw as an intruder. She recalled that when her dog recognised her, he stopped attacking her.

Her second trauma occurred in her adult years when her sibling was brutally murdered. Her brother's murder was a shock and the repeated postponement of the case took its toll on her emotionally. Each time the case was postponed she had felt she let her brother down and the true murderer would not be brought to book. Although the police had arrested two suspects for the possession of property stolen from her brother's home during the robbery, she believed that they were the scapegoats and not the mastermind behind the murder.

Zola felt she has accepted his death, but it was the way he died and the circumstances of his death she found upsetting. Of her brother's family, Zola was the first on the scene and had to identify his body and wait at his side until his body was taken to the morgue. His partner was too traumatised to look at the body and confirm his identity. Seeing the outline of his body, and the knowledge that he was not fully clothed was upsetting and she felt anger and sadness that in death he had no dignity. She as a sister needed to protect her brother's honour; by not covering his naked body with a blanket she failed to protect him when he could not do it himself. Her brother *would have died* of

embarrassment, she said with a little laugh. According to Zola, the fact that he was unclothed was cruel and inhumane and the most humiliating thing you could do to hurt her brother.

Strangers, friends, police, everyone came to his flat. Some laughed and made jokes about his body and that he was not dressed. I felt humiliated and embarrassed for his sake. It was something he would have hated. To be seen not dressed. He was such a diva. He had to be prim and proper all the time, proud of his appearance and neatly dressed. Every time we went for a run afterwards would he insisted to shower and properly dressed. It makes no sense that he would not get dressed after a run. It was not like him.

Zola found the uncertainty of her brother's death bewildering and this made it difficult to accept his death. She understood that people die, including, for example, her father who she misses terribly but at least his was a normal death. The brutality of her brother's death, in contrast, created emotions of anger, fear and disbelief. She has accepted his death, but the way he died has left questions and Zola needs answers before she can lay her brother's soul to rest.

Who killed him and when did he die? I have my doubts. The way he was found does not make sense, it was not like him, not at all. The running shorts on the floor as if he just got undressed to shower. The wet towels, if he did not shower and still had his running shorts on the next morning, were not like him. He hated to be dirty and sweaty. Not him. That means I was the last one to see him alive. Why else would he still have worn his running shorts the next morning? It does not make sense, it was not him.

Zola has her suspicions about who was behind the break-in and murder but has no

evidence to support them. She believes that the person behind it humiliated her brother by allowing him to be murdered partially-dressed, almost naked, and questions whether it was strangers who murdered him. She believes that the person behind the murder knew of her brother's sensitivity about not being properly attired in public.

Everything suggests foul play as she knew her brother and knew his vanities.

It was something he would not do, he was far too vain to be seen without clothing, besides he was such a prima donna and scardy cat. Confronting strangers, no, not the brother I knew. He would call me and be indignant that they broke in while he was in the shower, not dressed. How dare they?

Zola giggled recalling her brother's vanities and sensibilities, remembering the fun moments she shared with him.

Her anger was mostly directed at herself in this trauma because of what she feels she could have done, should have done, and at the police for not making short work of it. The case has come forward three times and although they arrested a suspect, the case has again been postponed. The lack of progress and the questions surrounding his death will always create anger and resentment towards the legal system.

I attend every court case. Although I know it will be a waste of time. The case is postponed every time. Lack of evidence, cannot place the person arrested at the crime scene. Each time I feel like crying. Will we ever hear the truth?

Themes in Zola's Trauma Story

Anger

Zola's anger was more passive-aggressive and not the same in-your-face anger that

Tom exhibited. It was more controlled and aimed at Zola herself. She expressed disappointment in her own reaction and behaviour following her brother's murder. In addition, the lack of social support and the ineffectiveness of the legal and judicial services disheartened her and she felt let down. Also, in her anger and self-blame and in an attempt to give reason to her anger she felt that by not taking control on the day of his murder, she had let him down and allowed the murderers to get away.

I think I keep him alive this way, by avoiding tears, if I cried, it would be an acceptance that he was murdered and I will not bring justice to him. I need this to keep me going, to move on with my life. It is my purpose, my goal to keep his memory alive and bring justice to him.

In her conversation, Zola expressed anger towards herself more than to her dog for the attack and felt something in her behaviour on that day unwittingly frightened him in his sleep and he attacked her. She recalled that when her dog recognised her, he stopped attacking her.

That was what I want to believe; it kept me sane and gave me hope. Later when he bit my brother, I knew I had no choice. It was time to say goodbye even though I loved him and he was the best dog I ever had and would be missed terribly. I knew the third time was the charm, next time the person might not survive. Worst was that I felt responsible for his death, that I killed him. I understand it was something that had to be done, but it does not take away the guilt and the shame I felt for putting him down. I always wonder why and what he was thinking when I let him go. It still feels as if I let him down.

Anger at the Divinity

Zola related that she felt no anger towards God. She does not always understand his ways but she was angrier and more disillusioned by the actions and behaviour of friends causing more pain with their quick shallow answers in an effort to feel good that they helped or made her feel better.

People that wanted to help would say silly things like God picks only the best flowers. What kind of person would say that? I just do not always understand the reason behind his murder. I struggled with the why of the way he died. Not that he died, but the way. I think if he died in a car accident or heart attack I would understand, but murder. Did God have a plan, a reason that I had to lose my brother this way? I feel more anger towards the people who said that they are religious and hurt with their words. I just wonder why, why him, why this way.

Anger at Self

With her brother's death, she felt angry at herself and related that she should have done more after his death, especially at the murder site shortly after she arrived after being informed that he had been found murdered in his flat.

If I only did something more, I am not always sure what, I feel guilt, shame and to blame for not saying more. Maybe I could have prevented his murder. Yes, I am angry at myself for not doing more before and after his murder.

Zola was not only angry with her own behaviour but also indicated anger towards her brother.

I am angry at my brother. I do not think he believed that his partner would go to this length. Yes, I am angry at him for staying in this abusive relationship.

Accountability and Justice

Zola gave meaning to her brother's death by placing the blame on herself and on his partner. To do otherwise would have meant she had to give the responsibility and accountability for her brother's murder to an unknown assailant. To do this would mean that his murder would never be solved.

The murderer will never be brought to book. We will never know the truth about his death. Justice will not be served. Nobody will be held responsible for his death.

After her brother's death, Zola felt that she could not trust the police or the judicial system.

I lost trust in the police and legal system. I expected more; maybe my expectation was something like the cop shows and investigations. Somebody would be held responsible for his death, made accountable, justice served. I think my expectations are too high. Each postponement of the case makes me lose hope that we will ever have justice.

Getting justice will not bring back my brother. I need and want answers, why kill him, why not tie, and lock him up in the bathroom. Why murder him? What happened that his last hours and actions were out of his nature

and character? I have so many questions and no answer. I want to know why him, why murder? Who benefitted from his death? Nothing makes sense, nothing, why leave the valuable stuff and only take big heavy things. If you had all the time, the truck, why not load it, clean the home. I have so many questions. It does not add up. It is not right.

Isolation, Aloneness

Zola felt she was not part of the society she inhabited before her brother's murder, and when he was coming out. Although society's disapproving glares were not directed at her, she felt they were by way of association for being the sister of a man with a same-sex partner.

I was disenchanted with friends my brother and I had in common. Had braais, drank tea, supper, lunch, celebrated birthdays and momentous events. They become part of our family, always welcomed. The way they turned on us. Pushed us out of the circle, excluded us in our shared grief.

Zola felt alone in her grief; she felt that people's interest was more about the sensation of how her brother died than how she felt. This made her feel isolated and as if she got little or no support for losing a loved one.

Strangers, family, friends, all alike just wanted to know the ugly details of what happened. They had no real interest in me or how I felt. It was as if they thrived on the juicy parts of the story they had imagined or false gossip others told them. It was never about me, how am I, do I need something, can they help. I learnt not to trust anymore. I also started to feel as if I were to blame for the case not being solved. Those that knew the details,

expected me to push the police, and made me feel as if I did too little, should do more to solve this murder case.

Social Support

Lack of Social support

Not only did she have to deal with the death of her brother, but she also experienced the prejudice of those she once believed had their backs in her social circle.

He was murdered because he trusted too easily. He did not think to double-check or be suspicious, my brother always believed the best of every person, that was why he was killed. Suddenly he was murdered because of his relationship, marriage to a man.

Supportive Structure

She felt she had some support from a small group of friends but generally most people were only interested in the horrible details of her brother's murder.

I have a small group that knows me and stuck with me through it all. They cry with me and share my pain. The others not so much.

Feeling Judged

It felt as if everybody had something to say about my brother or how he died. They weren't at the scene; some hardly knew him. The gory details they enjoyed sharing with me were too much. It left me wondering, who gave you this false information, untruths about my brother and his murder. What right do you have to share this information and claim it as if you

personally were involved in the investigation, were close to us or my brother? It made me sick to the stomach to hear all the lies.

Zola also felt anger at friends and relatives who spread rumours about her and her mother that were untrue.

*I was disenchanted with friends my brother and I had in common. They were dear to us and made us believe we were friends, valued. Yet when my brother's partner started spreading lies and falsehoods they took it as truth. It hurts, and they did not come to us and ask to clarify the facts or ask about the rumours. Just added lies to the rumours and forwarded the lies to others, some even sending threatening, and cruel WhatsApp messages. I never expected them to turn on us. We were grieving his loss; I expected them to console and share the loss, not the threats and name calling. Yes, I am disappointed and angry at them. They took his partner's word and slander as truth. The falsehoods about us judging my brother for being in a same-sex relationship, we were unhappy about it. Yes, I was unhappy about his relationship, not because of who my brother was, it was his choice of a partner. This self-centred abusive **MADAM** who only cared about himself and never considered anybody else. I had it against the person he chose, not the gender.*

Zola felt that society intruded into her private life and pain.

Even people I had as friends became these scavengers for gossip and action. With strangers I am only me, I had no brother, no past, and no interesting murder gossip tale that overshadowed my existence.

With regard to the dog attack, Zola felt that society did not understand that

although he attacked her and she could have died, she does not blame her dog; that she still feels that her action frightened him, instinct took over and caused the attack; that it was her behaviour that startled him and made him go on the attack.

The way they carried on with negative stories about dog attacks. Always, warning me that I will regret not putting my dog down. It made me feel alone and rejected. I felt the same way after my brother's murder, always on the outside.

Disbelief that the Trauma was Real

Zola could not at first believe that her brother was dead, both while she was at the scene waiting for the forensic team to finish their work on the crime scene and after they left for the morgue to collect his body.

I was shocked, looked at him, rather the body under the blanket. Before they covered his body, I saw a thin line of blood at the side of his head, about here, she indicated to the side of her face and neck. I stood around, if only I did something meaningful, secure the crime scene, take his laptop, cell. Food from the previous night on the table, why was it on the table, not wrapped and frozen or in the fridge. It was unreal, and so real. What I saw around me was so unlike my brother, went against his nature, his character. Nothing was like him, his clothes, the way he was found, the food. Nothing makes sense. Perhaps, I am looking for a reason why he was murdered, something to understand why him, why?

At first, I could not believe it was my brother. It could not be him. I thought it was a mistake; somebody else was lying in his home, on his floor.

Even when I saw his face, I could not believe it, that he was dead, murdered. It was unreal, unbelievable. It could not be, not my brother.

Observations of Zola's Anger

In her conversation, the extent of her anger was visible in the way she would express words and sentences venomously when referring to her brother's partner and his actions. In addition, it was observable that whenever she spoke about the person she believed was behind her brother's murder, she would lean forward as if to protect and shield her body from an attack. Her posture would become defensive and she would ball her fist and clench her teeth.

Lessons Learnt from the Trauma

If any good comes out of her trauma it will be that Zola made a bucket list after her brother's death. She related that she learnt from the trauma to do everything she wanted. After her brother's death everybody would say, for example, that he wanted to run the comrades, do this or that. Zola wants no regrets; at her funeral, people must say she lived her life.

I realised that my brother wanted to do many things and never did them. He postponed, tomorrow, always tomorrow, and then he died. Never doing any of the things he wanted to do or achieve, run the Comrades, visit places. It made me realise I need to do what I can today, tomorrow might be too late and I will grow old with regrets. I need to build up my memories for the day when I will not have the ability to do things. I already sky dived and it was fantastic, next I will bungee jump. The rest will be just as wonderful. I am not allowing fear and procrastination to hold me back.

Look at my brother's dreams, he never followed through. No, I want to be able to say or have said about me: she lived life as if she had no tomorrow, we envy her daring nature.

Conclusion

Zola's anger is directed towards herself and society and the person she believes is responsible for her brother's murder. She had passive-aggressive anger following her brother's murder and it showed in her relationships with other people. Zola related that this was new to her as she was a calm person who always gave the other person the benefit of the doubt. Since her brother's death, she has become irritable, short-tempered and has little patience. Before his death, the house could burn down and she could deal with it, after his murder, even her dogs had to mind her anger, because she was irritable all the time. Suddenly she became short-tempered and would raise her voice. Afterwards, she would realise it was not their fault her brother was dead and she would feel guilty at her bad-tempered behaviour. She linked her anger and short-temper to her brother's murder and not having answers to who killed him or why.

Zola saw that reality differed from that depicted in storybooks and CSI series that end with justice prevailing. Fairness and right are just a fable, a reality seldom realised where the murderer would be caught and face justice. She had a dream and a promise of justice served that did not materialise. With each case postponement and the murder remaining unsolved and likely to be thrown out of court due to a lack of evidence, she had to face the fact that her family might never know the truth about his murder. She could not bring justice to her brother and he would have died like many other South Africans as just another a crime statistic. With the beginning of each New Year without resolution or the case being solved, her despair grows and the hope that her brother's murder will be solved

and she will be able to grieve his loss fades. Zola needs to know why he was murdered and who did it.

CHAPTER 7

FLORENCE'S STORY: ANGER BENEATH HER TRAUMA

Personal Data

Participant:	Florence
Age:	68
Occupation:	Health services
Research setting:	Participant's home
Language and conversation language:	Afrikaans
Types of trauma:	Death of infant Death of husband Son's murder

Introduction

Florence works in palliative care and started this job after her husband's death to cope with her own loss and help other families. After her son's murder, it became a reason to get up and survive her pain. Even though the son who died was her last remaining son and carrier of the family name, she hoped that his death would not be just another statistic, without a higher purpose, and that he would be remembered not as a murdered gay person but as her son, a person who had lived, had a name and a family.

My son had a name, proud to have his father's family name. He was more than how he died, more than the brutality of his murder. He was my son.

My son, full of nonsense and mischief, ready for anything, mischief-maker. I think of those days, the days before he got married. My son was happily ready to prank or play tricks on us. Always laughing or making jokes. Mischievous, we would laugh at the things he would come up with. He would laugh so hard he had to run to the bathroom before he wet himself and then we would laugh at him and had to run ourselves. That is how I want to remember him, not the image on the crime photos, the speculation on Facebook or Instagram. My son, the clown who made everyone happy and loved to laugh and enjoy life.

Florence related three incidents she considered traumatic. She lost an infant when he was 22 months old as a result of a genetic heart condition which at the time of his death had not been diagnosed. Florence also experienced the death of her husband at home as trauma, as she felt helpless and hopeless because she was unable to resuscitate and save him, despite being a qualified nursing sister. The last and most traumatic incident was when her son was murdered during a home invasion. She has come to terms with the loss of her baby and her husband and has learnt to live with the pain. She misses them but she sees their death as it was their time. This thought helps her to make peace with their passing and gives her hope, longing for the day when she will see, hug and embrace them again. She has also accepted her eldest son's death, believing that he is safe with his father and younger brother.

With my infant, I felt his presence from the moment he died. My husband, the first few days, weeks, months I could not feel his presence. I found that more upsetting than his death, not feeling connected to him. I think it was because I was so angry with him for dying ignoring my worries, taking my concern so lightly. I had to forgive him for dying and leaving me alone,

and myself for letting him die before I could feel his spirit. I think after I forgave myself, I could sense his presence, my soul felt lighter as if a burden lifted and freedom of guilt and I wasn't as angry as before.

In difficult times I feel his presence like a shadow at my side. Believing that I feel his presence may be silly, but it gives me a calmness, relief and acceptance, knowing I am not alone. Even with my son's murder, I felt my husband's presence, he gave me strength, courage to wake up and face another day when it was difficult to work through the maze of sadness. Maybe his presence is not real, something I want to believe in to help me to cope and start each day. It doesn't matter; I prefer to believe my husband is with our sons and they are looking out for us.

Themes from Florence's Trauma Story

Anger

As a nurse in palliative high care, Florence is no stranger to death. Although she is familiar with death, her husband's sudden death at their home came as a shock. She had felt ill-prepared when he had a heart attack and died. Florence did what she could do, but it was too late and he died before the paramedics arrived.

It was different when a loved one dies at home. At the hospital and Hospice, it was a patient who died, you console people, this, this was my husband. All the knowledge you have, the education, the skills, disappear, it was gone. While I resuscitated my husband, I had to think, do this do that, in the hospital I could do it with my eyes closed.

Florence felt anger in this situation as she had begged him to have a medical but he

shrugged off her concerns, even became angry at her saying that she was nagging. She stopped begging him and tried to make jokes to compel him to go to the doctor for a medical check-up; when this did not help, she kept quiet hoping that he would seek medical care.

I felt so angry with him after his death, if only he had listened to me; he was too headstrong and stubborn. I know it was his time, I still think that if he took his health seriously, he would have lived a few years longer.

Anger at the Divinity

Florence explained that she was not angry with God. He had his reasons for allowing the deaths of all the men in her family. It was not for her to understand God's will and reason. It was their time to die. Florence's struggle was with how her husband and especially her eldest son died. To understand her son's death and give meaning to the senseless act, it made more sense for her to blame the devil.

I am not angry at God. It was their time to die. I made peace with my husband's and infant's, even my eldest son's death. I just wished that my eldest did not have to die in such a horrible way. I do believe that the devil was behind my son's murder and his partner is a close personal friend of the devil. They are chums, close buddies.

Anger at her Son

When asked if she was angry with her son, Florence answered as follows.

I am angry and disappointed at him for bringing into our life the person who would bring harm to us, kill him. Yes, I am angry with him. His health took a turn for the worst. He was aware that he lost his teeth, hair, weight,

he never made work of it, and if he did, he kept it from us. I said to him, go see a doctor, find out why you're always ill, and cannot eat food. He must have suspected something, we all did, why did he stay?

Anger at Self

Florence's anger towards herself had the purpose of explaining or providing reasons for her trauma. Not to find answers, a meaning, a reason, meant that her loved one's lives and death were of little importance to her society, which was too much to tolerate.

She felt anger towards herself for feeling helpless and not being able to save her husband after his heart attack, despite her being a nursing sister.

It was the same with my husband, the same guilt and anger. If only I pushed more and said something, instead of leaving it. I am a registered nursing sister, why could I not revive him, I know what to do. Yet I failed him. No, I feel I should have done more to save my husband.

With regard to murdered her son, she felt angry that she did not do enough or prevent the murder from happening. She felt that she should have said something or done more, for example to get her son out of the relationship or abusive situation.

I have my suspicions, no proof; in my heart, I know who was behind the murder. I feel angry that I did not say more, not encourage him to leave the relationship. I should have taken on that man, stood up to him and not be fearful that he would harm us. If I only did, look at the harm he did because I kept silent.

Florence also feels disappointment and anger in towards herself for never telling

her husband and son is how much she loved them and that she was thankful for everything they did for her. It is something she regrets and she tries her best to show appreciation to her remaining children, family and friends.

I also never said thank you and I love them enough while they were alive. I wish I showed them in more ways that I loved them and was grateful for their love and care.

Accountability

Florence is frustrated and angry that the case has been postponed so often and almost nothing new has happened.

It will not make a difference if I scream and shout and phone every day, they have no new leads and the case is cold according to them. Being a cold case, the case has been handed over so many times to a new detective and I feel that the new detective feels less motivated to solve my son's murder. It is frustrating to know that whoever was responsible for my son's murder will not be accountable for his death.

Isolation, Aloneness

Florence felt alienated, expelled, even ignored after her son's murder. Some people in her social environment offered support on condition that she adhered to their beliefs about why her son was murdered. Florence related that she had the support of her congregation and a few friends; however, her siblings and some people in same-sex relationships were not as supportive as she expected them to be. On the one hand, there were people in her community who said her son's death was a result of his sinful same-sex relationship.

I felt that people judged me as his mother. Some suggested that my son got what he deserved. His marriage was an abomination in the eyes of God. Being murdered was God's way of punishment for his gayness.

On the hand, there were former friends of her and her son who turned on her and her family after his death, supporting her son's partner who spread rumours that she was only mourning the loss of the money her son had left to his partner and not to her.

I was disappointed, hurt, sad and angry with the people that before his murder said they were his and my friends. They were no strangers to me, nor were I to them. That was worse than his murder, their betrayal pretending it did not hurt. Thought they loved and respected us as we respected and loved them. Obviously, I was mistaken.

She felt betrayed and angered by the fact that they would not contact her or talk to her, instead believing the rumours and the lies.

My son's partner told them terrible stories, and they believed them. They would call, saying horrible things that acceptance of him and them being gay and even our love was not genuine. I could not believe it was the same people that were called friends.

Florence described her perception of estrangement after her son's death as follows:

My siblings did not even come to the funeral. You would think that it was something that they would do in sympathy with their sister's loss of her only living son. Just for his funeral, for me, put his gayness, their pride and prejudice away and support their sister. This rejection made me feel alone. I did not belong to any group anymore, not to my family, friends, society or

mothers with a son.

It felt as if I lost support from all those around me, even my identity after his murder and death. It felt as if I had some unmentionable illness by being his mother. That it was my fault that he was gay and murdered.

Florence felt as if she had lost her identity after the murder. She did not belong to a group of mothers who had sons. This made her feel more isolated and alone.

I at times felt that I did not belong. My son was dead; I was not part of the mothers who has a son's club. I was the mother of the murdered gay man. Not the mother of a son who was grieving her loss. It felt as if I lost my identity after his murder and we became the sensational news of the week. Neither of us had a name, it was the mother of the murdered man, the murdered man. We lost our identity and names. It was terrible to be the mother of the dead man. He had a name, a personality. He was more than his murder, so am I.

Social Support

Bitterness at lack of understanding seen as lack of support

Florence's bitterness and disillusion at her society, friends and family was related as follows:

I wanted support, people to listen to my stories about my son, to understand I was lost, afraid, shaken. I wanted to talk about him, the way I remembered him. I wanted people to listen and not get bored to hear me telling stories about my son over and over. All they were interested in was the detail of the murder, all the gossip and wild speculations. It never was about me or

my son. Rather, curiosity, judgement, speculation, assumptions, sensation, and ridiculous theories why my son was murdered. The judgement and blame towards me was intense and bewildering. I could not understand why they would turn against us, what we as his family did wrong, we were hurting, it was our loss.

They would say the most awful things that anybody could say, and yet they felt so self-righteous that they helped and eased your pain. Solved the riddle of his murder and by solving the why he was murdered take my pain away. The wild speculations, told with glee as if they were the investigating officers, the crime solvers. For some, my son's murder was the greatest thing that could happen in their boring existence. A thrilling experience to share with other tell-tales, they never took account that he had a name, a mother, a family, he was more than a juicy false story, and he was my son.

Observations of Florence's Anger

Florence's anger was observable in the following ways. She would at times take short sharp breaths when she related something that angered her; it would come across as if she was fuming with anger. Her body would be erect and at other times bent forward, swaying backwards and forwards. While swaying backwards and forwards she would hug herself and cross her arms defensively across her chest. When sitting upright she would open and close her hands repeatedly.

Whenever Florence referred to her son's partner she would end her sentence and then close her mouth with firmness and clench her teeth. In the moments she became emotional during the conversation, it would sound as if her voice were stuck and her tone would become softer, almost disappearing; however, when expressing anger she would

talk rapidly, and her voice would be more shrill, higher pitched and harder. Her eyes would be glaringly bright and wide open, and at other times narrowed in anger.

Lessons Learnt from the Trauma

With time the loss becomes more bearable, you become more adaptable to hide your sadness. The pain never goes away, it becomes part of me, part of my daily life, it does not feel as intense as in the beginning days, just deeply buried, hidden from the public's critical eyes.

It is difficult at times to hide your sorrow, pretend as if you moved on. Not everybody understands your sadness, the memories of good days that will never be lived again except in your memories.

Some days I could laugh at a fond memory, other days some memory would bring tears, anger, and rage and revenge thoughts. It is acceptable to feel sad, even on my own. Do not expect other people to understand your loss; you are alone in your grief.

Florence's anger at the self is, according to Herman (2015), consistent with others who have gone through trauma and lost a loved one. She related that she should have done more or said something to get her son out of the abusive relationship.

Do not keep silent, even if it will hurt your child. Speak up, do something; that regret of not doing enough will haunt me. If only I spoke up, did something. My son would still have been alive, perhaps resentful, or angry at me, but alive. Do not fear rejections, losing a child in such a cruel way is worse, speak up.

Her greatest regret was that she never told her sons and husband how much she cared.

I wish I showed them in more ways that I loved them and was grateful for their love and care.

I think the most important lesson I learnt from my son's death was to tell the people close to you how much you care and love them and thank you for loving me, the little things you do to make me feel like a special mother and person. Acknowledge that they are important and tell them every possible opportunity, don't fear being mushy. Thank you, I love you, I appreciate you, tell them every day, if you do not tell them, and they die, you will regret it, and wish you did.

Conclusion

It is difficult for Florence to understand the trauma and the anger she experienced after her eldest son's murder. She compares his death to the deaths of her husband and infant son and even though their deaths were traumatic, at times she has been able to accept them and restart a new routine without them. However, she cannot understand what holds her back from moving on and not being able to accept her adult son's death. Making the comparison and not being able to resolve or find similarities with her emotions makes her angry at herself for not being able to move on and cope with his death.

Florence's anger is directed at the injustice and cruelty of her son's murder. The lack of support and rejection she perceived from her community, her siblings and her and her son's friends after his murder and his funeral created bitterness and alienation. She felt that strangers gave her more support than the people she had expected would be

supportive. This created bitterness and anger that the people she had previously supported now judged and rejected her. In addition, the case is considered a cold case. Florence's related and felt anger towards the lack of legal action and justice, and that her son's murder was being treated merely as another case number belittles his memory and her love for her son. This creates anger and frustration for Florence, feeling judged and mourning on her own.

CHAPTER 8

HOPE'S STORY OF EXPECTANCY AND DISSOLUTION OF FAIRNESS

Personal Data

Participant:	Hope
Age:	38
Occupation:	Mechanical engineer
Research setting:	Researcher's office
Language and conversation language:	Sepedi & English
Types of trauma:	Broke patella at work
	Death of sibling as a result of terminal illness
	Work-related injury

Introduction

Hope related three incidents that she considered traumatic. Firstly, the death of her nineteen-year-old sister as a result of cancer; she not only saw her sister suffer, but also witnessed her mother's grief and pain while her sister was dying. The second traumatic event was when she fell and broke her patella at work and had to take six months' sick leave. This incident was seen as traumatic as her injury left her with restricted mobility and dependent on others. The third and most traumatic incident also happened at work. An under pressure petrol relief valve (nipple) broke and exploded in her face while she

was working on the valve (nipple). As a result of the explosion, she swallowed petrol and the force of the petrol explosion hurled her a kilometre away, leaving her with facial, bone and jaw fractures. She lost consciousness for a few minutes and could not breathe, swallow, hear or see. She believed that she was dying and that her mother would lose another daughter.

*Would my mother stay alive after another death of a daughter, of a child?
Does my mother have to suffer, why the accident? What did we do wrong,
why did it happen to my family again? What if my mother lost me as well,
what would she do? Was it fair? I asked if I died, what would become of
my mother and my children. It would break her heart.*

*I think I did die, those few minutes after the explosion. Maybe it was in my
mind only, or a dream, I do not know. All I remember is that I spoke to
God and asked him why me, what would become of my family, my mother,
my children. Was it fair, to do this to my family again, he took my sister,
why me? Then I heard God say to me, it is not yet your time, you must go
back. So, I came back. I started to breathe and open my eyes. People say I
did not speak to God, that it was the fumes of the petrol that made me
delirious but here in my heart, I know he spoke to me. I am not crazy and it
was not the fumes, God sent me back so that my mother and children would
not grieve.*

Themes from Hope's Trauma Story

Anger

After the last traumatic work incident, when the valve exploded in her face, Hope

experienced outbursts of anger, and was irritable and easily frustrated. She felt that the slightest thing would send her into a screaming rage. Things Hope previously would ignore or let go suddenly irritated her, and she at times got so angry and felt such rage that she feared she would harm somebody, especially her children.

I fear my own actions, my children fear my voice, it is not as if I will harm them, I am short tempered all the time. Fighting and screaming, I was strict, they knew their boundaries. After the incident at work, they are always a problem, always make me angry, small things I never minded before will irritate me. My husband said to me I need to calm down, I am hurting our children when I scream and say hurtful things to them. I am unfair when I dish out discipline.

Hope does not feel herself anymore and it angers her.

I was a jolly person, I loved to laugh, make jokes, and get up feeling happy in the morning. After this incident, I feel different, short-tempered. I hardly smile and continually cry and I even think of death. I cannot live like this, not sleeping, eating, angry and fearful all the time.

I was always the loud one, you would hear me before you see me, everyone, everyone knew me. They know I like to dance and laugh. I laugh aloud, I never cared who heard or saw me. A joke, I was the one that told it, tease somebody, me, be teased and tease, always joking and laughing. I would see the fun in everything. After this, I try to see fun, laugh and make jokes, it just is not there anymore, this fun and loving life. I lost the ability to be happy and laugh or have a joke made about it. I miss that part of me.

Hope mentioned that she goes to bed, hoping to fall asleep and stay asleep, but when she is unable to fall asleep she gets angry.

I walk up and down in my room, I cannot sleep. At midnight, when everyone is sound asleep, I walk the streets. Hoping when I return, I will go to sleep. I am exhausted, even though my body is so tired, but my brain won't stop. Thinking, I can't stop thinking about the incident, replaying the accident over in my mind.

Anger with the Divinity

Hope felt that God had let her down and could not understand why God would allow her sister to die and then this accident almost took her life. It made her angry that God had favourites who never had bad things happen to them.

In the hours afterwards, before being released from the hospital, alone with my thoughts, I thought about my mother. And then I got angry, angry at everything and everybody. Why did nobody help me, why did it happen and why did God not protect me, prevent this from happening. What was his reason to let this happen to me? When my sister died, I was very angry at God, why let her suffer? Out there [indicating to the outside world] are many people who are begging to die, want to die, or deserve to die, why not them? Why my young sister that had her life ahead of her. Did she not deserve to be a mother and a wife?

I do not think God is fair at times. I think this petrol thing was punishment for asking him, why my sister, why her. I did ask him, when I was alone in the hospital, what did I do wrong, why did it happen to my family again.

What if my mother lost me as well, what would she do. Was it fair?

He knows best, but I did feel disappointed when He did not answer my prayers when my sister got sick and died and did not protect me. Every morning we pray asking God to protect me, my hubby [husband], our children, my mom, and the company we work at. What is the use to ask him to protect us when he let this kind of things happen?

Hope softly started to cry, tears silently running down her face. Then suddenly with anger, she wiped away her tears and apologised for crying.

I cry over anything. It is something that just happens. I get angry when I cry. I am a tough cookie, never cried, suddenly everything makes me sad and I cry about everything. It is a sign of weakness. I should be tough. Why do I cry this much? Why do I cry about nothing and everything? What happened to the jolly me, the one that always laughs? Why am I always sad and angry?

Then I get angry at myself, for not sleeping or eating and enjoying things I did enjoy before. I feel so angry. I have a car. I cannot drive it. The moment I smell petrol, I want to gag and throw up. Other people must take me to work. This makes me think of taking a handful of pills, maybe it will be better for me. But, then I ask myself, what about my children, my mother. I think it is the anger that makes me think these thoughts. It is only when I suffer that I think about death.

Anger at Self

Hope feels anger towards herself for giving to the company and always helping.

Being helpful by nature she feels she made it easy to get injured and to be blamed by her managers for the accident at work.

I always help, that was I, if you ask me, I would help, and I never say no. even if I do not want to do it. The top pressured us to finish, the work was behind schedule, and it was before lunch. We thought we could sign the permission permit later, we always do it that way, do the job and then sign and do the paperwork. If only I did not go and help, said no, or insist that I work at the bottom.

Accountability and Justice

Hope's company and her superiors have made her feel as though her negligence and not following standard operations procedure were the cause of the valve exploding. It was her actions that caused the accident and the site to close down for investigation, thereby costing the company more expense. She feels that they have never taken responsibility or accountability for what happened and the managers protected each other instead of taking responsibility for the work site accident.

They blamed me, made me an example of what not to do. Someone, a friend took a video on their cellular phone of the explosion, of me crying, choking and asking for help. At the following safety workshops showed it to everyone. Saying this is not what you do. I did this and that wrong. They never took the blame for the wrong sizes of the nipples [sic] and not keeping up maintenance on the line.

One manager even made a joke of it. Another manager asked me if I intended to take my own life and do it in a spectacular way to draw

everyone's attention. I got so angry with him and he laughed and said I should not take everything so seriously. They, the managers, knew that the valves were not the correct size and they were not made for that kind of pressure.

I got injured. It was because of bad maintenance, not my negligence. The Top all tried to make me admit it was my fault, shift the blame. That angered me. Never once did they say, wow, sorry to hear what happened to you. What can we do to help or prevent it from happening again?

Isolation, Aloneness

During the conversation, Hope related that she felt that her family and friends just wanted her to get over it. They did not understand that she was constantly angry, tired and unable to rest or sleep. All she wanted was her life as it was before the accident when she was happy, not angry and could sleep and eat.

I was always jolly; I became moody and angry. My family and friends, especially my husband tells me to get over it. I get angry with him. He tells me you are alive and well, the children had not lost their mother. My friends think I am exaggerating when I tell them what happened, they too say it happened and I need to forget and move on. I have suffered nothing but teeth broken, a few ribs, cuts and bruises. They think I just want sympathy or attention, and yes they are right, I do want sympathy, what I want more of them were to understand that I am not doing well. I am suffering physically and mentally.

Social Support

Support Structure

She felt that she had limited support from friends and family, her mother is her main support but she does not want to burden her mom with worries about what happened or how much she struggles.

My mother and husband is my support. My husband supports me but he says that I should be happy and grateful I am alive. It could have been worse. For who? He was not in the accident, made a fool of, scapegoated. It was me not him. I would tell my mom but she would worry too much. I cannot burden her or my kids with the truth. It will worry them, especially my mom. She is old and already lost a daughter.

Lack of Support from Co-workers

Hope related that even at work she felt alone and isolated. Although co-workers' showed much silent sympathy and support, open support was withheld for fear they would lose their jobs. Outside and away from the office, the site workers would encourage her to go to the Commission for Conciliation, Mediation and Arbitration (CCMA) or make a stand, but in meetings they kept quiet.

I have silent support from the site workers, in secrecy and around the corners, when we are alone, they will go, yes the Commission for Conciliation, Mediation and Arbitration (CCMA), take them to the cleaners, golden handshake, I need to show the bosses, make them pay. But in meetings, they are like a little mouse that doesn't even squeak.

Lack of Support from Management

Hope was especially angry when, at a meeting, a video shot of the incident was used as an example of what not to do. She felt she could not trust them and they were not true to their word.

All these years, I was loyal to the company, never said no. They asked I would do it. I do not trust them; they cover for each other and make me the one to blame. No they promise this and that and when you need their support they are missing, worse they make you the joke.

At the meeting, they said this must have been done here this way, that there, this that way. I felt bad, alone, the joke, they took advantage of me without permission, while I was weak, invaded my privacy. It does not sit well.

Observations of Hope's Anger

Hope's anger was evident in her posture and her speech. She would boldly wave her arms and air punch while she spoke to emphasise her words. In reference to the managers, she would grimace and frown; she felt they had let her down by being dishonest and not taking responsibility for the injuries the workers on the site sustained as a result of the explosion. When recalling the incident, where she thought she almost died, she would appear to shrink and she would fold double while hugging herself. This posture was usually accompanied by soft weeping. Her anger was also evident in her tone of voice. When she was sad it was soft and faltering as if she could not find the words to express her pain and sorrow.

Everyone laughed and made fun of the incident, silly jokes. Not a single person saw the tears in my eyes. I realised I almost died. That it was me,

on the video, pleading, begging for help. It was not a stranger, an actor doing a stunt. It was me. It was me.

When angered, her words and phrases came out in quick succession, almost in a stop-start manner.

They do not support us, the employees, and the people on site. They blamed me for the explosion. The managers stood as one. I was asked to help, we always were asked. After the explosion, they said I went to the site and did not have permission. The week before, they praised me for working hard and helping out, then they did not mind me signing the permission permit later.

After the explosion and when I returned, they stood together as one, blaming me and the other site workers. They safeguarded and protected each other, not us the site workers. Accused us of negligence, said we, I caused the nipple to burst.

Lessons Learnt from the Trauma

I always help, that was me, if you ask me, I would help, I never say no, even if I do not want to do it.

I enjoyed my work, it was fun, I was early to arrive and late to leave. Not anymore, I only work my hours, nothing more. It always felt that they have your back and will support you or look after your family if something happened. Now, I doubt it, when you cost them money or inconvenience, they turn against you. They will toss you in the rubbish, all the loyalty, over time, sacrifices, and meant nothing to them.

If I did not help, I would have been inside, and heard the explosion and run out like the others and just see the petrol gushing out of the pipe. It would have been better not to help. Let them fire me. I will never help again. If they need overtime or work done at another site, I will not do it, even if the money is tight. They want help, put it in writing. I will never again offer to help. I sacrificed everything for what. I learnt that you could not trust your company to look after its employees. They only care about their own pockets and covering their own backs. The managers stood together protected one another.

Conclusion

Hope continues to fear retribution as the investigation has not yet been concluded. She feels anger towards her senior management who, in her opinion, instead of supporting her threw her under the bus in an effort to protect the company from lawsuits. Hope has been left with a burden of anger against all those who remained indifferent to her fate and who failed to help her.

CHAPTER 9

LEXIS'S STORY OF SELF-DESTRUCTIVE ANGER

Personal Data

Participant:	Lexi
Age:	44
Occupation:	Art consultant
Research setting:	Place of employment
Language and conversation language:	English
Types of trauma:	Two smash and grabs Motor vehicle accident

Introduction

Trauma History

Lexi had three incidents she considered traumatic. The smash and grabs were incidents she perceived as being part of South Africa that you need to accept. However, the car accident was seen by Lexi as the most traumatic incident she had ever experienced. Lexi was flung from the vehicle, but her best friend and her friend's fiancé were trapped in the burning car. She was unsure whether her friend and her fiancé died on impact or burnt to death as she was slipping in and out of consciousness, but did remember hearing someone calling for help. The emergency services assumed she was the driver and wrote it on their report, as the actual driver left the scene of the accident before they arrived.

After regaining consciousness, she learnt that the driver claimed she was the driver, as he was drunk and could not drive. Lexi could not prove otherwise as her two friends who were passengers with her in the car were dead. As a result of her injuries, she was in a coma for weeks, and after regaining consciousness, she was in ICU for six months. She suffered intensive injuries to her head, face, neck, spine and internal organs, had to have her spine readjusted and her face reconstructed, and as a result of severe injuries affecting her motor functions on her left side, she was left disabled and struggled to walk.

I get angry at myself for not being a normal, whole person, the one with iron in her body, reconstructed face, spinal cord injuries, disabled, blind has been.

Look at me, I am not even fifty, and I have more metal in me than an old bike. A metal rod in my spine, my jaw, and the left side of my skull are metal and a screw in my wrist.

I hate society; they place too much emphasis on how you look and not mental health or ask are you doing well, how are you. If you do not have a wheelchair, a limp, or a guide dog, you are not disabled. I am damaged, outside I look good, you do not see the damaged goods underneath all my clothes and most days I walk without limping, you can notice it when I am extremely tired. Just because I do not have, a visible amputation does not mean I do not suffer. At times, it is unfair, the blind person in the building gets liberties because everyone feels sorry for him, yet I am not allowed a day to go to my neurologist when I suffer pain and discomfort.

My disabilities are not visible; therefore, people expect you to do or perform the same functions that you did before or work at the same tempo

as people without impairment. They do not understand the constant daily pain that impairs my ability to be functioning normally. Some days the pain is really bad, not even the pain medication helps to take the pain away. I get up and go to work; it is difficult to concentrate when you feel as if your body is on fire all the time. What can you do? I need my work; how will I pay the bills if I give up my job?

In addition, as a result of optical nerve damage, she has limited vision on her left side, suffers from severe migraine and back pain. This has impacted her lifestyle and limited her participation in sport and other activities she used to enjoy before. She continues to have terrible nightmares, and even though she cannot always recall the nightmares she wakes up screaming, convinced she smells fire, gasoline and burning flesh.

At times I get nightmares; I cannot remember what the nightmare was about. I would wake up screaming and crying. All I can remember after each nightmare was that I wake up feeling terrified and scared, smelling gasoline, and burning flesh. The sounds of screaming and an appeal for help ringing in my ear. The dreams are always the same, the particulars elude me, but the end, the smell of gasoline and the voices screaming, waking up in horror, always remains the same.

Image and outer appearance are considered of high importance and a person accepted in her social groups depend on their looks. Lexi thus defines herself by her appearance and body image, which in her perception has to be thin, well-groomed and pleasing to people in her social group and those on the outside who admire and want to be part of the group. As a result, her value and worth are determined by who she knows and how she appears.

Do you know what difference a few months can make? I was part of the hip and trendy, fashion ICON, socialites. Invited to every party, every function, my opinion mattered and my approval was sought. My parlour was the place and my name on the guest list gave the glamour. I was important, considered glam [sic]; the reason people would attend the function. My appearance made or broke your party.

Themes from Lexis's Trauma Stories

Anger

Lexi described herself as a soft, gentle person who was slow to anger or lose patience before the accident. However, after the accident, she saw herself as a sad, weeping, unhappy, constant angry Barbie Troll who belonged and fitted nowhere.

Is it normal to feel this rage, this red-hot anger in which you feel as if you could rip someone to pieces without feeling any guilt or remorse? I was angry and I am still angry. I am very angry. This is anger I feel, towards my manager, my parents, the driver of the car, God, myself, the medical and legal systems. I am always and constantly angry at everybody and everything. Most of all, I am furious at myself for what happened.

Anger at Self

During our conversation, Lexis's anger towards the self was evident in the way she reflected how she saw herself. Whenever she spoke about her body, she would with open disgust point at herself and use a negative tone which was always disparaging. The anger and disgust she projected on herself was a reminder that she deserved the physical and mental punishment for surviving the accident and not saving her friends or bringing justice

to their deaths.

I am angry for not being a normal, whole person, the one with iron in her body. Barbie made of plastic, so spastic. Look at me. I am not even fifty and I have more metal in me than an old bike. You should see when I go overseas, it was funny, and when I go through the buzzer, it goes crazy. No, I am not terminator's mom or girlfriend. I was in an accident.

At those times, knowing I am not normal, I am useless, I get angry at myself, angry for what happened and what I let happen.

Anger at Divinity

Lexi has lost her faith in God. Before the accident, she related that she was a Roman Catholic who did everything by the book and as prescribed. The only time she now goes to church is for a wedding or funeral. She does not believe God can protect people and never did. She sees him as a cruel punishing being.

It is not as if I believe he does not exist. I prefer not to be close to God. It is just, I do not understand why it happened. Deep in my heart, the dark quietness in my soul, when I am in terrible pain and things go bad, I ask. Why did my best friend have to die, if so, why that way. At times the pain is simply unbearable, and then I ask why did I survive? Was there a reason that I survived only to have this life of pain, suffering, no future, or hope. Will this be the way I will live the rest of my life, operations, pain, pain and more pain. For almost 15 years I suffered, not a day goes by without discomfort or pain. Where was God, where is he in all this suffering and pain?

Lexi disgustedly indicates to her body.

When will enough be enough? Must I repent and pay for a sin, that I did not even know I committed. Why am I punished, what did I do that was so horrible, so unforgivable, that I will be punished until death. Was it because my friends died and I survived? Is that the reason for my punishment, this constant pain, and this damaged body?

Accountability and Justice

Her anger initially was and is still towards the police, and the health and legal system. She felt they failed her and she did not get the justice or support she deserved. Nobody was accountable for her loss and suffering. The only person that was held responsible for the accident and death of her two friends was Lexi. She and her friends would never get the justice she expected.

Justice what justice? The driver got away with murder. He got away, nothing lost, no disability or pain. I lost two dear friends and my health. I lost me. What did he lose, nothing, claimed from his insurance and they paid out. I lost everything. I lost so much. That bastard had money to back up his stories and lies. I only had the truth. I could not prove that he was the driver; he said that I drove because he was drunk. At the end of the court case everybody believed it was my fault, I killed my friends.

He never, never accepted accountability for his actions, the death of my friends, the pain he caused us. Take responsibility for his actions. Even in court, he would avoid me, not look in my direction. He would not even say, I am sorry for what happened, sorry for the loss of your friends, your scars,

and your disability. I am sorry that my actions that night brought harm to you and your friends. That was all I needed to hear from him.

Isolation, Aloneness

In Lexis's perception, her disability isolated her from her social group which places a high value on body image and appearance. Having a disability excluded her from this standard of perfection and made her feel isolated and alone. She no longer had a perfect body and therefore could not meet the group's requirement of perfection.

Then there is this other pain. Not the physical pain, emotional, the constant pain of knowing that your best friend died and remembering everything you lost. That pain is the worse. I am stuck in this body. I want to be the fun lovable, healthy, laughing person I was before. Not this damaged thing without energy. In pain, not living up to my potential, damaged. I wish it never happened. I wish it was me that died.

Social Support

I suppose my sister is the only one that supports me, in a way. She will take me to coffee even lunch. But it might be because she only wants someone to listen to her sad stories. It never is about me.

My fiancé is the only one that I feel is supportive. He lets me be and do not blame me for my friends death. I am me Lexi to him, not the Barbie Troll.

Lack of Social support

Lexi depended on acceptance, socialisation and support; losing the

interaction and acceptance of her social network made the incident seem more traumatic. She suffered a secondary loss of support and acceptance and belonging to her previous social group.

Those friends, the ones I believed were my friends; they did not even visit me in hospital. Instead, they judged and blamed me for the death of my friend and her fiancé. Society rejected me, my society. The way society treats you. Blame and judge, exclude you from things because you are damaged goods. I thought I had friends, and then I realised that they all were fake.

Lexi did not only feel lonely and rejected by her social group; she also felt that she did not fit into her family's perfect image. She could not lean on her family for support and to buffer her from the impact of the car accident and the ensuing court cases. Therefore, the trauma had a strong negative impact on her health and psychopathology.

My dad was disappointed; I was crippled, damaged goods. Both he and mom were into physical, outer appearance, the right schools, brands, friends with the correct postal code. However, after this package [indicating her body] was damaged, he stopped being my father. He only had perfect appearing daughters and I no longer fitted the bill for his image of the perfect family. I had a disability and was damaged goods.

Mourning of Loss

According to Van der Kolk et al. (1996), bereavement and loss among Holocaust survivors are crucial recurring themes; at the same time, the mourning

process can be impaired as a result of the trauma and previous or similar losses. Because previous grief has not yet been resolved, any new loss trigger suppresses and postpones the grief process. In addition, the victim will find it difficult to grieve, not only because of the loss or death of a person close to them, but also because of the loss of a positive self-image, former beliefs, and basic trust. If a victim has anxiety-arousing reminiscences of the trauma, it can prevent or delay the mourning process (Van der Kolk et al., 1996).

According to Lexi, she incurred several losses as a result of the trauma, losses she feels she never addressed or avoided dealing with it.

My animals were given to strangers. I lived in a flat and they could not stay at the flat. My folk's permanent residence was in Mauritius. My sister had a smaller flat and her own pets, my best friend was dead. They had nobody to look after them. The loss of my companions was more than anybody could realise. They were a part of me. They were my life

I did not only lose my pets, but I also lost me, all my personal things were boxed and stored. Those things that could not be stored were sold. My books, I had favourites I could not replace, some thrown away, others were water damaged or moth eaten. My art, the pictures I drew, mom took one or two pictures, small ones that fitted in her luggage, the other artwork, my own and the art I bought was gone.

Lexi was never given the time to mourn the loss of the self. She experienced this loss, but she realised that she had never grieved the loss of her mobility, herself, her lifestyle, friends, income, home and family, as well as the person she was and believed she was meant to be.

I am a stranger to myself; I will look at a photo or at my reflection in a mirror and wonder who that is. It looks at me, this person, the plastic surgeon reconstructed. I lost so much more than my abilities and independence that night of the accident. I lost everything, my freedom and pets, the way I was accustomed to living, my trust and beliefs.

Most of all, I lost me, the person I used to be. I am me, and not me.

I will never be the person my parents expected me to be. Or even who I believed I would be. On my birthdays I look back and wonder what would I have been if not for the accident. With whom would I have been and if I would have franchised my business instead of being stuck in this dead-end job.

Although I am alive, I died that night of the accident, too fearful to take risks, contemplate, and procrastinate about all the choices I must make. I am unhappy in my work environment; I need to change jobs. If opportunities come up to change jobs, I overthink it, never taking the risk and will stay in the unhappy job rut. I used to make calculated risks; not trusting my own judgement anymore and living a quarter of my full potential, in fear to lose out more. I stagnated, got stuck in every aspect of my life, and was too scared that something bad will happen again. Fear trying, in case I let myself down again. I am alive, yet not alive; do you know what I mean? That oomph I had, lost it that night, I do not trust myself anymore. Before the accident, I was the go-getter, the one that pushed to get ahead, after the accident I lost that edge that drove me to be successful.

Observations of Lexis's Anger

Lexis's anger was evident in the way she spoke about herself. Her self-talk was negative and abusive. She would not consider that the trauma was not her fault and that she did not have to feel responsible for it or punish herself for it happening.

During the conversation she would cry with a furious intensity and whenever she spoke about the accident, her posture would become smaller, and she would hug herself, and gently sway backwards and forwards. Lexi would also angrily crumple up the tissues she had in her hands, throwing them in the wastepaper basket. When she spoke about her anger, she would rip the tissues into small little pieces and aggressively toss each little piece into the wastepaper basket.

When she spoke about the accident and the subsequent court cases, her eyebrows would be narrowed and her eyes almost feverishly bright. Lexi would also clench her fists as if she was ready to strike the person she was speaking about or violently push that person away. This was particularly evident when she spoke about the people she felt let her down and the person who was driving the car when the accident occurred that took the life of her best friend and her friend's fiancé.

Her facial expression would soften and become softer whenever she spoke about her friend and her pets. When she spoke of the driver, her face hardened and her lips narrowed.

Lessons Learnt from the Trauma

I had learnt a lot from the trauma and the consequences of the accident.

The one lesson I learnt was not to trust the people who say they are your

friends. They are fake and liars. While you are the one, the glamour they will adore and respect you. The moment you are damaged they will turn on you and throw you away like garbage.

Life is not fair. If you are damaged, people will treat you as if you are damaged. They look at the scars and your disability and then talk to you as if you are mentally challenged, stupid.

Conclusion

Lexis's anger is directed mainly at herself and her community which did not understand her pain, loss and suffering. The self-anger has turned to self-hate and disgust. Her anger is fuelled by the realisation she will not be compensated for her loss by holding the driver accountable for the accident. Justice will not be served, Lexi, the victim, not vindicated. Society will always blame her for the death of her best friend.

Losing her mobility, her independence and her social support has made her feel isolated and alone, and although Lexi cannot explain it, her feelings of a lack of support have also turned to anger.

CHAPTER 10

THULI'S STORY: ANGER IN ISOLATION

Personal Data

Participant:	Thuli
Age:	58
Occupation:	Manager
Research setting:	Place of employment
Language and conversation language:	Tswana and English
Types of trauma:	Heart attack and implant of a cardiac defibrillator (pacemaker) Son's stroke

Introduction

Thuli related two traumatic incidents – the heart attack she suffered, followed shortly afterwards by her son's stroke. Following these incidents, Thuli relied on her family and friends for support. She could not understand why they did not support her emotionally and perceived the lack of support she received as emotionally devastating and felt overwhelmed by the alienation. She expected support and emotional care but instead found she was judged and blamed for her son's illness and her disability, causing her to feel overwhelmed and alone, which resulted in resentment and anger. Her son had a stroke three months after her heart attack while she was slowly coming to terms with her own health issues and had hopes of her life returning to normal. Her son had a stroke shortly

before his 21st birthday, leaving Thuli emotionally crippled and numb.

Thuli's first traumatic incident occurred while she was driving to work; she had a massive heart attack and needed to be resuscitated. Thuli was angry at herself for ignoring the symptoms she had experienced that morning and a couple of days before she had the heart attack. Although she was concerned about feeling fatigued and dizzy for a couple of days, she wrote these symptoms down to a project with high levels of stress that required long, strenuous hours. Her last memory was that she was in her car driving to work. When she awoke, she was in intensive care and was informed that she urgently needed a cardiac defibrillator (pacemaker) implant, as she had had a massive heart attack and her heart had stopped. Thuli always prided herself on maintaining a healthy lifestyle and hearing she had a massive heart attack and needed a cardiac defibrillator came as a huge shock. It never occurred to her that healthy people could suffer a heart attack. It was something she believed happened to the elderly and to people who did not take care of their bodies.

I struggle to forgive myself; I pushed my body, constantly tired, dizzy, and had bad acid reflux and indigestion. I would tire for nothing, out of breath when I run. I ignored that little voice and thought it was my work, the big project we were working on. Eating hastily between meetings and working long hours, never taking a breather. Neglecting my health in favour of my work, thinking tomorrow I will feel better once the project is done.

A heart attack was the last thing I expected. I am also angry with my body. I am not fat, I looked after my body, my only vice was coffee. I ate low fat food, nuts, fruit and vegetables, cut down on red meat and sugar. For years I have kept up this way of living healthy. It was not something I began doing when I started to feel tired and had indigestion. This should not have

happened. There are people that eat red meat, never exercise, drink alcohol; they are the ones that get heart attacks, not healthy people.

She deemed this event to be traumatic but she felt she was being given a second chance. However, she struggled to come to terms with the traumatic event and to adapting to the change in lifestyle and to her health requirements.

After I came out of the hospital, I was fearful to breathe, walk fast even run. It is silly, but I was conscious of everything that could harm my body. Over sensitive to what I ate or drink. Anxious that I would suffer another heart attack or the pacemaker will stop, the battery run flat or fall out of my chest. I would go to the mirror and check that the wounds are closed no little holes or wires sticking out. It sounds silly, I know but the fear was real. The cardiologist showed me the pictures of everything, explained how the pacemaker and battery work, nothing to fear or be anxious about. Yet I could not contain these thoughts that the batteries will run flat, I will be electrocuted, it will fall out of my chest and I will die.

I could not run the first couple of weeks. How I longed to run. It was an adjustment not to be able to run or exercise. Change my lifestyle, taking things slower, work shorter hours. It was difficult at first, not being able to do what I used to do, to stop and take things slowly at work. Not give in to the pressure to go back to the routine of working long hours, constant stress. Say no to work requests knowing that when you say no it will affect how your managers will see your work appraisal and performance. Convince yourself, work performance did not matter your health is more important.

Four months after her release from hospital, her son had a stroke shortly before his 21st birthday. As a result of the stroke, he was in a coma and only regained consciousness a month later. During this month, the medical team and neurologist informed his parents that neurological tests done indicated he was brain dead; they had to consider switching off the life support and organ donation. It was difficult to hear that they should consider switching off his life support and donating his organs. Thuli and her husband did consider this option, but shortly before they were scheduled to switch off his life support he regained consciousness.

It felt as if I failed him, a stroke at 21, this cannot be, it is an old person's illness. A mother should not see these things. I must be having a nightmare or another heart attack and I am dreaming all of this while in a coma. Not my son, my beloved son, it cannot be.

But it was not. It was a reality slap. My son was clinically dead, massive brain injuries. How did I not see it coming?

Thuli was overjoyed when he woke up, despite the tests earlier showing no brain activity. However, her joy was short-lived as he had severe brain damage that affected his speech, motor skills, vision and hearing.

People said I needed to believe and pray. I prayed, tried to believe, hoped, my heart wanted to believe but my eyes saw what was in front of me, my son not moving, machines helping him to breathe and nothing more, no sign of life, nothing. Just the machines' surrounding his bed, continuous beep, beep, sound, the heart and lung machine that breathed in and out for him. You watch the machine, which helps him to breathe, like a hawk, fearful it will stop moving, fearful that that is all that keeps him alive. Hoping for a

sign of life, any sign, watching, waiting and nothing happens. Waiting for that moment you can shout out, see he moved, he is not brain dead, something that you can throw at the doctors and say, he moved, we are not switching off the machines. He is alive.

Then that moment you prayed for. Jubilation, that sweet, sweet moment he opened his one eye and you see some confusion but recognition as well. Your heart jumps, springs in you. You are so happy. He is alive, all is well.

You see that he only opened one eye. It registers and it does not register. You fleetingly see it yet not see it. You cry from happiness, he is awake; yeah you fools who said he had no brain activity. You feel like sticking your tongue out at them and say see I told you he was a fighter, he would wake up. Say to them take that and punch them on the nose.

You cry, and are then shocked when he tries to talk. Maybe it was the pipes in his mouth, that nose thing, you explain, rationalise, when you hear the slur of words, the hesitation when he wants to say a word and cannot recall the word. The one confused eye that looks at you, the other, not opening. Slowly it dawned on you, he is not responding as he used to. Something is wrong, terribly wrong. This is not the way he used to be.

Her previous healthy, vibrant son was disabled and needed daily physical and medical assistance. To be a witness to his daily struggle to cope and adjust to becoming permanently disabled took whatever hope she had regained when he woke and the hope she regained for a better future for her and her family after her own heart attack.

Slowly the realisation, he cannot move his left side slurs intangible words and mumbles something and you cannot understand your bright intelligent son. His dominant left side was paralysed. In your heart, you cry out, my son, my son, my baby boy, my son.

Themes in Thuli's Trauma Stories

Anger

During our conversation, Thuli related that she felt a deep anger. In her estimation, this anger is the first she has ever experienced so intensely. Thuli explained that it felt like coals in her inside, burning, burning. It not only devoured her peace of mind but also her patience and sense of control, and she felt ashamed for feeling this angry, unable to deal with or ill-equipped to handle it. This anger was mostly directed at herself for what she felt was her body letting her down and being weak. Regarding her son, she felt she had failed him as a mother and did not see the danger signs, thus adding fuel to the smouldering coals of self-anger.

Anger at the Divinity

Thuli indicated that although her faith and belief system were still intact, she experienced her own illness and the adjustments to the do's and don'ts of a pacemaker as difficult. However, even while she felt disconnected from God, she believed that he knew best.

When I came out of hospital I asked why, why me, and I struggled with God. It was painful. I did not understand His way. I still believed in Him. He had a purpose a reason. I could not understand why?

However, almost losing her son and watching his daily struggle to breathe was

overwhelming and Thuli temporarily lost her faith. Not only was her support system and belief in a just world shattered, but she also had to do with the secondary loss of faith.

With my son, I was devastated, lost; I had no hope and no help. I prayed, while he lay unconscious in the kitchen, I prayed, please God, please. At his side in hospital I prayed, please, do not take him. I prayed when the neurologist said we must be prepared to switch off his support, let go, switch the machines off. Hoping for a sign of life, any sign, nothing.

You ask God, why? And you feel lost, so alone, you reach out to God, but cannot find him, you are alone and scared. Fearful that if you are angry or question him, he will punish you even more by taking your son. So, you sit trying to pray or connect with him. When even God does not answer your pleas, you lose faith and ask, does God exist?

You plead and negotiate with God, take me, I am older, they will survive without me, he is young. Do not do this to my son, I beg you dear Lord, please God, please. No miracle, nothing, no sign that my son will wake up. I am stuck in a nightmare. No answer from God, and then you stop praying, stop hoping. Stop, you just stop.

Thuli related her anger after her son had a second mild stroke:

My son had a second mild stroke after he came home, I was devastated. We did not realise he had a second stroke. His dog started to act out and I followed him to my son's room. I could not believe it. How could God do this again? Why, please tell me why would God do this again? I got so angry with God. Even when the neurosurgeon said it was a mild stroke, no

damage was done. Why would God do it again, why? Was it not enough that he was disabled and then take him from me; it was not right or fair. The worries I have. Even though his health improved, I still worry when will the next stroke come, when will I lose my son. What was God thinking, to do it again? Was it my punishment, for what, what did I do that was so awful? Please tell me why? What did I do wrong to deserve this? Continuously fearing that my son will have another stroke and die? Is this what God does? Is it fair?

Anger at Self

Thuli experienced anger at herself regarding her own illness and failing to see or predict that her son would have a stroke. Regarding her own health, she related that she had been feeling run down and dizzy, but ignored the signals her body kept sending. Thuli continued working despite feeling exhausted and tired.

I struggle to forgive myself; I pushed my body. It was not a surprise to learn that I had a heart attack. I ignored the signs. I was constantly tired, dizzy, and had indigestion. I thought it was the stress at work, hours we worked. I do not mean physically, but also psychologically it was the last thing I expected. I am also angry with my body. I am not fat, I looked after my body, ate low fat, no sugary foods, my only vice was coffee. This should not have happened. I ignored the signs, that little voice. If only I went to the doctor. I think it would have stopped me from having a heart attack and getting this thing in my chest.

Regarding her son, Thuli related that she felt more anger towards herself for what happened to her son. She feels responsible as the neurologist indicated that the stroke was

caused by a rare genetic heart and vein weakness passed from mother to child.

I am angry and disappointed in myself. I am his mother. At first, we thought the microwave must have had an electrical short. I was worried about that, not a stroke. When the doctor said he had a stroke, I thought he was making a silly inappropriate joke. How can it be my son was almost 21 years?

Accountability

In traumas such as a robbery, the victim has a perpetrator to blame (Eagle & Kaminer, 2010). In Thuli's traumatic events, she had no natural event, disaster or person to blame. Therefore, in an effort to find a reason she turned the blame on her own actions and inactions. It was the only way she could explain why she had a heart attack and her son a stroke.

A stroke is an old person's illness. The neurologist said that he had a thinning of veins. Genetic that is why I had heart failure. How do you explain to your son, his father, friends, and family that it was a weakness a vulnerability he inherited from you, his mother? When the neurologist told us my son was clinically dead, had massive brain injuries, we should expect the worst. I started to blame myself; ask how could I do this to my son? How could I be such a terrible, bad mother?

Isolation and Aloneness

Thuli experienced a sense of alienation, felt alone, and perceived a lack of support from her social environment which did not share her experience of near death and her son's stroke and consequent disability (Van der Kolk et al., 1996).

It felt as if nobody understood my pain, my fear. Suddenly, people avoided us, they would turn away. As if we were bad luck or would contaminate or infect them with our bad luck. This thing that happened to us, our illness, would bewitch or rub off on them. When I needed their support the most, they turned away and left me alone. It felt as if they judged and blamed me for what happened to my son. I never felt as lonely and rejected.

Thuli also felt anger towards her husband.

My husband tried. I almost hated him the most. He does not believe in God yet he had so much hope for our son. I would worry and fret about what if he would die, what if he does not cope. My husband would scold me and say not to wish bad things on our son. He will recover; give it a month or two. He made me feel as if I wanted my son dead or disabled. It was painful to see my bright boy in this condition. I could not even talk to my husband, his father about my fears and worries. We started drifting away from each other. We could not agree on what was best for our son. I wanted to protect and he would push my son to recover. We never had big fights before; all our fights we could take each other's reason into mind, suddenly we could not resolve this matter. I could not understand why his father would not understand my concern that pushing my son to be normal, not disabled would kill him. He could not understand why I could not see that this disability was temporary; if he exercises, he will overcome it.

Social Support

Support Structure

The only person she felt that understood and helped was her daughter. She was

always willing to help and go with her to the hospital or take her brother to the rehabilitation centre or shops.

My daughter is my pillar. She always helps in whatever way. I do not need to ask her, she will offer to take her brother to the rehab centre, and when he was in hospital she would take me. She is the only one I can trust.

Friends as Support Structure

I had a few, small group of people I could count on. They offered assistance and help when I felt I was trapped. They were the friends that never will critique, blame or shoot you down, always available at a drop of the hat. Yes, I learnt the value of one true friend rather than many shallow heart acquaintances.

I learned the value of that person I never considered a friend. The quiet one that never intruded on my life or time, she turned out to be the one that came through for me.

Lack of Support

Thuli felt aggrieved, frustrated and angry towards members of her community who did not understand or empathise with her trauma and on-going nightmare. She felt they turned their back on her, offered no support, and rejected her as a person, mother, and a once valued member. Thuli's perception was that if her son had a terminal illness such as cancer, she would have received more support and was angry at the thought that society made exceptions of whom they help, whom they support and whom they reject in times of crisis. She felt anger towards society and friends who wanted to console her but whose actions and words inflicted more harm and injury, instead of giving her support and comfort.

Friends, co-workers, whenever our paths crossed at church or in the shopping mall, at work, they would pretend not to see me. I knew they saw me; they would turn away and pretend as if I did not exist or that I was a stranger to them. Their indifference angered me. When they needed support, I was the one at their side. I gave money, food, assistance. I never asked anything back. I gave from here, from my heart. It was this lack of support and comfort that broke me; it was unfair, not right. I did not need much, a hug, a shoulder, someone to sit with me. Being with me, make me feel less lonely, alone, hopeless, lost, helpless and terrified. Knowing that I had someone next to me, comforting, supportive would be enough.

Thuli related an intense anger towards society after her son was released from hospital and the physical rehabilitation centre.

I felt alone and while my son was recovering, it was never as bad as when he came home from rehabilitation (rehab) and I realised the injustice of the world. My son was excluded from social life. He could not get a job, turned down because he was disabled. His mind was still bright and he could think as quickly as before, it was his body, his left side that let him down. Family, friends would talk to my husband or me and avoid eye contact with my son. In shops, they would treat him as if he was a burden or brain-dead. It would infuriate me to see them treat him that way. When friends and family would have a gathering, they would invite everybody, except my son or us. They did not want to strain or make him feel unwelcome, so if we did not mind, we could go, but he could stay at home and rest.

Of all his friends, only three stood by his side and were not ashamed to be seen with him. They did not mind to take him to shops, or walk slowly to allow him to walk with them. The others would avoid him and disappear. Never visit or call, he was the soul of the party, after the stroke, he was the one they did not want to know.

Pet as Support

Thuli felt a bond with her son's dog; the only one she felt understood her son and shared his grief.

My son has this big brute of a dog. He loves this dog. When he was in the hospital, the dog would lie in the door, look at the gate, and keep watch over my son's car. He would hardly eat or move, waiting. Even when my son got home from rehab and would scream at him in frustration, he would not leave my son's side. He would sit and wait for him to calm down and then lick his fingers. That brute was gentler and softer in his acceptance of my son's disability than other people were.

I loved that dog; he made my son smile again. Before the stroke, while preparing food, the two would come into the kitchen and my son would steal something to eat, and they would share the loot, partners in crime. I always scolded them and said raw meat or food will give worms. My son would give this big goofy smile and the two would eat whatever snack my son stole and together run out of the kitchen, my son laughing. To see my son smile was so wonderful, at the same time remembering that smile before the stroke is heart-breaking.

Before the stroke, whenever my son would return home, the dog would run up to him and they would rough and tumble. I would scold both of them and warn them about hurting each other, to take care. My son would give this big smile, laugh and they would continue their rough game.

The morning my son was released from rehab to come home that brute drove us crazy with his excited barking and running to and from the gate. When my husband drove into the yard, I held onto his collar in fear that when he saw my son he would do the same. I even thought that we might have to give him away; he might make my son fall and injure himself. My son smiled, the first time I saw him smile from deep, from within. It was dreadful to see his smile, one side curved in a smile, the other side, so grotesque. At the same time, it was wonderful to see him smile. That was all that the brute needed, he ran up to the car and started to lick my son's face and hands. He did not shy away, growl or pull back, he saw my son, his partner in crime. Unlike former friends and family, he did not reject or see the disability. He saw my son, I loved him for that.

Observations of Thuli's Anger

Thuli's anger was more pain, a state of low spirits, cast down and dejected. Her posture showed despair as if she had no hope of relief. At times she would be motionless and passive and occasionally rock herself to and fro. Her eyelids drooped and her head hung, and her lips, cheeks, and lower jaw were all drawn down. Sadness enveloped her, and her breathing was slow and hesitant, often interrupted by a deep sad sigh. She would at times explain that it felt as if she could not breathe or talk, almost as if she had a lump in her throat. Her brow would be furrowed as if she were contemplating something or in deep

thought.

The only time her anger could be observed was when she spoke about social support and being excluded and unsupported. She would talk faster and with more emphasis on certain words and her lips would be narrowed, almost exposing her teeth.

Lessons Learnt from the Trauma

God will come through, despite all the challenges you face. Even if you feel he has distanced himself from you, your prayers are of no use, he is with you.

This trauma is a process; this sadness that befell my family shall pass. It might feel difficult and the hard times will never end, but that too shall pass.

The people in your life you can count on. To be able to recognise true friends that will be with you in dark days, the ones that will stand by your side and help you through it. The friends that will offer assistance and help when you feel you cannot go a step forward. The one friend that never will critique, blame or shoot you down, always available at a drop of the hat. Yes, I learnt the value of one true friend rather than many shallow heart acquaintances.

The person I never considered a friend. The quiet one that never intruded on my life or time, she turned out to be the one that came through for me.

Perseverance in times of hardship will pay off. If I listened to the neurosurgeon and doctors, I would have switched off the machines and not listened to my heart that had hope for my son.

Listen to your body, do not procrastinate, and wait for tomorrow when you do not feel well. Your body is warning you that something is wrong.

Take time off and vacations. The company managed without you when you were in the hospital, they will survive if you take leave.

Conclusion

Thuli witnessed her son's struggle to survive and transferred some of her emotions and feelings to him. During the time he was in a coma and considered brain dead, she felt anger towards the people around her who did not support her. She believed that they blamed her for giving her son this weakness. After he woke up, witnessing his struggle to adapt to his physical and mental impairment made her feel helpless, hopeless, overwhelmed and out of control. She experienced the emotions that she felt made her vulnerable when she had her heart attack. In both traumatic events, she felt angry at losing support and felt alienated and alone. The neglect and lack of care she experienced from her social environment during these times, especially when her son was perceived as brain dead, created bitterness and intense sadness, as well as resentment and anger towards the people she perceived to be part of her social environment.

CHAPTER 11

GECIE'S STORY: USE OF ANGER AND RAGE TO COVER HER

LOSS

Personal Data

Participant:	Gecie
Age:	52
Occupation:	Animator
Research setting:	Place of employment
Language and conversation language:	English
Types of trauma:	Motor vehicle accident Attempted hijacking Robbery at work

Introduction

Gecie has a natural way of drawing people to her. She has a joyous disposition and positive outlook on life despite her disability; however, deep down she hides her pain and sadness.

She related that she had experienced several incidents she perceived as traumatic events. These events had taken place when she was an adult and included a robbery at work, an attempted hi-jacking and a car accident in which she was paralysed. The traumatic events influenced her life both negatively and positively in all aspects, as well as

in the way she connects with others. At times, especially when she is in an emotional situation that brings back memories of what she experienced during the traumatic events, she feels anxious, angry and filled with rage.

If I feel physically or emotionally restrained I cannot breathe and I push back hard. It comes across as anger, even rudeness. It is a problem, after the robbery, my anger intensified to rage, especially on the road.

A couple of months ago, a Black BMW wanted to cut in front; I was in no position to allow him to cut in. He mockingly took out his gun and pretended to take me out. At that moment I lost it. I deliberately steered my car to take him off the road. Inside I knew we both will die and other innocent road users. I did not care. I wanted to kill him, take him out. Fortunately, he realised I had all the intent to take him out and slowed down. An hour later, I still felt the red-hot rage inside, my body still shook with anger, and even though I calmed down, I still wanted to kill him.

Themes of Gecie's Trauma Stories

Anger

Gecie related that she has no anger about the motor vehicle accident, however, at times she still feels the loss and pain, and has difficulty dealing with her emotions such as sadness and anxiety. In situations where she perceives herself as having little or no control, she becomes anxious and reacts with open hostility, rage and anger. This aggressive anger behaviour intensified after the hijacking and robbery at her office. The fear and anxiety she experiences makes her want to escape or run away. When she feels she cannot escape or run to a place of safety, she feels powerless. Feeling powerless

increases her fear to such an extent that her anger turns to hot rage. When she feels this rage, she perceives herself as a danger to herself and other people.

Situations I feel unsafe or I cannot control, unsettle me. My fear becomes rage. It is as if I lose my ability to control my anger and rage. I need to escape, to run away. Feeling confined, unable to escape unnerves me. It is hard to explain, I fear the situation, at that moment, and at the same time, want to cry because I am so frightened at that moment. My head will say, you are safe, nothing to fear. However, my heart and body will react violently and I feel suffocated, I cannot breathe. I can feel the trembles, see my hands shaking. Even if I try to control the fear, it overpowers my reason. The only way I can feel safe is if I get out of what I feel is the danger area and observe from a distance.

Anger at the Divinity

Gecie said that she is not angry with God. The only time she struggles with faith is when she is in pain and does not understand why.

From the moment I heard that I was paralysed, I instinctively knew I would never walk again, this was it. I could not blame God or be angry at him for making that choice to get into a car; I placed myself in a position to get paralysed. I made the choice and decision. It was not a matter of not believing in God, more than I did not have faith in myself and when I lost myself, I lost God, I doubted my own faith in God, but never God.

The only time I am angry at God is when the nerve pains rip through my legs. That is when I ask him, why the pain, I lost my ability to move and be happy, why should I experience pain and physical discomfort?

Her emotional pain is intense and may be observed in her behaviour and her non-verbal language. Pain and sadness radiate from her like a blazing fire. The intensity of her emotional pain and loss is discernible in the following words:

I had a cat, loved him, the first cat I ever had. Ginger Tom. After the accident and rehabilitation and I come home he looked at me, sniffed my hand, looked at the wheelchair and welcomed me with a reproaching meow of where have you been for three months. I was me; he did not see the damage to my body or care about the damage to my soul. Unconditional love and acceptance, no questions, just love. One month after coming home, he was poisoned. I could not pick him up, or touch him to say thank you, I love you and will be with you until the end. He died alone on the floor while I sat looking at on. I felt so helpless, unable to reach him on the floor. I WAS RESPONSIBLE for being paralysed. IT WAS my FAULT HE DIED ALONE. I was the one who was disabled and could not comfort him when he needed me the most. I let him down.

I do not know who I hated the most at that moment, me or God, me or...God?

Anger at Self

In relation for the car accident that left her paralysed, Gecie related self-blame, guilt and anger towards herself for letting down her family and parents. She directed the anger at the self and used self-punishment to atone for what she believed to be her fault that they experienced pain and sorrow.

I am not angry, that I am paralysed. It was an accident, could have happened any day. I am angrier at myself for the pain the accident caused

my family, especially my parents. They suffered seeing me lost and struggling. I made them cry and be sad. No child should make their parents cry.

The pain which was masked by her anger at herself is reflected in the following conversation.

I do not get angry as much as I did. Perhaps frustration turns to anger when I cannot do something. Vacuum and getting tied up in the cable or pipes, asking people to assist when something is out of reach. Sometimes it feels as if I want to smash and break things, hit and lash out, scream. Yes, I get angry with myself. THIS WAS MY DOING. I could have prevented it. I MADE THE WRONG CHOICE TO GET INTO THE CAR. This is my fault.

She hated her body and referred to herself as a fat blob or pig. It was as if breaking her self-image down was seen as a deserved punishment.

I avoid full-length mirrors. They are reminders of how fat, ugly, and disgusting blob I became. I prefer not to be part of photographs; they remind me of what I will never be, look at me, a square tin can, fat, disgusting blob. You can dress me up and I will look like a pig. I hate my mirror image. If I do not see photos or my mirror image, I can pretend I am acceptable. Not this fat, ugly big blob pig.

In regard to the robbery at her place of work and the attempted hijacking she also indicated anger towards herself.

During the office robbery, the moment I saw the first guy come towards me, my guts told me, something was wrong, everything in me screamed, alert,

be careful, keep your panic button and cellular phone on you. Get somebody to check up on you. I suppressed those thoughts and when they took out the weapons, I had a Eureka; I knew it was a coming moment. If only I was proactive and followed my gut. I ignored that voice, did not want to offend a customer. Yes, I am so angry at myself, I let it happen, and if I only listened to that little voice the robbery could have been prevented.

I had to visit a client in Johannesburg, Central Business District and did not know the way to his office. While on my way the navigation system froze and I had to stop to reset and find the directions on my global positioning setting. I was nervous and feared I was lost, pressured to be at his office before a set time. While braking to stop and reset the GPS, instinctively I knew, big mistake, but it was too late. It was as if the world stopped, time stood still, and when I looked up, a guy tapped with a gun on my window. Another two was at the passenger sides pulling at the door openers. My indicator was on to move back into traffic, and fear made me bring the car to a standstill. I tried to switch the ignition on but flooded the car. A sitting duck, how could I let this happen? I was such an idiot to let it happen again.

Isolation, Aloneness

Even though Gecie had her social support after her paralysis, she felt alone and isolated, a stranger to herself and as if she did not belong anymore.

After the MVA, I was lost. Nothing was as it was before, my clothes had to change, and I lost my work, my car had to be adapted even my home needed alterations to make it more accessible. I felt like a stranger looking in on

my own life. All I had left of me was my memories. I did not belong anymore to my social and work environment. Some people's perception of disability that if you cannot walk you are mentally challenged made me feel more alienated and alone.

She described her aloneness as follows:

I felt utterly alone. It felt as if I had three personalities. Gecie before, during and after the accident, and none of them was me. It felt as if I was on the outside, a witness to the tragedy that was my life. It was something I could not explain or describe to anyone. I was even a stranger to myself. I felt bewildered and utterly alone, not even able to reach me, nor understand my own emotions.

After the accident, the only place she felt safe was with animals.

Animals make you feel safe, protected, wanted. That is why I love animals; they do not demand anything from or of you. All they want is affection, love, care, food, shelter, chin scratches or a belly rub. They have the weirdest personalities and love unconditionally. With an animal, you are part of their world, no matter how weird you look, you belong.

People have their motives, mostly it is, I am so sorry for you. Why are you sorry for me? You hardly know me. Their sorry is almost like they are trying to devalue you, make you feel like nothing, worthless. I get angry when I meet a person and they say, I am so sorry to see you like this, or I am so sorry for you. Animals do not feel sorry or devalue your existence, love, food, care, and a cuddle or two, that is all they ask and they will give

it back tenfold. Animals accept you no matter what.

Social Support

Forced Positivity

Before becoming paralysed, Gecie had a positive outlook and engaging personality. She had the support of her social environment, which supported and assisted her to adapt to her home and other areas to make it more accessible after the accident. She felt that her trauma and dealing with it in a positive manner made her a role model and she was admired for it. Her perception was that when she went out in the public domain, she was on a stage, and had to pretend that all was happy and in order. This forced positivity became too much and she had to withdraw to find herself.

After the motor car accident, I had support. It became too much. I had to withdraw from society and the forced positivity I felt I owed to them. I needed time to mourn my loss of mobility, work, independence, financial status, instead of always smiling, encouraging and giving them hope. It became too much and I had withdrawn from society.

However, she did recount that even though her own social group was supportive, strangers, mostly from charismatic church cell groups, would upset her and confuse her; she found their behaviour confusing and overwhelming.

Disability made me a target for some charismatic cell groups. It felt as if they targeted you as a person with a disability.

They always had a dream or a vision from their god that told them that I need to be cured and it was my sin that kept me disabled.

Others had a dream, a vision in which their god showed them that this or

that was the problem. Usually, the dream or vision was so far from the truth it would make me smile. At times I could only shake my head at their stupidity trying to convince me that the real problem was not the total destruction of my spinal cord that caused my paralysis, rather, my knees or feet that were lazy to walk and prayer would heal it immediately.

I would politely smile and think, I do not know who your god is, and it is obvious he did not get the memo describing my cause of paralysis. At first, it got to me. Then I started to say, no I do not want to be part of your special group prayer for healing, thank you, I appreciate the prayer, welcome to do it in silence on your own, excuse me, I need to go. Thanks anyway.

Accountability and Justice

Gecie held herself accountable for the traumatic events in her life. She felt that she could have done more to prevent them.

I should have been more vigilant in the robbery and hijacking. If I had listened to my gut, it would not have happened.

As to justice:

I did not report the attempted hijacking or the robbery to the police. The losses I suffered, I paid from my pocket. What would the police do anyway? Who would they arrest? The guys that tried to hi-jack me, how would I point them out? I was too shaken, trying to escape to take notice of them. I remember the one's smell, and his dirty dreadlocks, the same one that scratched my face and neck trying to claw my hands away the window preventing him to pull the window down. Besides that, I remember little of

the rest.

Besides, the two men that robbed me in my office are detectives at our local police station. Imagine my surprise when I recognised them from a photo in the local newspaper. Posing arrogantly in front of the car they used in the robbery. I recognised them, the one with the brown leather jacket torn at the sleeve, a scar running from the side of his cheek to his mouth. I remember that it bugged me, the torn jacket, and the scar, I did not want to stare but while we spoke before the robbery, I could not keep my eyes from the scar. You try to look past it, but it was so noticeable that you self-consciously will find yourself staring at it, and then look away when you realise you are rudely staring at the scar. No, it is safer to keep it to yourself, what would their colleagues do anyway, arrest them, fat chance for that to ever happen.

Observations of Gecie's Anger

When in deep thought, a slight frown would form on Gecie's forehead and her eyes would narrow slightly when she expressed something difficult or disagreeable, either in thought or in recalling her action at the time of the trauma.

When she recalled the incident of road rage, her body started to tremble, and she had a strongly marked frown and her jaw clenched tightly. Although the incident happened some time ago, she still became agitated and her reactions were angry, breathing shallowly and using short emphatic sentences. Recalling the incident brought back the rage she felt which was observable in her posture and her behaviour. Gecie also indicated that she felt the same rage recounting the incident and experienced such anger when telling the story that she wanted to tear

somebody apart. Her rage was also evident in her clenched fist and the way she would draw back her arms as if getting ready to strike at an assailant.

With regard to her anger at the self, Gecie would use profanities and make derogatory jokes about her appearance and actions. In particular, she would use self-descriptive words that were demeaning and at times cruel. It came across as if she were punishing herself for being paralysed, her punishment for bringing sadness into her family.

A tin jam can, fat, disgusting big blob. You can dress me up in fancy, expensive clothes and it will make no difference. I will still look like a pig, ugly fat, Miss Piggy, this fat, ugly big blob pig.

Lessons Learnt from the Trauma

Listen to your gut feeling. If something feels wrong, something is wrong. React and do not wait and overthink.

Anger can get you into situations that can harm you personally and those close to you. Think the situation through, do not overreact. It is not worth it to go to jail for another person's criminal intentions or actions.

It is easier to control people when they think you are interested in them as a person. That way you protect yourself from getting hurt.

Only trust animals, they are the only things you can unconditionally trust. They love you no matter what you look like. They are not ashamed of how you look.

Conclusion

Gecie had passive aggressive anger towards herself. It came across as if she accepted her disability, and in most areas, she did and had adjusted reasonably well. She hated her appearance, it was one area that she could not accept, and perhaps it was self-punishment, to see and dress in the way she saw herself as if she was nothing more than a pig.

However, you could feel her pain when she talked about the early days and the adjustment to being disabled. Although she accepted the situation, it was not as if she forgave herself for becoming disabled and her pain was deeply buried beneath her anger and suffering. She took full accountability and responsibility for becoming disabled. She gave meaning to her anger in that she had made the decisions that caused the traumas and needed to take responsibility for them. However, she could not, would not accept that they were accidents and part of life. She needed to hold on to this as her truth to help her survive and exist in self-punishment. Her anger was reflected in the way she regarded herself and her behaviour during times of trauma. Her pain was deeply buried even though she managed to survive and continue with her life as if it did not matter that she was disabled.

CHAPTER 12

DISCUSSION AND COMPARATIVE ANALYSIS OF RESEARCH

Introduction

This chapter compares the themes identified in the participants' anger and trauma experiences. In this study, the themes were contrasted and classified based on the meanings that each individual participant assigned to the anger emotions they experienced in a social environment (Alexander, 2012). In addition, the chapter describes the participants' interpretation and perception of their anger and trauma, and explains the answers they gave to the questions relating to their anger following trauma and social interaction. Accordingly, the objectives of the research, that is, to find the relationship between anger after trauma and the internal and external factors influencing such anger, were investigated. The chapter will look at and discuss some of the themes that were common in each of the participant's conversations and how they experienced anger.

Demographic Data

Ten participants were contacted and invited to participate in the research. However, two participants later withdrew, feeling that they were not yet ready to talk about the deaths and loss they had suffered as they were still too painful. The remaining eight participants were given an information letter and a consent form to complete, and subsequently, a conversation regarding their trauma stories and feelings of anger was held separately at a time and place convenient for them.

Demographic Data Detail

The trauma they experienced ranged from early childhood trauma to recent trauma. However, the trauma they shared in the conversation was the one with which they felt

most comfortable, indicating unresolved emotions and anger. No time limit was set on the conversation and it ended when the participants indicated that they had nothing more to talk about. The biographical details of the participants follow:

Participants' Details		Gender		Age			
		Female	Male	30-39	40-49	50-59	60-69
Educational Level	Secondary	1	1	2			
	Tertiary	6		2	1	2	1
Marital Status	Engaged	1			1		
	Married	3	1	3		1	
	Single	2		1		1	
	Widowed	1					1
Occupational Status	Retired	1					1
	Salaried	6		3	1	2	
	Self Employed		1	1			
		7	1	4	1	2	1

Table 12.1 *Biographical Details*

The research study comprised eight participants, of which one was male and seven were female. Of the eight participants, one was retired, two were single, one was engaged, three were married, and one was a widow. Four participants had children, six were salaried employees and one had their own business. Six of the participants had tertiary level education and a degree, while the remaining two had a secondary educational level and had completed Grade 12.

Comparative Analysis

Themes were identified at various levels, including the semantic and latent levels.

In terms of these themes, the participants' interpreted their anger and traumatic events differently and drew different meanings from them that needed to be explored individually. Furthermore, owing to the nature of the research, which focused not only on the words of the participants but also on the latent meaning, the data description presented was information rich. Therefore, it allowed the researchers to explore the participants' individual underlying meanings, thoughts and assumptions in regard to their anger (Babbie, 2005; Guest, 2012). This required considerable interpretation of the data and the meaning given to their anger and trauma by the participants (Alpert, Hayes, Yasinski, Webb, & Deblinger, 2021).

Interpretation

Interpretation of the data and writing up of the information were the final step in the data analysis process. This involved a written account of the phenomenon of anger after trauma using the thematic categories obtained from personal analysis (Terre Blanche et al., 2006). Furthermore, when interpreting the data, the researcher had to go through the information carefully to uncover any weak points, over-interpretations and contradictions. It also meant that the latent meaning of a participant's anger speech, actions and behaviour while telling their story had to undergo a decoding process. In this way, the researcher could explore the unconscious conflicts while exposing and exploring the underlying anger that maintained these themes or thoughts (Bond & Craps, 2020; Colman, 2006). In addition, the collaboration with her promoter and editor allowed the researcher to recognise her own prejudices while reflecting on the role she played in collecting and interpreting data and themes. This did not guarantee objectivity but it did force the researcher to recognise how her personal involvement in anger research might have influenced the data collected and analysed (Terre Blanche et al., 2006).

Discussion of Themes

The themes in this research emanated from a social construct and the qualitative framework because the research was not interested in generalised findings on anger after trauma; rather the research wanted to explore the reasons and descriptions of the anger the participants felt. Therefore, the research did not want to prove that anger existed, but why anger after trauma was a phenomenon (Cypress, 2017; Foa, Huppert, & Cahill, 2006; Stanton, 2005; Terre Blanche et al., 2006). This was unique to a social constructionist viewpoint in which the focus of the research was on the personalised detailed and in-depth analysis of each individual participant's case and the recall of anger after a traumatic event within a social environment (Stanton, 2005; Terre Blanche et al., 2006). This allowed the researcher to identify what was common or similar in the anger themes explored in each of the participant's conversations.

Anger

The anger the participants felt following their trauma was, as Herman (2015) suggests, a survival mechanism that helped them to endure the overwhelmingly painful, out-of-control emotions and turmoil the traumatic event left in its wake. In addition, their anger was the strongest emotion associated with the feelings of loss of trust, control and safety. Unable to deal with the feelings of loss and in the process of grieving for what should have been, they turned or directed their anger towards anyone they felt had some connection with the trauma (Alpert et al., 2021; Balaev, 2014; Herbst & Reitsma, 2016; Van der Kolk B, 2015; Williams, 2017). This directed anger could include the perpetrator, such as shown in the conversation with Tom, Lexi and Gecie, or people regarded as the perpetrator's supporters, the legal and justice system, healthcare workers and the victim themselves (Herman, 2015; Schupp, 2007), as seen in Florence's, Hope's and Lexi's

conversations.

Part of this anger could be caused by the inability of participants like Eve and Tom to express their humiliation and rage to the perpetrator during the trauma for fear that they might jeopardise their survival, or as seen in Hope's conversation regarding her financial and job security. Even if the participants experienced anger at the time, they probably suppressed the rage and anger for fear of retribution or that the perpetrator might hear about it and return to do more harm or retaliate as seen in Zola's, Florence's and Lexis's conversations.

The participants who felt unable to express their anger were left with repressed anger against all whom they believe were indifferent to their traumatic event and emotional turmoil and who they perceived as failing to help. Some participants such as Tom and Gecie expressed this anger in outbursts of rage which further alienated them from others in their social environment. In addition, all the participants struggled to understand why their social environments did not understand their anger and the pain that was caused. In turn, their social environment could not understand the traumatised participants' anger and rage. This hindered and prevented the rebuilding of the trust that was shattered in both current and new relationships, and alienated the participants further as they felt excluded from their previous social environment (Herman, 2015; Williams, 2017).

Anger at the Divinity

According to Miller-Perrin et al., (2015), despite secularization theory which states that religion will decline and disappear as societies become more modern and industrialized; the world is as religious as it was in the previous years. Tavis (1989) advocates that religion and political ideology organise and legitimise a social system's anger reaction behaviour. Faith and religious beliefs has real importance and

consequences in people's lives (Miller et al, 2015). It is therefore understandable that all forms of religion will have a management system for anger with anger control. In addition, anger control would be a central concern for the social environment according to its prescriptions, so as to protect the social order or to generate anger on behalf of those religious beliefs (Anderl, 2018; Conti, 2021; Black & Flynn, 2021; Brandell & Ringel, 2019; Braund & Most, 2009; Dollie, 2019; Hunt, 2013; James & Gilliland, 2018; Miller-Perrin & Krumrei Mancuso, 2015; Rogobete, 2015; Tavris, 1989).

Anger following trauma, as well as deep sadness and feelings of loss, are comorbidities of trauma symptoms. Anger has a life of its own and the anger after trauma the participants felt was described as an intense raging emotion never felt before. The participants of this research felt anger not only towards the perpetrator, the self and society but also towards their deity. This was because the loss the participants experienced was not just the loss of possessions, a significant other, or belief and trust in the self; they also suffered a secondary loss, namely that of faith. They struggled to understand why the deity they had believed in since childhood and who they trusted to safeguard them against all evil would betray them and let them down (Schupp, 2015). Often this anger was described as disappointment in the deity for not answering their prayers, or for not preventing or not allowing the traumatic event to occur. When they raised these questions, they were faced with disinterest and alienation from their social environments – a controlled order that condemned them as heathens, of being of little faith, or as blasphemers. In the participants' social environments their anger towards the deity was seen as a mortal sin, and if addressed in therapy this was regarded as being done by the irreligious to confuse the traumatised (Powlison, 2000). This left the participants feeling silenced and rejected when they expressed their bewilderment and pain in the divinity, who they believed had not protected them as religion has advocated for them for years. They were left with questions

such as: Did I sin? Was it a punishment, a test, a quest? Why did my higher power allow this to happen and not protect me (Van der Kolk, 2015; Vivyan, 2015; Williams, 2017).

Their disappointment was all the more intense because when they prayed for assistance during the event there was no miracle to save them, as seen in all the participants' conversations, particular Lexi and Thuli. It was not that they struggled to believe in a deity, more that they struggled with their own faith. Even in their religious context they felt excluded from and distanced from their God, who they felt was unreachable and watching them from a distance (Eagle et al., 2010, Herman; 2015; (Schupp, 2015).

The anger felt towards the deity could be linked to the trust they experienced towards adults when growing up. If they had ambiguous inconsistent relationships with a parental figure, they equated their deity to their parental figure's lack of concern and care. The participants who saw their caregivers as inconsistent related more anger at and distrust in the deity and a higher expectation of being let down. Participants who prayed for assistance during the traumatic event experienced even more intense anger. They felt their prayers went unanswered and felt that both their deity and society had placed them on the periphery of support in their time of need (Eagle et al., 2010, Herman; 2015; Schupp, 2007; Tavris, 1989).

The participants also suffered a secondary loss of faith, as described by Linda Schupp (2015), in which they felt rejection and judgement from the people that meant well but uttered words and phrases that lacked sense and made them doubt their own faith in a deity (Schupp, 2015). Some participants came out stronger after the trauma and understood faith as weakness is strength, in comparison to traditional religion in which a cruel God allowed bad things to happen as a test, punishment, or cleansing. Only at times

did they feel disconnected and isolated owing to the constant judgement and blame they perceived from society.

Anger at Self

After the traumatic incident, the participants were angry at themselves; this is consistent with other trauma victims. Chapman (2015) suggests that feeling self-anger is a way of making sense or giving reason to why the trauma happened, making it more understandable and preventable. They would see their own actions as inattentiveness, foolishness, or being irresponsible thereby causing the trauma (Chapman, 2015; Dollie, 2019; Eagle & Kaminer, 2010; Ehlers & Clark, 2000; Foa, et al.,2006; Hunt, 2013; Rogobete, 2015). This anger was always accompanied by guilt, shame and self-blame. Even in the absence of a perpetrator, they would direct the anger at themselves. It was easy for them to perceive that they were the ones guilty of the wrongdoing, the trauma, the injustice, or the careless act, thus giving the traumatic incident a reason, a meaning, something they could explain or understand. Accordingly, the reason they gave was something they could control, which was preferable to no control, no reason or a random act that could happen again.

According to Chapman (2015), the participants felt their actions or inactions fell short of their own and their social expectations during the traumatic event, thereby provoking further self-focused anger. Where they had to violate their own strongly held values, such as seen in sexual abuse cases, they later experienced intense personal anger for allowing themselves to fall into immorality (Chapman, 2015; Dollie, 2019; Eagle & Kaminer, 2010; Ehlers & Clark, 2000; Foa, et al.,2006; Hunt, 2013; Rogobete, 2015). Anger at the self over perceived moral or ethical failure was followed by feelings of guilt and shame; in some instances, the participants would wallow in their guilt and anger and

turn their anger inward. This anger was shown in self-destructive behaviour such as drinking, over-eating, and using drugs (Chapman, 2015; Dollie, 2019; Eagle & Kaminer, 2010; Ehlers & Clark, 2000; Foa, et al.,2006; Hunt, 2013; Rogobete, 2015).

Regardless of the traumatic event, all eight participants blamed themselves for the event. They used words such as *would*, *if*, *could* and *should have*. It never occurred to them that they were not to blame, did not make the traumatic event happen or could not have prevented it from happening. They all indicated that they were to blame and could have prevented the traumatic event if they had been more vigilant or paid more attention to their surroundings (Chapman, 2015; Dollie, 2019; Eagle & Kaminer, 2010; Ehlers & Clark, 2000; Foa, et al.,2006; Hunt, 2013; Rogobete, 2015).

Accountability and Justice

Eagle and Kaminer (2010) maintain that many trauma victims in South Africa tend to become increasingly estranged from and critical of government and society in regard to standards of morality regarding criminal activities in general. They feel that the criminal justice system cannot protect them, curb crime or apprehend and punish offenders. They blame the high rate of criminal activity on the governing party's and legal system's lack of capacity or even a lack of will to maintain justice and law (Eagle & Kaminer, 2010). This perception contributes largely to victims' disillusionment, hopelessness, depression and anger, which go beyond conventional trauma symptoms to include retaliatory acts of punishment for offences without legal authority (Eagle & Kaminer, 2010; Habib, 2019; Keenan & Rush, 2016, Van der Kolk et al., 1996).

The above perception was conveyed in the conversation with the participants, who had no hope of justice for or accountability from the wrongdoers. They felt bitter and disillusioned by the legal social order.

I have to work for my money; criminals get three meals a day, a bed and education. It is not fair or right (Eve).

The participants indicated anger at the South African government, and the judicial and legal services. From their point of view, they felt the South African government was to blame by being corrupt and encouraging corruption in its ranks, because it sets the example for the police and the judicial services to follow. If the participants had finalised or pending criminal and legal cases, they did not expect justice or accountability from the wrongdoers. Nor did they consider opening a case, as they perceived that it was a waste of time (Eagle & Kaminer, 2010; Habib, 2019; Keenan & Rush, 2016, Van der Kolk., 2015).

Why open a case, the docket will be lost and the criminals get richer, I expect nothing (Eve).

I never opened a case, what will the police do. Nothing, it is what it is (Tom).

The participants had also lost hope that the real perpetrators would be held accountable and justice served in the court cases. They expected to be let down by the judicial system and that they as the victims would struggle to come to terms with their loss and the court cases, while the criminals still enjoyed life and continued with their ill-doing (Eagle & Kaminer, 2010; Habib, 2019; Keenan & Rush, 2016, Van der Kolk., 2015).

I do not want to lose hope, but I do not think justice will ever be served (Zola).

That man got away with murder, I have to accept it. He will never go to jail or face justice (Florence).

He never was held responsible for the accident or took accountability for

it. I was the one that paid the price not him (Lexi).

Their anger was fuelled by their disillusionment with a society that did not support them and demanded justice on their behalf. Instead, they were made to feel ridiculed and belittled. Society did not bring the wrongdoers to book, nor did society take accountability or responsibility for the social atrocities that happened. Instead of bringing justice to the victim, they silenced the participants in order to keep the system stable and made the participants feel as if they were held responsible for their own trauma and injuries (Eagle & Kaminer, 2010; Habib, 2019; Keenan & Rush, 2016, Van der Kolk., 2015).

They made it out that I was a fool that did not know how to do the work (Hope).

In taking responsibility and accountability, the participants developed self-blame to explain the traumatic event. One method was the use of behavioural self-blame in which the tendency was to attribute the trauma to certain behaviours engaged in or that they felt they had failed to engage in to prevent the trauma. These attributions of self-blame were often influenced by myths about the trauma and anger behaviour that are commonly held in society, which blames the victim and holds them responsible for the trauma (Berezin, 2018; Bond & Craps, 2020; Eagle & Kaminer, 2010; Habib, 2019; Janoff-Bulham, 1992; Keenan & Rush, 2016; Lorenz, 1999; Rauch et al., 2006; Watkins et al., 2018; Rogobete, 2015, Sütterlin, 2020; Van der Kolk., 2015).

In this research, self-blame made the participants feel better and gave them back a sense of personal control over the trauma. The participants reasoned that if they had done things differently, had been more vigilant or cautious, the trauma would not have happened. If they could pinpoint their mistaken actions that led to the trauma, they could

change it and prevent the chances of it happening again in the future. Thus, they could maintain a belief in a controllable world, where specific behaviours resulted in specific outcomes (Eagle & Kaminer, 2010; Janoff-Bulham, 1992).

In addition, the participants also used characterological self-blame, in terms of which the participants focused the blame on their own character or personal qualities. This differs from behavioural self-blame for what they did or did not do, as they used the trauma as a reason for why they attracted disasters, were a poor judge of character, or were weak (Eagle & Kaminer, 2010; Janoff-Bulham, 1992). This predisposition for characterological self-blame predates the trauma and is shaped by early interactions that harmed their self-esteem and self-worth (Eagle & Kaminer, 2010; Janoff-Bulham, 1992). The only way to make sense of the trauma was for them to believe they deserved the abuse because they were a bad person and deserved to be punished, or that there was something wrong with them as a person (Black & Flynn, 2021; Rogobete, 2015; Sütterlin, 2020).

Isolation, Aloneness

After any trauma, the participants turned to their families, friends, caretakers, God for support and consolation (Herman, 2015; Schupp, 2007; Tavris, 1989). Unfortunately, their friends and family did not know what to say or do, or worse, they were critical and disapproving. Although the participants' social environments tried to be supportive, after a time they lost interest and wanted to encourage the participants to get over the trauma and move on with life. Not only were these platitudes not helpful but they also created guilt (Black & Flynn, 2021; Rogobete, 2015; Sütterlin, 2020). The participants were already feeling anger and hurt, but also felt guilt for feeling anger towards the people who tried to support them and made them feel angry or created anger thoughts.

It is easy to say stop crying, get over it, I would like to see the managers get over a

work injury and not boo hoo about it (Hope).

The participants, to manage the re-experiencing of symptoms and emotions of anger, which was highly distressing, attempted to avoid any reminders, situations, or places relating to their trauma (Eagle & Kaminer, 2010). This avoidance also included participation in their usual activities for fear that something traumatic or bad would happen again (Berezin, 2018; Bond & Craps, 2020; Eagle & Kaminer, 2010; Habib, 2019; Janoff-Bulham, 1992; Keenan & Rush, 2016; Lorenz, 1999; Rauch et al., 2006; Watkins et al., 2018; Rogobete, 2015, Sütterlin, 2020; Van der Kolk., 2015).

They felt anger when their social environment demand they stop fussing about the trauma and get over it. Being unable to simply forget and move on made them angry at themselves and at society that would not give them the support they expected.

Social Support

Social support plays a role in how the participants perceived their trauma. According to (Sambu, 2015) the social support received by victims of the fire tragedy in Kiambaa village in Eldoret East District of Uasin Gishu County played a role in their resiliency and ability to bounce back after the trauma. The victims received social support in the form of functional support – a model of what is meant to fulfil an observed and urgent need. If it is not met it will lead to distress and more traumas and if the needs are met amelioration (Sambu, 2015). The type of support received was financial, structural, material resources such as food, clothing and shelter including medical and educational assistance. This helped the victims to deal with the trauma and helped them to cope.

Literature has shown that if social support are giving and received the individual will cope better and they have confidence to move forward. However, in this study the

participants had little support. The support they received was mainly from a few individuals, a close friend, a revenant or a priest. Emotional support was not always available and that was what most of them needed after the trauma.

Access to counsellors, social workers and other professionals who could have been instrumental in helping out with their tasks of daily living and decision making was limited (Sambu, 2015). This was because they felt they could deal with the trauma on their own and some participants had so little faith in their fellow humans that they did not consider it.

Mostly the support that was needed was emotional which was important in giving them reassurance that they were still part of their social environment (Bond & Craps, 2020; Eagle & Kaminer, 2010; Habib, 2019), which was lacking as shown in this research. Evident was the emotional support received from family and friends was limited and was negative instead of supportive. This could be explained according to Tavis (1989), every social system, whether a family unit or a nation, is based on an unwritten social contract that determines the rights and duties of the society and the individuals in it. Although the rules are unwritten they are clear to the members of that social group and become clearer when they are broken. Within these societies, these rules are accepted if their conditions are regarded as natural and unavoidable and benefit the group. Although some of the written and unwritten rules may be restrictive, they are considered to be duties, laws, or man's way and the group will obey and not feel anger about them (Tavis, 1989). Trauma and anger is a deal breaker and threatens the social equilibrium, to deal with this and to keep the status quo the social environment will avoid the emotional need in order to keep and stabilise the social unit (Berezin, 2018; Janoff-Bulham, 1992; Keenan & Rush, 2016; Lorenz, 1999; Rauch et al., 2006; Watkins et al., 2018; Rogobete, 2015, Sambu, 2015; Sütterlin, 2020; Tavis, 1989; Van der Kolk., 2015).

This is because of the belief within a society that the world is a just, adaptive place that it has the force that contains the potential for disruption by anger, and follows the rule of keeping people angry on behalf of the system instead of at the system (Black & Flynn, 2021). This gives the group within their society the confidence that their society is secure and orderly; thus creating an assumption of cause and effect between what they do and the rewards received, convincing them to commit to the long-range goals of society (Tavris, 1989).

It is therefore understandable that the participants only felt anger after the traumatic event when they made a subjective comparison of what their life was before and after the trauma. This anger came from what they perceived as what was possible, or should have been supportive assistance from their society, and not receiving the expected support, thus seen as a rejection by their society (Black & Flynn, 2021; Rogobete, 2015; Sütterlin, 2020; Tavris, 1989; Van der Kolk B. , 2015).

The participants' perceptions comprise judgement and blame for being traumatised and they took responsibility and blame for the traumatic event and reasoned that they were being punished for something they did wrong, as they could have prevented it or by default not made it happen.

My wife and mother were angry at me for getting robbed, said it was my drunkenness that made me an easy target (Tom).

After the traumatic events, the participants perceived that the encouraging words, telephone calls, personal visits, SMSs, and WhatsApps meant as encouragement and support were intrusive and judgemental. In an effort to support and encourage and in feeling the need to explain why the trauma happened, the well-wishers would often turn to religion and paint a picture of a benign God who tests, purifies and punishes sinners. The

participants already had difficulty understanding why the traumatic incident happened, and hearing that it was a godly intervention made them feel like the brunt of the joke, and as being judged and misunderstood. This made them feel isolated and excluded from asking for assistance and support.

To hear that God was angry or testing me, I did not pray enough. It was painful (Thuli).

After the traumatic event, the participants felt as if it were the loneliest period of their life in which they felt anger for being alienated from support. This support was not just emotional but also included physical help. In their time of trauma they felt they were denied such help as physical assistance with taking care of shopping, cleaning or even cooking.

I needed more help than words, buying groceries, cleaning and cooking. It felt as if they withheld help as punishment (Thuli).

Since their respective traumas, the participants felt they no longer belonged to their social environment. They felt as if they were on the outside looking in and felt utterly alone, even when surrounded by family or friends. They no longer trusted others and depended on their own judgement, while longing to belong again to a group that was protected and supported by society (Berezin, 2018; Bond & Craps, 2020; Eagle & Kaminer, 2010; Habib, 2019; Janoff-Bulham, 1992; Keenan & Rush, 2016; Lorenz, 1999; Rauch et al., 2006; Watkins et al., 2018; Rogobete, 2015, Sütterlin, 2020; Van der Kolk., 2015).

The participants felt a lack of genuine support and this created anger towards the rejection they perceived from their social environment. Even when they were supported,

they perceived this support as judgemental and cruel (Black & Flynn, 2021; Miller-Perrin & Krumrei Mancuso, 2015; Rogobete, 2015; Sütterlin, 2020).

Researcher's Observations of Participants Emotion and Anger display

Written words in this report could not convey the emotions related to or observed during the conversation. Sometimes the actions spoke louder than the words such as hugging the body as if to console or protect oneself from pain or harm, as well as clenching of teeth in anger. To the best of her ability and within the limit of her scope she observed the following. This was not an assessment of diagnosis merely as observed.

The anger of the participants ranged from passive-aggressive to outright rage (Darwin, 2018; Herman, 2015; Hunt, 2013; Navarro, 2018). Not only did the participants word indicate anger their body also revealed their anger (Berezin R. , 2018; Black & Flynn, 2021; Brandell & Ringel, 2019; Bond & Craps, 2020; Darwin, 2018; Foa Dollie, 2019; et al., 2006; Navarro, 2018).

Facial Expressions and Behaviour

Whenever the participants become emotional and especially angry they would display their emotions or anger. At times it was easy to observe such as gestures of hitting the air or grimacing and grinding their teeth or narrowing of their eyes. In some participants their face would become pale, red or livid. In causes in which they were livid the veins in their neck and forehead would be distended. It was also noted they tended to frown more when relating the trauma and anger. At times it sounded as if their voice was stuck in the throat and at others their voice would be loud, harsh and discordant. Their speech at times would be rapid and other times as if they weigh every word.

When talking about a loss or loss of a loved one the participants would either cry

softly or with intense sadness. At time the sobs would be loud and accompanied with trembling or shaking of the body.

With regard to maladaptive behaviour after the trauma, the participants related that they tend to overeat, drink more than before in an effort to forget, be oversensitive and overreaction to small provocations. They also related road rage and anger at other drivers who they felt did not obey the law of the road.

Words and Language use

Derogatory descriptions of the self or the offenders were part of the conversation. In talking about the self, it was noticed they used belittling and self-disgust references as if they were ashamed of themselves.

Their anger was more visible and pronounced when they spoke about the anger and trauma. The level of participation was high and they spoke about their trauma with certainty and truthfulness even when they related their own self-blame or guilt in their conversation (Navarro, 2018). All eight participants thus showed their anger in their body language and behaviour, whether it was clenching the fists and teeth, hunched body, use of profanity or using their words like explosive bullets, their body language sometimes revealed more anger than their words (Alpert, et al., 2021; Brandell & Ringel, 2019; Darwin, 2018; Navarro, 2018, Rauch & Foa, 2006; Tavris, 1989; Van der Kolk, 2015; Williams, 2017).

Conclusion

Trauma is an everyday occurrence, whether the victim is in a developed or Third World country. Trauma results from events such as war, terrorism, genocide, sexual assault, car accidents, natural disasters, or the death of a loved one (Dekel, 2009).

Becoming a victim has no hierarchy as to who would be a victim, and with this trauma comes anger.

This anger is not the same as anger when fighting with a loved one, not getting your way or feeling the frustration of not getting your way. Anger after trauma varies in that it is aimed at oneself and is accompanied by a confusion of diverse emotions and sentiments that form underneath the anger.

In normal anger the anger has a reason, a meaning, you are either angry at your spouse for cheating on you, the boss for asking you to work overtime, your parent for screaming at or scolding you. You are angry at someone and that anger has a name or a reason. I am angry because the taxi swerved in front of my car and almost caused an accident, or the teacher belittled me. The anger is usually short-lived and forgotten in time and only remembered occasionally and more egoistically.

If we were to compare or contrast anger after trauma in this research, it would be seen that the anger did not originate from a hurt ego and has no clear pattern or reason. The anger felt by the participants cannot be understood, defined, or given a reason or meaning for feeling this anger (Anderl, 2018). The participants were unable to explain their anger or give it a reason and it made them feel out of control, overwhelmed, and lost.

Normal everyday anger can be controlled or managed. The intense anger described in this research had no beginning or end; it was inexplicable and took them out of their comfort zone. Being unable to make sense of this anger, they turned to their social environment for support but felt misunderstood and judged. Unable to manage the overwhelming emotions, feelings of rejection and alienation created more anxiety and anger. The participants struggled to understand why the traumatic event had happened and why they were unable to move on with their lives, and they also felt they were stuck in the

trauma. They would become angry with their own behaviour and thoughts, the self who did not react as they hoped and always believed they would. They were angry at their feelings of confusion and disjointedness and could not stop feeling this anger. This created further anger, and they asked why they struggled with these anger emotions, felt constantly out of sorts, and were tired of feeling angry and emotional.

In the research, it was evident that some of their anger was directed at the self. They used it as a way to give reason to the trauma and explain their anger. It gave them more control if they could explain their anger and direct it at something or somebody. The lack of a valid reason or explanation for their anger meant that the trauma was just a random act and they could not explain it or prevent it from happening again. The participants looked at their society and if they felt supported, the anger would gradually dissolve; however, if they felt the lack of social support, it would ignite the anger felt, and they perceived the lack of support as alienation. This created further anger because the participants expected social support, caring and protection. In reaction, their social system would perceive their anger as a danger to the stability of the social structure and ask them to conform to the status quo. Failing, owing to the confusing nature of their anger, and being unable to explain it, the participants could not adhere to the unwritten laws that govern the anger emotions and reaction in their social environment, which meant exclusion and alienation.

Anger for the participants also created a secondary loss of faith (Schupp, 2015). The traumatic event created confusion in their belief in a just and righteous world and in the belief that their deity would protect and guide them in troubled times. They believed in a traditional religion in which their faith or God would protect them and prevent harm to them, and also in the concept that people of faith do not suffer traumas and religious

doctrines that prescribe that only sinners, heathens and unfaithful people will be the victims of trauma. They perceived from this context of the strict standard religious doctrine that they were to blame for the traumatic event, their own actions were the cause of it, their prayers were inadequate and insincere, therefore they were being punished for a sin or that it was a test or a quest.

Accountability and justice also contributed to their anger. If the participant could not identify a perpetrator they directed their anger at the social, judicial and legal system that did not prevent or stop criminal activities. This did not stop the participants from being angry at the self, but it was a reason they gave to themselves as to why the traumatic event happened. Whether the trauma was a criminal event or a random act the participants felt that the government, social order and legal system had failed them. They held the social system accountable for criminal activities or traumatic events and did not expect any justice. In the traumatic events in which no criminal elements were present or they could not identify a perpetrator, they took accountability and responsibility for the traumatic event and directed their anger towards their own behaviour, actions or reactions. It seemed as if they needed to blame or give accountability and responsibility to the event in order to give it a reason or explanation. Directing the accountability towards the self gave them a sense of justice and their anger was a way they could punish themselves for letting the trauma happen.

Anger after trauma was not a fixed and inflexible emotion in the participants' thoughts and behaviour. Anger took on a myriad of guises such as sadness, bitterness, rage, guilt and blame, to name a few. Beneath all of these were anger and feeling overwhelmed and isolated by their social environment. The arousing nature of the traumatic event and anger created long-lasting memories which were immune to change

over time. Furthermore, added to these memories were the feelings of rejection, isolation and loneliness which further contributed to the participants' growing intense anger. Owing to misguided social indicators and other post-trauma information, this anger would change and become distorted or even fabricated over time. The participants perceived the lack of social support and understanding as rejection and felt misunderstood, which added to the anger felt; they often felt that they were treated as the perpetrators and the perpetrators as innocent victims.

As time passed after the traumatic event, the participants experienced and related they felt that the indifference they received from their social environment one of the biggest contributing factors to how they reacted to and experienced anger. The participants who perceived support from their environment and felt understood and heard were less angry. Their anger was towards the system or perpetrator and less towards the self. In contrast, the participants who perceived little or no support felt rejected, estranged, or alienated. The degree of the participant's anger could therefore be measured by their perception of social acceptance and support. When lacking social support, they experienced their social environment as conceited, judgemental, and biased.

Anger after trauma can thus not be seen as an emotion that needs to be dealt with on its own in addressing trauma. The social factors and meaning given to the anger need to be explored and seen from the individual perspective of the participants within their social context. In addition, the research had to look at the latent meaning underlying the anger and how it manifested in the life of the participant. Sometimes it was not the words alone that expressed the anger, but the meaning given to the anger that conveyed the extent of the anger felt, which hid the pain and bewilderment the participant felt from social exclusion.

CHAPTER 13

CONCLUSION AND RECOMMENDATIONS

This chapter evaluates the research and highlights its strengths, weaknesses and limitations. The chapter concludes with suggestions for future research.

Discussion of results

The aim of this research was to explore the factors that contributed to the anger felt by the eight participants, as shared in the conversations with them. Qualitative research methods were used, as the research study was more interested in the why behind the anger rather than whether anger existed after trauma. The research also sought to explore the psychological effect such anger had on the participants. The purpose was to understand the participants' perceptions of the anger they felt after the trauma and the reasons they attributed to this anger.

Types of Trauma and age of Trauma

The trauma ranged from early childhood to their adult years. The most recent trauma's occurred in the last five years for all of the participants. This included Tom and Eve who also suffered childhood neglect and abuse. Most of the trauma was one time, except in Lexis's, Florence's and Zola's cases in which the court cases contributed to continuous stressors and re-opening of wounds and recall of traumatic memories when a criminal case was postponed continuously and not resolved (Eagle & Kaminer, 2010).

The research found little difference on anger after trauma between the participants. They all related a self-directed anger that influenced their social, physical and relational functioning which had an impact on their individual sense of self, relationships, work and

social functioning. However, what was noted was that the two participants who were involved in motor car accidents describe fragmentation of the self (Schupp, 2015). Linda Schupp (2015) describes that in trauma, the self may experience various levels of fragmenting, splintering, or shattering of personality. In addition, the type of trauma a person encountered determined the degree of damage to the self (Schupp, 2015). This was true and the shattering of the self, as described by the two participants who was involved in motor car accidents referred to feeling as if they were three people, one before, one during and the person they are becoming. They felt anger that they could not be the person they used to be and struggled to combine the three personalities. The self-description they gave was that were not themselves anymore or the person they used to be before the trauma (Herman, 2015; Schupp (2015).

Tom and Eve, who suffered abuse and neglect on the other hand referred to themselves or personal identity as not being a person (Schupp, 2015).

Thuli and Florence, anger was more at their own failure to protect their children or safeguard them against life and felt that the perceived judgement they received were fair and a true reflections of them as being bad mothers.

Personal Reflections

My own suppositions regarding anger after trauma are captured in the following thoughts:

- ✚ Anger after trauma hides or masks other emotions which are not always recognised by the victim. The moment they realise the emotion they are feeling and give it a name and a reason or meaning, they are more able to deal with it and they feel less out of control.
- ✚ Anger after trauma hides the frustration, sadness, loss and pain victims attached

to their experiences. It is used as a defence mechanism to hide the turmoil of the unwanted disabling emotions felt. The victims are confronted with a huge number of confusing emotions that are masked by one central emotion of anger. Underneath the anger lies a maelstrom of emotions that bewilder and confuse the victim. They are unable to understand these terrifying emotions and why they are unable to control them. They feel as if their usual coping mechanism has failed them.

- ✚ Anger and rage after trauma are used to cover their loss and pain.
- ✚ Anger is the only thing they feel they can control. The other emotions such as sadness confuse them as they do not understand why, despite all they have done, they still feel immense sadness and cannot stop their tears.
- ✚ Beneath their anger lies frustration. Not the frustration of I did not get what I wanted or expected to get; this frustration emanates from feeling rejected by and alienated from their social environment and from a lack of emotional support.
- ✚ It is often said that they feel numb or have a lack of emotions after a traumatic event. This research showed that it was not that they did not have emotions; rather, that the victims had an overflow of confusing emotions. These emotions were masked under one central emotion, namely anger. Anger was used as the umbrella effect from which the emotions flowed. Numbness after trauma does not mean a lack of emotion; rather, there are too many confusing emotions all being felt at the same time.
- ✚ Lack of social, emotional and functional support increases the intensity of the victim's anger. If a victim has the support of their family or friends, they are more able to integrate back into their social environment, although they still

experience the emotional side effects of anger after trauma. The social support, especially from people they feel affiliated or bonded to, gives them hope for a better tomorrow. Without social support they have little or no hope for a better tomorrow and their isolation turns to bitterness and anger.

- ✚ They do not know how to feel sad or express loss about the traumatic event, or explain the anger they felt.
- ✚ Victims could cope or work with one emotion at a time such as sadness on its own; however, coping with a magnitude of emotions disguised as anger overwhelms their sense of control and their ability to work with all of these emotions. Anger masks central trauma emotions such as sadness, feeling out of control, hopelessness, loneliness, guilt, bitterness and many other confusing emotions.
- ✚ Without hope, the anger intensifies.
- ✚ Frustrated trauma anger was experienced by the participants because they felt overwhelmed and unable to cope with the overflow of emotions at one time. Their anger was like a funnel filled with many emotional sources, resulting in them not being able to cope with the amount and extreme volume of the emotions at one time.



Figure 13.1 Overflow of emotions

Factors that Influenced the Participants' Anger

Anger

A traumatic event can last a few minutes or an hour, yet feel like hours, months and years, and the victim continues to experience it as still happening even though for others in their social environment it belongs to the past. The trauma and emotions felt do not end when the traumatic event ends; the emotions continue and the victims feel out of control and frustration builds to anger.

The participants related anger but at first could not explain their anger. The participants who had experienced a personal loss such as the loss of a loved one or prized possession indicated more anger. This influenced their feelings of alienation and lack of belonging.

The participants who lost a significant other or others felt more anger towards themselves and what they could have done or should have done. Anger was mentioned in all eight conversations and the participants could not cope with feeling angry all the time.

Anger at the Deity

The participants who had a spiritual connection and believed in a God or deity struggled with their faith. The trauma and danger made them feel distanced and ignored by their individual God and deity. Although they felt helpless, they had hope that the anger and trauma symptoms would end and they would feel connected to their God again. In contrast, the participants who had no spiritual affiliation felt isolated and alone. They did not have hope and believed that the world and whoever was in power out in the universe was out to get them. They believed that they would fall victim to trauma again.

All eight participants, whether they had a spiritual connection or not, felt a great disappointment in the thought or reason they gave to their trauma; that is, that God had allowed the trauma to happen or had ignored their prayers. They felt angry that he did not protect them or intervene and prevent the tragedy from happening. They questioned his sovereignty as a powerful almighty God.

The participants who had a belief in the forefathers also strongly believed that, in view of their modern-day comfort and self-centred behaviour, they had evoked the anger of their ancestors by not upholding the customs and traditions and it was a reminder for them to get back to their roots.

Anger at the Self

It did not matter if they had been personally involved in the trauma such as a motor car accident or lost a loved one as a result of murder; the eight participants felt anger towards themselves. The degree of their own loss or perception of loss in regard to the trauma was determined by their anger at themselves. They felt they had failed their society and their family by what they had failed to do or could have done to prevent the trauma and this created anger towards the self. The two participants who were disabled as a result of car accidents turned their anger inwards in the form of self-disgust and used derogatory terms when referring to the self.

Accountability and Justice

In the conversations with the research participants for whom no accountability or justice had been served, the participants felt anger towards themselves, the legal system and the government. If they could not place accountability at the door of a perpetrator or another person, they took the blame on themselves for the trauma and the resentment

turned to anger. In the conversation with Zola and Florence, where a perpetrator had not been identified, her anger was directed at the legal, criminal and justice systems she felt let them down and had failed society.

Isolation and Aloneness

Lack of social support made the participants feel isolated and alone. The older participants in the age group of 50–69, felt less alone and isolated, although they did experience rejection. Having experienced previous traumatic incidents or adverse life-changing situations could explain this finding. This exposure to previous traumas or adversities enabled them to develop coping skills and strategies which were useful in the most recent trauma. However, the coping skills did not assist them in dealing with their anger, as it remained as resentment at the lack of social support.

The group between 30–50 years felt more isolated and alone. This could be because they faced more demands with regard to work, family roles and financial responsibilities, which made them feel more overwhelmed and less secure in changes to their emotional and social environment.

All the participants lacked older adult support, even the older participants aged above 50. The lack of encouragement deprived them of feelings of hope and made them feel more helpless and alone. It created anger that they were not supported in their time of need.

Social Support

The participants experienced loss of life and possessions caused by the trauma. They expected social support. Some had family support and even friends who assisted and encouraged them, but most felt that their social support was lacking after the trauma. This

result confirms that social support after a traumatic event helps victims to deal with the trauma, allowing them to return to normal within a short space of time. If social support is not provided after a trauma, it causes distress; if social support is lacking it leads to an inability to reintegrate back into society.

This research concludes that the social support the participants perceived they received from their social environment was severely inadequate, which had an effect on the amount of anger they felt, rendering them less able to tackle the adverse effects of the trauma and anger, lacking the confidence to ask for help and assistance, and having less hope for recovery.

Relationship between Lack of Social Support, Anger and Trauma

In looking at the factors discussed in the preceding sections, a correlation is found between social support and anger after trauma; owing to the lack of perceived support from their social environment, the participants were more inclined to feel anger. The participants who received support felt it came only from a small number of their family or friends, but most of their social environment was either judgemental or blamed them for the trauma. Therefore, they had little hope, encouragement, or support to assist them to overcome the adverse effects of the trauma, resulting in them feeling utterly alone and alienated. As a result of feeling excluded from expected social assistance, the individuals became increasingly unable to cope with the psychological impacts of the trauma, particularly the anger they felt.

The main factor that contributed to the anger felt after trauma was the social interaction and the perception of whether the social support was lacking or sufficient. The participants were more psychologically inclined to turn their anger against themselves

when social support was lacking by using methods of self-blame and guilt. This caused anger since they couldn't understand why they were excluded, and anger, manifested in self-blame, was used to justify the pain. They needed this explanation in order to make sense of the trauma and anger they were experiencing. Without it, they felt vulnerable and unable to take preventive actions to prevent a similar or another trauma from occurring again. Not being able to give their trauma a reason or logical explanation created frustration and resentment which manifested as anger. This anger was directed at the self, the perpetrator, the deity and in particular their social environment and the people in their social environment they perceived as indifferent to their pain and struggles after the trauma.

Their anger was less intense if they perceived some kind of social support; however, they felt that this support was more an expectation of a focused social positivity. In this focused social positivity, they felt overwhelmed by the expectation that they should put on a brave face, smile and always be positive and have hope and see the silver lining around their darkest moments. They expressed the need to be allowed to break emotionally like a glass tumbler into a thousand pieces and just to be.

They did not need help to fix their shattered glass or get their pieces together, rather, they just wanted to sit and look at the pieces and make sense of why it was broken. They understood they needed to mend the rifts and reclaim some sense of their former lives' normality, and they even desired it. However, they expressed the need for a few hours or days to process and focus on the destruction the trauma had brought to their lives. They wanted to be surrounded by calmness and quietness while they sorted out the broken pieces and fitted them back into the picture they had in their mind of their former life, the picture destroyed by the trauma, which had become distorted.

In addition, they expressed the need to just recover from the tiredness of the emotional overflow of confusing emotions they experienced. Mostly, they described this as wanting to sit in a quiet corner or be shipwrecked on an island while life went on without them and preferably did not notice them withdrawing for the time they needed to make sense of what had happened.

Though the social assistance was appreciated it felt intrusive and unwelcome at that moment and they preferred to just be and allowed to go to pieces.

Limitations and Weaknesses

Like all research the following limitations and weaknesses of this research study were identified:

- Analysis and interpretation are time consuming and depend on the interpretation of what the researcher perceives as true.
- Difficulty in demonstrating, maintaining and assessing the rigidity of the data.
- Intensity of emotions and anger or heat of anger could not be felt as seen in the conversation. This observation could not be described or shown in the written report.
- Culture specific use of language used in the conversations was a limitation as it could not always be written as it was understood or spoken. *Eish* or the word *serious* could have the same meaning and use at the same time, depending on the way they were pronounced or the context in which they were used. *EISH* and *SERIOUS* drawn out and said loudly indicates emphasis or showing surprise or disbelief. However, if the word is drawn out as in *eishhh* (sic) and *seriousss* (sic), it may indicate sarcasm or indignation. The difference between the words used and the context cannot be conveyed in written form to bring the emotion behind the

word across to the reader. Therefore the researcher had to use her own interpretation to bring the emotion across.

- Owing to ease of learning and repetition of some questions the researcher might have become blasé and used the conversational approach in this research in a mechanical way. In order to prevent this from happening, she would schedule the conversation hours apart in order to process and assess her own interaction during the conversations. This allowed her not to become numb and insensitive to the conversations about trauma, pain and anger.
- Owing to the personal involvement the researcher could influence the research and not remain objective. In an attempt to minimise her influence and to remain objective, the researcher limited her own verbal communication and kept track of how she spoke during and contributed to the conversations.
- Policymakers may not value the interpretations of qualitative research and may not recognise the importance of exploring anger after trauma.
- The exploration of anger was narrowed down to the experience of eight participants. This restricted the explanation of anger factors after trauma across all trauma categories.
- The lack of representativeness of the different genders was a weakness. Though several males were contacted, they perceived that talking about trauma and anger made them weak and felt that they could deal with the trauma on their own.
- The research provides rich data that were not limited to a set of predefined questions.
- The traumatic events ranged from childhood trauma to trauma experienced in adulthood. The age that the trauma occurred could be limited, as cognition of the traumatic event would be determined by their participant's age and mental

development as well as years, and exposure and experiences to adverse situations.

- The use of qualitative research is a weakness as it cannot make population-level summaries that could be generalised to a wider population of trauma victims.

Strengths

The researcher identified the following strengths of this research:

- The data described the reason for anger which cannot be reduced or explored statistics.
- The research gave details about the participants' behaviour and emotions.
- The flexibility of the qualitative method allowed the researcher to respond to the participants' information as it emerged in the conversation.
- Observation and documentation of behaviours, opinions, pain and anger actions, and understanding the reasons behind these anger emotions during the conversation and data made the interpretation more meaningful.
- Explored and identified statements in themes that were identical in each conversation.
- Provided a safe conversational environment for participants to talk about their trauma and anger.
- Explored why anger after trauma exists and not whether it exists.
- Diversity of participants gave culture-rich individual information about their anger within their social environment.
- The conversation was related as in line with each individual's perceived reality.
- In contrast to quantitative research methods such as questionnaires, the researcher could explore certain themes in more depth as to the meaning given to a particular

theme or topic. In quantitative research methods, the answer might have been a yes or a no without the opportunity to investigate the reason or motive behind the answer to a question.

- Personal engagement with the participants allowed for more structured, focused questions on the topic of anger after trauma.
- During the conversation the researcher could use probing questions to obtain more detailed information or to expand the conversation in order to explore the answer in more detail.
- Overt emotions could be observed and a note made for future reference or to explore the emotion observed at a later stage.
- Behaviour and posture could be observed and explored during the conversation.
- The reason for and the topic of the research were not hidden from the participants and they had the right to withdraw at any time from the research.
- The direct involvement of the researcher in the research made it easier for the participants to connect to the research.
- In contrast to writing down emotions on a piece of paper, the personal involvement of the researcher assisted the participants to share their pain and anger in the conversation. The participants felt questionnaires were too clinical and cold, preferring a more personal interaction. In addition, they felt that if the research had been in the form of a questionnaire, they would not have participated as it would not have benefited them as much as talking to a person about their trauma.
- They felt it was easier to talk to a stranger than to family or friends.
- The research could explore the topic of anger with participants who were willing to share their trauma and anger without placing the participants or herself in danger.
- Debriefing as a preventer of emotional burnout. The researcher spoke to a

colleague in order to overcome the emotional challenges and overload after each conversation. This meant she did not carry emotions over to the next conversation and treated each conversation as a new chapter.

- Themes and exploration of the anger, understanding the topic of anger after trauma.
- Exploration of anger in a natural as opposed to a laboratory setting.
- The rich personal details of anger and trauma information collected contributed to the reasons for and exploration of the anger behind their words.
- New information and revision could be directed with more ease.
- Data were collected based on genuine efforts and the research attempted to give a clear vision of the conversations.

Future Research

Study to explore the importance of social support

Studies about social support indicate that for the victim to cope and continue with daily living activities is important (Black & Flynn, 2021; Sambu 2015), however the studies also show that when a natural disaster occurs a nation is drawn together to help as seen in Kwa Zulu Natal after devastating rain in May 2022 caused a natural disaster as a result of floods. At the same time when we look at the War in Ukraine (2022) in which Russia are displacing millions of people, the world is standing still and making idle words threats but little supportive of functional support are given. In both cases the support these groups received was from individuals such as Gift of the Givers that take up the course. Emotional support is lacking and studies done shown that emotional support and the ability to cope is essential for trauma victims.

Study of current psychological and social support

This is recommended as available psychological and functional and emotional

support is limited to NGO and NPO's. Large portions of South African citizens do not have access to medical or health facilities and medical aids that can assist them. Even though most NGO's and NPO's have toll free numbers, poverty or access to cellular phones limit access to making use of these services. It is imperative that a study be done to explore the lack of support have on trauma victims.

Study to explore victims' expectations when it comes to social support

The question to ask is what kind of support do victim needs is it functional, emotional or supportive. Few studies has asked the question or explored what the victims needs the most at that moment. Theories decided on their behalf what they need but it might not be a true reflection of what is needed. Societies give support; sometimes it is emotional when the need is for financial or medical assistance. When dealing with natural disasters such as COVID 19 and KwaZulu-Natal's floods (2022) floods, the need of some victims was not only emotional but financial and food. With Covid 19 it was seen that some of the people affected needed an income and financial help and when that need was met they had the ability to cope with the effects of Covid 19.

Study to explore negative social support as a way to demotivate a victim of trauma

Social support comes in different forms. Some are positive and others do damage. Kind words meant well such as – God pick the best flowers etc. hurts more than heal. At the same time, when a need is not met and emotional need is secondary. Hunger and food comes first not emotional then functional need.

Recommendation

Based on the findings of this research the researcher recommends the following:

- New research could explore the victims' perceptions and meaning making of

anger after traumatic events within their cultural and social environmental context, taking into account the importance that the participants placed on the influence and input of their society and the lack of support they perceived which created anger.

- Anger should be explored as a phenomenon on its own and not part of the emotions that are grouped together as trauma symptoms. This means that frontline trauma healthcare professionals should pay attention to the factors, especially social support, that contribute to a victim's inability to cope with trauma.
- A social support structure should be created that encourages the victim to reintegrate back into their social environment. Although this would not mean that the trauma did not happen, it may assist the victim to feel less alone and alienated after a trauma, and thus less anger.
- Social support or lack of it is a contributing factor in anger after trauma, therefore there is a need to research this factor. Understanding the influence and importance of social support may help to clarify the role that anger plays after trauma and may benefit the victims by addressing this anger, exploring the reason behind it and assisting in providing coping mechanisms to deal with the pain and rejection behind the anger.
- Therapy models could investigate the role of anger and positive growth after trauma, as most therapies do not address the lessons learnt from the trauma or anger. This might assist the victim to see their own strengths instead of perceived weaknesses during and after a traumatic event, leading to a better outcome after trauma.
- Explore the victims' meaning making of anger after trauma, the reason why

they feel the anger, the self-explanations used to explain and make sense of the traumatic event and the anger they experience.

- Explore the factors and positive benefits that a victim experiences when they are integrated into a supportive social environment. This is recommended as the lack of social support indicates that the negative self-image and reasoning has a negative impact on their self-esteem and ability to adjust to their social world after trauma. In addition, a supportive social environment helps victims to overcome emotions such as anger experienced after a traumatic event and gives them a feeling of being supported in integrating back into their social environment.
- Victims' ability to reintegrate back into their old social system if the social support system is perceived as negative needs to be explored, as a positive social environment seems to be a support structure that enables the victim to find positive coping mechanisms to adjust to the terror and anxiety after a traumatic event.
- To explore whether a victim's perception of social alienation and estrangement are a reality or merely their perception.

This research showed that anger had its origin in the perception of the participants as victims that their expectations of support were not met. This created frustration and anger as they struggled with the overwhelming emotions the traumatic event created; consequently they felt misunderstood and judged by their social environment. This was the main contributor to their perception of the self and their anger after trauma.

In addition, beneath the anger was loss and pain. Anger was a mask to cover the intense pain of loss after the trauma. The participants masked this loss with anger. Anger

after trauma was not the anger used every day; rather it was not anger at all. Although anger was present, it was more towards the social support or lack thereof. The anger related in the conversation was the loss of the self, own judgement, belief and trust and sadness dressed as anger.

In conclusion, thank you to the participants who allowed me into their world of anger born from the pain and sorrow of social isolation. I want to end with the Prayer of St Francis as both a prayer and a request for guidance and help when dealing with psychological health matters.

Prayer of St. Francis

Lord, make me an instrument of your peace.

Where there is hatred, let me bring love.

Where there is offence, let me bring pardon.

Where there is discord, let me bring union.

Where there is an error, let me bring truth.

Where there is doubt, let me bring faith.

Where there is despair, let me bring hope.

Where there is darkness, let me bring your light.

Where there is sadness, let me bring joy.

O Master, let me not seek as much to be consoled as to console,

to be understood as to understand.

(Von Templehoff, 1967)⁴

⁴ The most-prominent hymn version of the prayer is "Make Me a Channel of Your Peace", or simply "Prayer of St. Francis", adapted and set in 1967 by South African songwriter Sebastian Temple (Johann Sebastian von Tempelhoff, 1928–1997). The anonymous text that is usually called the "Prayer of Saint Francis/Prayer for Peace, or Make Me an Instrument of Your, is a widely known Christian prayer for peace. Often associated with the Italian Francis of Assisi (1182– 1226), but entirely absent from his writings, the prayer in its present form has not been traced back further than 1912.

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APPENDICES

Appendix I Ethical Clearance



COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

25 August 2020

Dear Gerhardina Cornelia Engelbrecht

NHREC Registration # :
Rec-240816-052
CREC Reference # : 2020-
PsyREC-43439381

Decision:
Ethics Approval from 25 August
2020 to 31 October 2023

Researcher(s): Gerhardina Cornelia Engelbrecht

Supervisor : Prof M Papaikounomou

papaim@unisa.ac.za.

The role of trauma in the persistence of anger: A qualitative exploration

Qualification Applied: PhD

Thank you for the application for research ethics clearance by the Unisa Department of Psychology College of Human Science Ethics Committee. Ethics approval is granted for three years.

The *medium risk application* was reviewed and expedited by Department of Psychology College of Human Sciences Research Ethics Committee, on **25 August 2020** in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the Department of Psychology Ethics Review Committee.



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3. The researcher(s) will obtain permission for making use of Unisa students as research participants.
4. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
5. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.
6. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
7. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
8. No fieldwork activities may continue after the expiry date (**31 October 2023**). Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

The reference number 2020-PsyREC-43439381 should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.

Yours sincerely,



Signature :

Prof I. Ferns
Ethics Chair: Psychology
Email: fernsi@unisa.ac.za
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Signature :

Prof K. Masemola
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Appendix II: Example of Information, Consent and Data Collection Forms

Information Letter

Good day, my name is Corné Engelbrecht. I am a doctoral research student registered at UNISA. I am asking a small number of people for an conversation to answer a few questions for my research thesis, which I hope will benefit trauma victims and their treatment (Wassenaar, 2006). In this regard, the research takes the form of a doctoral thesis. Although you may gain personal insights, which may lead to a degree of personal growth or even change, the conversation process will not be defined as therapy but as research (Stanton, 2005).

The Psychology Department is part of UNISA Humanities faculty. As part of my doctoral degree, I am conducting research on the effect of anger after trauma and how trauma victims experience it. The research is interested in finding out more about anger after trauma, and how an individual's own history and culture affect the recall of anger after trauma and whether this accounts for the vivid experience and dissociation attached to these emotions (Wassenaar, 2006).

The results of this research will be released in the form of a thesis. No personally identifiable details will be released, only averaged information. I have chosen a few people and am asking willing participants to respond by participating in an conversation. After combining all the participants' answers, I hope to learn more about anger after trauma and the role of culture in trauma stories. I hope that this research will help to make useful recommendations for the understanding and treatment of anger after a traumatic event (Wassenaar, 2006).

Please understand that your participation is voluntary and you are not being forced to take part in this research. The choice of whether to participate or not is yours alone. However, I would appreciate it if you do share your experience, story and thoughts with me. If you choose not to take part in answering these questions, you will not be affected in any way whatsoever. If you agree to participate, you may stop at any time and discontinue your participation. If you refuse to participate or withdraw at any stage, there will be no penalties and you will not be prejudiced in any way. No personal details will be recorded anywhere in the written report and no one will be able to link you to the answers you give. Only the researcher will have access to the unlinked information. All individual information will remain confidential (Babbie, 2005).

The conversation will last around one to two hours unless you require more time. I will be asking a few questions and require you to be open and honest as possible in answering these questions. Some questions may be of a personal and/or sensitive nature, so you may choose not to answer these questions. I may also ask some questions that you may not have thought about before, and which involve thinking about the past or the future. I know you cannot be certain about the answers to these questions, but please try to think about them. When it comes to answering the questions, there is no right or wrong answer. I am not interested in what the best thing to do is, but what you think actually happened (Wassenaar, 2006). If a question is asked that makes you feel upset or sad, we can stop and talk about it.

Consent

I hereby agree to participate in the research regarding Anger after Trauma. I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop this conversation at any point should I not want to continue, and

that this decision will not in any way affect me negatively. The purpose of the research has been explained to me, and I understand that this is a research project of which the purpose is not necessarily to benefit me personally. I understand that if I experience any sadness, upset or unease during the conversation I can stop the conversation, and talk about it or the issues that may arise in this conversation. In this regard, it is clear that the purpose of the research is that of a doctoral thesis. Although I may gain personal insights, which may lead to a degree of personal growth or even change, the conversation process will not be defined as therapy but as research.

I understand that this consent form will not be linked to my conversation and that my answers will remain confidential.

Signature of participant:

Clearance Reference **2020-PsyREC-43439381**

(With acknowledgement to the Universities of the Witwatersrand and Johannesburg, and anonymous members of the HSRC Research Ethics Committee, on whose forms this adaptation was based.)

Thank You for your participation

Data Information Form

Name: _____ Surname: _____

DOB: DD/MM/YYYY Age: _____

Language Preference: _____

Mother Tongue Language _____

Gender:

Nationality:

Occupation:

Marital Status

Family Structure:

Religious Affinity:

Short Description of Traumatic Events: Example: Death of loved one, Robbery, Etc.

(Please include date next to each event)

2/23/22, 12:37 PM

Turnitin

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Processed on: 22-Feb-2022 20:10 SAST ID: 1768461233 Word Count: 70379 Submitted: 1	
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