CHAPTER THREE

DISCUSSION OF THEORY

…even the best attempts at explanation are only more or less successful translations into another metaphorical language…

C.G. Jung

3.1. INTRODUCTION

The aim of this research is to analyse and interpret African women's descriptions of their experience of coping with HIV/AIDS using an integration of traditional psychodynamic theory with a newer positive psychology approach, in order to provide a unique in-depth understanding of these African women's experience of living positively with HIV and dying of AIDS. While each of these theories, standing alone, could provide a valuable theoretical description of these women's experiences, each theory tends to have a focus, which allows for in-depth understanding of certain areas of human behaviour to the minimization or exclusion of others. While positive psychology's focus on the aspects of human behaviour that allow people to cope and thrive allows for a broad understanding of these phenomena, it tends to minimize the role of suffering and the various defences employed by people when suffering. This gap is filled by traditional psychodynamic theories, which focus on these defences and provide a variety of descriptions of suffering from intrapsychic and interpersonal perspectives. It is felt by the author that the gap created by traditional theories' focus on 'pathology' is filled by positive psychology. Jung's analytic theory provides a model for development in adulthood that entails the integration of opposites and which, according to the author, also allows for the integration of theories with opposing foci and a more integrated, holistic description of what it means to live positively with HIV/AIDS. However, in order to use these theories to provide an integrated description, an understanding of the theoretical approaches used in the study is required. This chapter aims to provide an overview of the three theoretical approaches to be used, namely, positive psychology; object relations theory and analytical psychology.

Due to the fact that positive psychology as an approach is fairly new, it is comprised of a large amount of exploratory research on a wide number of topics and does not seem to offer at this stage, any overarching theory of human development. Object relations theory, however, is comprised of a number of theories of human development, offered by various theorists, that focus on the influence of early experience in infancy and childhood on personality development. While the work of D.W. Winnicott will be the focus of this

section, important contributions by other theorists that are relevant to the study will also be mentioned. The last theory to be used in this study is that of analytical psychology, which is based predominantly on the work of one theorist, namely Carl Gustav Jung. His theory focused on ideas around the structure of the self and on adult development, as opposed to development in early infancy and childhood. A brief discussion of the difficulties associated with studying African culture from a Western perspective is also included at the end of this chapter, as is a brief critical discussion on the theories used and the areas in which these theories diverge and overlap.

3.2. POSITIVE PSYCHOLOGY

3.2.1. Introduction

Positive psychology is a fairly recent movement that encourages focus on the more positive aspects of human kind. According to Compton (2005) positive psychology is an approach that attempts "to understand the positive, the adaptive, the creative, and the emotionally fulfilling elements of human behaviour…positive psychology studies what people do right and how they manage to do it. This includes what they do for themselves, for their families, and for their communities" (p. 4). Other theorists describe positive psychology as a scientific approach that studies optimal human functioning and the factors that allow both individuals and communities to thrive (Sheldon, Frederickson, Rathunde, Csikszentmihalyi & Haidt, 2000). Positive psychology only really gained recognition as a movement in January 2000 after a special edition of the American Psychologist was devoted to positive psychology. In this edition, the American Psychological Association's president, Martin Seligman, announced the need for more focus in this area.

3.2.2. The Positive Psychology Movement

According to Maddux (2002) over the past few decades clinical psychology has come to follow the medical model with its focus on disease, diagnosis and treatment. According to Seligman, Parks and Steen (2004) this focus was due to the after-effects of World War II when psychology as a discipline had to be largely concerned with the classification, diagnosis and treatment of mental disorders:

> Many very distressed people were left in the wake of World War II, and the high incidence of mental disorders had become a pressing and immediate problem… researchers turned to the study of mental disorders because that was where the funding was. The biggest grants were coming from the newly founded National Institute of Mental Health, whose purpose was to support research on mental illness, not mental health…a wealth of excellent research resulted from this chain of events… [however] the downside of this accomplishment is that a 50-year focus on disease and pathology has taken its toll on society and on science (Seligman, Parks & Steen, 2004, p. 1379).

According to Gable and Haidt (2005) there are reasons other than World War II that may explain why psychology has focused on pathology rather than on the average person's strengths. The first of these is compassion.

> Those who are suffering should be helped before those who are already doing well. We certainly agree with this notion; however, we also think that an understanding of human strengths can actually help or prevent or lessen the damage of disease, stress and disorder…a better understanding of the environmental conditions and personal strengths that buffer against illness will actually equip

us to better help those who are suffering (Gable & Haidt, 2005, p. 105-106).

The second reason is that of evolution: "…our field's focus on the negative may well reside in our own nature…" (Gable & Haidt, 2005, p. 106). A review of the literature suggests that negative events tend to have more impact than positive events and that the human tendency is to more fully process information about negative events (Baumeister, Bratslavsky, Finkenauer & Vohs, 2001). According to Gable and Haidt (2005) this primacy of negative information may be explained from an evolutionary approach.

> It may be evolutionarily adaptive to recognize potential threats more readily than potential rewards. The former may have had immediate and irreversible consequences for survival and reproduction, whereas the latter's impact on survival and reproduction may have been more indirect and reversible (p. 106).

Hence, the last half-century's focus on the negative seems understandable in light of the historical underpinnings, but nevertheless, the time seemed right for a shift in focus. In order to attempt to correct this imbalance in the focus of psychology, Seligman and Csikszentmihalyi (2000) edited a special edition of the American Psychologist (January 2000) that was devoted to positive psychology and stated that psychology as a field had neglected what made life worth living and that research needed to be focused on this area. Since then a huge amount of research has been undertaken in order to balance psychology's focus from pathology to health (Gable & Haidt, 2005).

Gable and Haidt (2005) state, however, that research on positive psychology topics is not new and that the findings gained from these studies, according to Seligman and Csikszentmihalyi (2000) suggest that there is "…little empirical justification for our predominantly negative view of human nature and the human condition" (Gable & Haidt, 2005, p. 107). According to Seligman, Rashid & Parks (2006) goals like "individuation, self-realization, and peak experiences (Maslow, 1971), full functioning (Rogers, 1961),

maturity (Allport, 1961), and positive mental health (Jahoda, 1958)" (p. 775) have tended to be seen as luxuries that the rushed clinician cannot afford to address with patients. However, positive psychology emphasizes the importance of these human strengths and virtues in the prevention of mental illness. Seligman and Csikszentmihalyi (2000) state that "Prevention researchers have discovered that there are human strengths that act as buffers against mental illness: courage, future-mindedness, optimism, interpersonal skill, faith, work ethic, hope, honesty, perseverance, and the capacity for flow and insight, to name several" (p. 7). "Therefore, it is not surprising to us that what has come to be known as the positive psychology movement grew so rapidly from its beginnings" (Gable & Haidt, 2005, p. 107).

3.2.3. The scope of positive psychology

According to Seligman and Csikszentmihalyi (2000) positive psychology focuses on three main areas: positive subjective states, positive individual traits and positive institutions. Positive subjective states include constructive thoughts and positive emotions and their effects. Positive individual traits include character strengths and virtues, while positive institutions include healthy families, work environments and communities (Compton, 2005). Living the 'good life' is a concept that has been explored by positive psychologists and according to Compton (2005):

>…the good life has been seen as a combination of three elements: positive connections to others, positive individual traits, and life regulation qualities. Aspects of our behaviour that contribute to forging positive connections to others can include the ability to love, the presence of altruistic concerns, the ability to forgive, and the presence of spiritual connections to help create a sense of deeper meaning and purpose in life. Positive individual traits can include, among other elements, a sense of integrity, the ability to play and be creative, and the presence of virtues such as courage and humility.

Finally, life regulation qualities are those that allow us to regulate our day-to-day behaviour in such a way that we can accomplish our goals while helping to enrich the people and the institutions that we encounter along the way. These qualities include a sense of individuality or autonomy, a high degree of self-control, and the presence of wisdom as a guide to behaviour (p. 7).

It is important to note here that positive psychology emphasises social context and regards relationships with others and society as essential to the sense of a life well-lived. Positive psychology also attempts to recognise cultural differences in the definition of happiness or the good life. According to Compton (2005) "Positive psychology, as well as all of psychology, is beginning to explore cross-cultural comparisons that may enhance our understanding of how people throughout the world experience psychological well-being" (p. 9).

Compton (2005) also identified other themes and assumptions that underlie the basic tenets of the positive psychological approach. These include the assumptions that: people are adaptive; people desire positive social relationships; people can thrive and flourish; and that strengths and virtues are central to well-being. The notion that people are adaptive is well-known and positive psychology has linked this to the fact that people are social beings, hence the ability to live harmoniously in groups has been identified as a trait that would provide an evolutionary advantage to the species (Buss, in Compton, 2005). The idea that people can thrive is based on the move away from a focus on distress toward a focus on joy and flourishing in the face of change. According to Compton (2005):

> All too often, psychological research displays a blatant bias toward assuming that people are unwitting pawns to their biology, their childhood, or their unconscious. Positive psychology takes the position that in spite of the very real difficulties in life, we must acknowledge that most people do

quite well. Most people at least try to be good parent, to treat others with some degree of respect, to love those close to them, to find ways to contribute to society and the welfare of others, and to live their lives with integrity and honesty. These achievements should be celebrated rather than explained away as 'nothing but' biological urges or unconscious attempts to ward off anxiety and fear (p. 8).

The assumption that strengths and values are central to the concept of well-being is emphasised by positive psychologists, but again the importance of individuality and cultural considerations are taken into account. While research has investigated the possibility that certain values are found almost universally across cultures, it has also focused on values that contribute to an improved quality of life within certain communities (Compton, 2005). According to Smith (in Compton, 2005) psychology cannot decide which values are best, but rather, can comment on the consequences of holding certain values within certain cultures.

3.2.4. Positive coping

Research on coping within the positive psychology approach has focused on establishing why certain people cope better with stressful life situations than others (Compton, 2005). Snyder and Dinoff (1999) define coping as a response that is elicited for the purpose of decreasing the physical, emotional and psychological impact of stressful occurrences. Carver, Scheier and Weintraub (1989) state that coping should be viewed as a dynamic process that changes in nature in different stages of a stressful transaction. This suggests that the development of a coping style would be counterproductive, because it locks an individual into one style of responding rather than allowing him/her the freedom and flexibility to change responses with changing circumstances.

Folkman and Lazarus (1988) state that coping styles can be grouped into three distinct styles: problem-focused coping, emotion-focused coping and avoidance. Problem-focused coping seems to predominate when people feel that something constructive can be done to change the situation that caused the stress. Emotion-focused coping is used more when people feel that the stressor they face must just be endured and they attempt to change the negative emotions they feel about the situation. Avoidance occurs when people try to avoid the problem and the associated emotion altogether. Problem-focused coping involves several distinct activities i.e. planning, taking direct action, seeking assistance, screening out other activities and sometimes delaying or waiting before action (Carver et al, 1989). According to Folkman and Lazarus (1988) problem-focused coping can be divided into two methods: those aimed at changing the situation and those aimed at changing the self. Problem-focused coping aimed at changing the self often involves cognitive reappraisals, where one might look at one's thoughts and beliefs about a situation.

According to Carver at al., (1989) emotion-focused coping is a diverse concept. It is a coping tendency aimed at managing distress emotions rather than at dealing with the stressor per se and it can involve denial, positive reinterpretation of events and also seeking out social support. Emotion-focused coping is "directed at regulating emotional responses to problems" (Folkman & Lazarus, 1984, p. 150). Folkman and Lazarus (1988) identified two types of emotion-focused coping, namely, cognitive and behavioural. Cognitive emotion-focused coping involves defensive re-appraisals i.e. reinterpretations of the situation that draw attention away from the more painful aspects of the situation e.g. selective attention and using positive thoughts to block negative thoughts. Behavioural emotion-focused coping is when people do something to regulate their emotions like venting, meditation and exercise. Although some emotion-focused coping styles can be adaptive in some circumstances, there are a number of emotion-focused coping techniques that are maladaptive. According to Carver et al. (1989) one emotion-focused coping technique that can be problematic is 'focusing on and venting of emotions', which is the tendency to focus on whatever distress or upset one is experiencing and to ventilate those feelings. They state that although such a response

may sometimes be functional, such as mourning the loss of a loved one, focusing on negative emotions (particularly for long periods) can impede adjustment, since the salience of the distress may exacerbate the distress.

There are two other coping tendencies that Carver et al. (1989) feel may be maladaptive in many circumstances. The first is 'behavioural disengagement', which is when one reduces one's efforts to deal with a stressor, to the point of giving up the attempt to attain goals with which the stressor is interfering. Behavioural disengagement is associated with phenomena such as helplessness and is most likely to occur when people expect poor coping outcomes. The second tendency Carver et al. (1989) identified is that of 'mental disengagement'. Mental disengagement occurs through a variety of activities, which are used to distract a person from thinking about the behavioural dimensions or goals with which the stressor is interfering. In other words, alternative activities are used to take one's mind off a problem.

In many situations, people tend to use a combination of emotion- and problem-focused coping strategies and it is important to note that certain strategies seem to be more effective in certain stressful situations (Compton, 2005). According to Stanton, Parsa and Austenfeld (2002) emotion-focused coping can be beneficial as it helps manage overwhelming emotion in order to enable the person to engage with the stressor. For example, denial, which is an emotion-focused coping style can be beneficial in the early stages of an illness.

Gender and cultural differences have also been noted in the types of coping people use. Women are more likely to seek social support than men, in the same way that certain cultures value seeking support more than trying to work through the problem internally (Compton, 2005).

The notion of positive coping is one that incorporates the idea that coping with stressful situations allows for learning and the building up of resources which can buffer against future stressor. Folkman and Lazarus' (1988) study on coping suggested that when

cognitive appraisals of negative life events are put into perspective through comparing the event with the perceived abilities of the individual to cope with these challenges, the individual's distress can be mediated. In other words, positive coping is the process through which adaptations that are necessary to cope are made, and through these people become stronger and their general quality of life increases. This is known as thriving, a term which has come to denote the improved physiological and psychological functioning after a person has successfully adapted to a stressor (Epel, McEwan & Ickovics, 1998).

The notion that negative emotions play a vital role in the survival of our species in that they prompt rapid responses to threats from the environment (Compton, 2005) is well-known, however, more recent research has suggested that positive emotions can also play a role in prompting action. According to Fredrickson's (1998) 'broaden-and-build' model positive emotions provide non-specific action tendencies that can lead to adaptive behaviour, such as, participating, exploring, helping or taking up challenges. This, in turn, can then lead to thought-action tendencies, which are based on the assumption that when more engaged with the world, one tends to learn more about their environment, others and themselves. Negative emotion tends to lead to a narrowing of thought, options and behaviour, as threat situations tend to require decisive thought and action. However, positive emotions tend to allow for creativity and the broadening of options (Compton, 2005). Fredrickson's (1998) model suggests that the broadening of awareness that positive emotions encourage, allows for learning and the building of future emotional and intellectual resources.

3.2.5. Emotional Intelligence (EQ) and the genetics of happiness

According to Compton (2005) emotions can be useful and "the ability to use emotions wisely might be considered a type of intelligence" (p. 27). According to Mayer, Caruso and Salovey (2000):

Emotional intelligence refers to an ability to recognise the meanings of emotions and their relationships, and to reason and problem-solve on the basis of them. Emotional intelligence is involved in the capacity to perceive emotions, assimilate emotion-related feelings, understand the information of those emotions, and manage them (p. 267).

Emotional intelligence is also associated with self-insight or the ability to understand one's own emotional life; good social skills, which include empathy and insight into the emotional life of others; and self-control or the ability to regulate one's own feelings and impulses towards the achievement of goals (Mayer, Caruso & Salovey, 2000). The levels of emotional intelligence that a person possesses have been found to have positive correlations with verbal IQ scores, levels of empathy, life satisfaction and levels of perceived parental warmth during childhood (Mayer, Caruso & Salovey, 2000). Averill (2002) proposed that people who are able to use their emotions in creative ways are able to create more meaning and connectedness in their lives.

Biologically based studies have found genetic tendencies with regards to emotional responses. Lykken and Tellegen (in Compton, 2005) found that up to 80 percent of the long-term stability of well-being is genetically based.

> In other words, they suggest that our families may be important to our eventual emotional lives as adults but not because of what we learn from our families, as Freud, Skinner, and others have suggested. Rather, families are important because they provide us with genetic material that largely determines our base emotional responsiveness to the world. Therefore they [Tellegen, Lykken, Bouchard, Wilcox & Rich] concluded that genetic make-up was far more important to the long-term quality of our emotional lives than is learned behaviour or the quality of our childhood environments (Compton, 2005, p. 29).

Hence, Lykken and Tellegen (in Compton, 2005) proposed the idea of a 'happiness set point', which is the genetically inherited average level of happiness to which they return after temporary highs and lows. This concept can be linked to the concept of temperament in babies (Kagen & Snidman, 1991; Winnicott, 1965). However, this argument for the role of genetics i.e. nature, in determining our experience is, as always, subject to criticism and the balancing argument of nurture. According to Compton (2005) there are a number of other factors that have also been shown to have a strong influence on a person's level of happiness and well-being, such as: the environment in which the person grew up, level of education and cultural factors.

3.2.6. Positive illusions versus self-awareness and realistic perceptions

According to Compton (2005) "Some intriguing and provocative contemporary research suggests that happiness as well as self-esteem, is often not related to an accurate perception of reality" (p. 56). Taylor and Brown (1988) found that overly optimistic and exaggerated evaluations and beliefs about the self, the future and perceptions of control were all positively correlated with mental health. Taylor, Kemeny, Reed, Bower and Gruenwald (2000) found that these positive illusions were associated with more effective coping with adversity and positive physical health outcomes.

The concept that people who hold enhanced, but inaccurate perceptions of themselves tend to be happier, is controversial and much debate has ensued. A number of researchers have argued that deliberate attempts to not see the world accurately should not be "recommended as a universal strategy for increased well-being" (Compton, 2005, p. 57). Goleman (in Compton, 2005), in particular, stated strongly that positive illusions and self-deception strategies could have broader societal implications: "…the use of denial, excuse-making, and succumbing to illusions of invulnerability can result in collective avoidance of problems such as environmental pollution, cultural genocide and other very real dangers that threaten humanity" (p. 57). Campbell, Reeder, Sedikides & Elliot (2000) also found that too much positive illusion regarding self-evaluations, as is

found in narcissists, is related to more negative evaluations from others. Beer and Robbins (2000) found that while positive illusions tend to work in the short-term for immediate threats to self-esteem, they were less effective over the long-term. It has been suggested that perhaps the answer lies in between absolute accuracy and absolute illusion. Positive illusions are helpful at certain times and in certain situations only (Compton, 2005). Baumeister (in Compton, 2005) "suggested that there may be an "optimal margin for illusions". That is, we can afford to lose some objectivity if it means gaining a bit more optimism about a future that we cannot predict anyway" (p. 57).

The corollary to this argument is that it is in fact higher levels of mental health that allow us to see ourselves accurately. Mental health by definition assumes a fairly accurate perception of reality, with many thought disorders being diagnosed due to the inability to accurately perceive reality (Kaplan & Saddock, 1998). Aspinwall and Brunhart (2000) found that happier people were more able to constructively work with negative feedback and had more motivation to solve the problems.

3.2.7. The role of control in well-being

One of the predictors of a sense of subjective well-being and satisfaction with life is a sense of perceived control (Compton, 2005). Related to Mayer, Caruso & Salovey's (2000) concept of emotional regulation, which refers to the ability to control and manage one's emotions, perceived control refers to a belief that one has some measure of control over the events that occur in life that are personally important (Compton, 2005). According to Ryan and Deci (2000) perceived control could even be considered to be an innate need. Rotter (in Compton, 2005) developed the idea of an internal versus an external locus of control, which describes the respective tendency to either attribute outcomes to "self-directed efforts rather than to external factor or chance" (Compton, 2005, p. 49). In general, the literature around locus of control suggests that having an internal locus of control is associated with a number of positive outcomes (Lefcourt, 2001). This finding can be related to the findings of studies on personal control

(Peterson, in Compton, 2005), which suggest that personal control is the belief that a person can make choices, cope with the results of these choices, and then learn from the outcomes of the choices in order to "maximise good outcomes and /or minimise bad outcomes" (Peterson, in Compton, 2005, p. 49). The learning from the outcomes of choices is often linked to the process of finding meaning in experience (Compton, 2005).

What appears to be an exception to the notion that an internal locus of control is more beneficial is people who are religious and hold the belief that God holds all the control over their lives. While this seems to be an example of an external locus of control leading to greater well-being, a belief in a greater power has now been found to be rather a form of "secondary control" (Rothbaum, Weisz & Snyder, in Compton, 2005). According to Compton (2005):

> With secondary control, people can gain a sense of control by associating themselves with a person, philosophy, or system that they view as more powerful than themselves. Therefore, in a somewhat paradoxical way, it is also possible to feel in control by consciously and deliberately giving up control to a more powerful force, such as God. In other words, one can gain a sense of control by knowing that it was a conscious choice to relinquish control (p. 49).

Overall, Taylor et al. (2000) have found that experiencing a sense of personal control and having optimistic beliefs can function as protective factors for psychological and physical health.

3.2.8. The role of autonomy in well-being

Autonomy as a concept refers to the ability to make independent decisions about areas which the individual deems to be important (Ryan & Deci, 2000). It has been related to a sense of mastery or competence and having intrinsic as opposed to extrinsic motivation.

Intrinsic motivation "is operating when we are compelled to engage in some activity for its own sake, regardless of any external reward" (Compton, 2005, p. 34), whereas extrinsic motivation is "when we act to obtain some external reward, be it status, praise, money, or other incentive that comes from outside ourselves" (Compton, 2005, p. 34). According to Ryan and Deci (2000) people who are intrinsically motivated tend to perform better, show more persistence and creativity, and experience higher levels of well-being. Ryan and Deci (2000) also developed self-determination theory which suggest that a core group of innate needs are the basis for self-motivation and personality integration. These needs are the need for competence, the need for relatedness, and the need for autonomy. They postulate that intrinsic motivation develops from the desire to fill these three needs. According to Ryan and Deci (2000) these three needs "appear to be essential for facilitating optimal functioning of the natural propensities for growth and integration, as well as for constructive social development and personal well-being" (p. 68). Knee and Zuckerman (1996) found that people who are more autonomous and who did not feel pressure to conform were less likely to use defensive coping strategies.

3.2.9. The importance of goals and future-orientation

Being future-oriented or having goals for the future that are realistic and achievable has been linked to higher levels of well-being and life satisfaction. This may be due to the fact that the pursuing and achievement of goals that are meaningful to a person provide a sense of meaning and purpose in life (Compton, 2005). Goals can be defined as the dreams we hope to accomplish in the future (Compton, 2005). Goals that are freely chosen, realistic, valued personally and based on intrinsic motivation tend to bring more happiness and satisfaction than goals that are imposed by others or not valued as highly (Ryan & Deci, 2000).

While Kasser and Ryan (1993) found that goals that were linked to positive relationships and helping others; and that facilitated affiliation, self-acceptance and community involvement tended to enhance a subjective sense of well-being, while Cantor and

Sanderson (1999) found that goals that were self-centred tended to lower well-being. Goals valued by one's culture also tended to influence well-being (Cantor & Sanderson, 1999). Cultural differences have been found between the incidence of individually oriented achievement versus socially oriented achievement (Yang, in Compton, 2005). In Western culture individually oriented achievements and socially oriented achievements tend to be separate and both can be valued, while in certain other cultures there tends to be an emphasis on socially oriented achievement (Doi, in Compton, 2005).

A distinction has also been made between approach goals and avoidance goals. While approach goals motivate us to move toward something, avoidance goals motivate us to avoid dangers or difficulties (Compton, 2005). Interesting cultural studies have been done in this area and Diener, Oshi and Lucas (in Compton, 2005) found that in cultures that are more socially oriented, avoidance goals tend to be more common, as people tend to fear failure more as failure is seen to also reflect on their families.

Other concepts associated with having a future outlook are those of optimism and hope. Optimism can be defined as the tendency to look at the future with hope and positive expectations (Compton, 2005) and has been associated with higher levels of happiness and life satisfaction (Diener et al, in Compton, 2005). Optimism regarding the way that one perceives the status of one's physical health has also been linked to experiencing fewer health problems (Scheier & Carver, 1992).

3.2.10. Participation in life and social support

Gay (in Compton, 2005) challenged the idea that adult psychological distress is the result of the repression of negative childhood experiences and argued that adult distress in the form of anxiety, depression and worry is rather the result of the inability to recall joy, which leads to a withdrawal from active participation in life.

Cantor and Sanderson (1999) also suggested that one of the reasons that the pursuit of goals contributes to a sense of well-being is because it implies a sense of active participation in life. Involvement in an active life has been shown to increase one's sense of well-being, with the emphasis being on involvement and not necessarily on the activity chosen. Participation in life could also take the form of involvement in relationships, especially those that are mutually fulfilling. These relationships fill innate needs (Ryan & Deci, 2000) and could form the basis of the findings of the studies done on the positive effects of social support. Compton (2005) provides a definition of social support and states that it "can include emotional support such as caring and empathy, getting positive feedback about our behaviour, receiving helpful information, the willingness of others to give us their time or other tangible forms of assistance" (p. 112). One of the strongest predictors of well-being is the presence of positive relationships in a person's life (Myers, 2000). The need for social interaction between human beings has been shown and cross-culturally, it has been shown that satisfaction with family and friends is linked to higher levels of subjective well-being (Diener et al, in Compton, 2005). According to Compton (2005) there are generally two areas of study associated with positive relationships, namely, social support and emotional intimacy. According to Compton (2005):

> Numerous studies…have documented the positive impact that good social support can have on well-being. The perception that one is embedded in supportive social relationships has been related to higher self-esteem, successful coping, better health and fewer psychological problems…Interestingly, one study found that when people sought out social support there were enhanced effects on subjective well-being for positive self-esteem, optimism and perceived control…That is, the impact of the other predictors of subjective well-being was increased if people also had good social support. In a sense, good social support helped to create a rising tide that increased the effects of all the other predictors (p. 52).

Whereas research has shown the positive effects of good social support, it has shown even greater effects on levels of happiness and well-being when these relationships are intimate. According to Cummins (1996) intimate relationships with one's spouse, family and close friends are the strongest predictor of a high level of life satisfaction. Committed relationships have also been found to be a source of personal growth, in that the difficulties inevitably experienced in any relationship can be harnessed as motivation for self-exploration and gaining a deeper understanding of the self and one's partner. According to Tashiro, Frazier, Humbert and Smith (2001) difficulties in a relationship can create the need for partners to explore their own expectations and needs and the impact of their unconscious issues on the relationship. If successful in coping with the difficulties, both partners increase their development and the maturity of their relationship.

Another one of the predictors of a sense of subjective well-being and satisfaction with life is being extroverted, which implies a person "who is interested in things outside him- or herself, such as physical and social environments, and is oriented to the world of experiences external to self" (Compton, 2005, p. 50). While extroversion has been found to be one of the most significant predictors of well-being (Diener et al, in Compton, 2005) and been shown to be predictive of levels of happiness 30 years after the initial testing (Costa & McCrae, in Compton, 2005), the reasons for this are varied. While some researchers attribute extroversion's link to greater well-being as being due to spending more time with people and thereby gaining more opportunities for positive feedback, other researchers have shown that introverts do not necessarily spend less time with other people (Compton, 2005).

More recent research is suggesting, rather, that the reason extroverts report higher levels of well-being is that they are born with a greater sensitivity to positive rewards (Rusting & Larsen, in Compton, 2005) and have stronger reactions to pleasant events (Larsen & Ketelaar, in Compton, 2005). According to Lucas, Diener, Grob, Suh & Shao (2000) extroverts are more predisposed to experience positive emotions and this suggests that

more experiences are encoded into memory with links to positive emotion and are recalled as such.

3.2.11. The role of comparison in well-being

According to Compton (2005) our levels of self-esteem are closely tied to the judgments we make about ourselves. There are two main ways that comparisons are made. The first is by comparing one's actions to an internal standard that dictates the way one should be. Moretti and Higgins (1990) wrote about the ideal self versus the actual self and found that the smaller the discrepancy between the two, the higher one's self-evaluations tend to be and the greater one's sense of well-being. The second method of comparison is that of social comparison, in which one compares oneself to others. According to Compton (2005) there are three types of social comparison: lateral comparison, which is when one compares oneself to other who are similar; upward comparison, which is when one compares oneself to those who are deemed better than oneself on certain dimensions; and lastly, downward comparisons, which is when one compares oneself to people who one views as being less fortunate than oneself. According to Lyubomirsky and Ross (in Compton, 2005) studies show that people who tend to use downward comparisons more often tend to be happier. Compton (2005) warns though that if this process is taken too far, and people constantly see themselves as 'better than' others, it may turn into arrogance and narcissism.

3.2.12. Culture and positive psychology

According to Wierzbicka (in Compton, 2005) most cultures around the world have some concept of the generic notion of happiness as a appositive emotional state, however, according to Compton (2005) "Although all cultures have some conceptualization for the emotion of happiness, there are also substantial differences in how this general feeling is understood expressed and experienced" (p. 234). However, according to Berger and

Luckman (in Compton, 2005) the influence that culture has on thoughts about self, others and reality and how this influences subjective well-being is one of the least explored areas.

Studies that have been done have shown that high self-esteem is more strongly correlated to a high life satisfaction in individualistic cultures than in collective cultures (Diener & Diener, 1996). Self-consistency, which is the ability to remain fairly autonomous regardless of the situation within which one finds oneself, was found to be more highly regarded in individualistic cultures and negatively correlated with likeability in collective cultures (Suh, 1999). While the degree to which one experiences more positive than negative emotions during the day was important to people from individualistic cultures, it was not the same for people from collective cultures. According to Diener, Oshi & Lucas (in Compton, 2005) the amount of satisfaction one experienced with regards to self, freedom and recreation were correlated with overall life satisfaction in individualistic cultures, the correlation was weaker in collective cultures. In general, according to Compton (2005):

> Self-reports of high subjective well-being from people in individualistic countries tend to be based on awareness of one's emotional state, experiencing many positive emotions, success at achieving goals relevant to the self, inferring internal causality for positive outcomes, and pursuing immediate hedonic goals for fun, enjoyment or self-enhancement. In contrast, self-reports of high subjective well-being from people in collectivistic countries tend to be based on an awareness of and alignment with social norms, success at achieving goals that make others happy, and sacrifice of positive emotions in order to engage in activities that are related to future goals (p. 239).

3.2.13. Religion and well-being

In subjective well-being studies the concept religiosity has often been used to represent the experience of meaning and purpose in life (Myers, 2000), however, this has been found to be inaccurate as the experience of meaning and purpose in life does not necessarily need to be of a religious nature (Emmons, in Compton, 2005). Instead religion or being religious as a predictor of well-being needs to be considered on its own.

Firstly, it is important to distinguish between spirituality and religion. While spirituality tends refers to "the human tendency to search for meaning in life through self-transcendence or the need to relate to something greater than the individual self…spirituality does not depend on an institutional context" (Compton, 2005, p. 196), religion refers to "a spiritual search that is connected to formal religious institutions" (Compton, 2005, p. 196).

According to Compton (2005) there are a variety of studies that suggest that higher levels of religious faith, regular attendance at religious services and regarding religion as important in life correlate with higher levels of well-being. This could be due to a number of reasons, such as: religion providing a sense of meaning and purpose in life; greater levels of social support from the religious community; increased self-esteem through self-verification (a process through which a person's values are validated through sharing them with like-minded people); and the decreasing of existential anxiety and the fear of death through religious teachings about an afterlife. Studies have also linked regular engagement in religious activities with better physical and mental health, due to lower rates of delinquency, lower rates of alcoholism and drug abuse and lower rates of other social problems (Donahue & Benson, 1995). Argyle (1999) found that the strongest correlations were found between religiosity and well-being in certain groups, namely women as opposed to men, African-Americans as opposed to Caucasian Americans, and amongst the elderly. The strong relationship found in the elderly may be due to the fact that at that life stage their needs are such that they require religion more in their preparations for death. With specific reference to health, participation in religion

has been linked to living longer, quicker recovery from surgery or illness, having fewer illness and lower incidences of cancer and heart disease (George, Larsen, Koenig & McCullough, in Compton, 2005). However, when religious coping styles are over-relied upon they can have detrimental effects on health, for example, when faith healing is relied upon and other medical services are neglected (Asser & Swan, in Compton, 2005). This can also be seen when people begin to rely on faith to the point of neglecting to take active participation in their own health and well-being, for example, not exercising (Klonoff & Landrine, in Compton, 2005). Pargament, Smith, Koenig & Perez (in Compton, 2005) found that the most beneficial form of religious coping was when people saw themselves as working together with God to solve problems, as opposed to seeing the solution as lying with God alone.

Pargament, Smith, Koenig & Perez (in Compton, 2005) divided religious coping into two types: positive and negative. Negative religious coping is when people experience negative emotions, such as guilt or fear of retribution from God and punish themselves for wrongdoing to make amends to God. This form of coping is not linked to feelings of well-being. According to Pargament, McCarthy, Shah, Ano, Tarakeshwar, Wachholtz, Sirrine, Vasconcelles, Murray-Swank, Locher and Duggan (2004) "empirical studies suggest that religion and spirituality can be both resources for people with HIV and sources of pain and struggles" (p. 1201). Religious coping has also been associated with the need for meaning in life. Meaning in life is a concept that has long been associated with positive coping or thriving (Compton, 2005). Due to its abstract nature, meaning has been difficult to define, however two categories have been identified. Yalom (1995) identified 'cosmic meaning', referring to a design or sense of order in the universe. Park & Folkman (in Compton, 2005) identified 'global meaning', referring to the sense that human life fits into an overall coherent pattern.

Baumeister (in Compton, 2005) suggested four reasons why a sense of meaning in life is important. These include: a purpose in life, a sense of efficacy, legitimization or justification of actions, and a sense of self-worth. Meaning in life and religiosity have both been linked to generativity, which is one of Erikson's (1980) life stages in which

giving back to family and community become important. Yalom (1995) also wrote about how service to others can assist in creating a sense of personal meaning. By helping other people an individual gains a sense of adding to the greater welfare and 'making a difference'. This sense of making a difference to the world is associated with a sense of leaving a mark to be remembered by after death. However, according to Compton (2005), religion has also been negatively associated with helping others, when the 'other' is seen to hold different beliefs and values.

3.2.14. Positive coping and health

According to Compton (2005) for the past century physical health has been defined as the lack of illness or disease. In other words, physical health was defined as the absence of some other state, which is like defining psychological health as the absence of mental illness. With regards to scientific research criteria, "defining a phenomenon by what it is not fails to set any specific criteria for the object under scrutiny" (Compton, 2005, p. 108). However, according to Compton (2005):

> Recently, researchers have begun to focus on more expanded specifications of physical health and well-being. The World Health Organization (WHO), however, was years ahead of most scientists on this point. In 1948, their official position on health was, "Health is a state of complete physical, mental, and social well-being, and not merely absence of disease and infirmity". WHO has recognized for almost sixty years that while being disease free is a worthy goal, there is also a state of enhanced vitality that would help define a more encompassing sense of well-being (p. 109)

3.2.14.1. Salutogenesis, fortigenesis and hardiness

This movement toward a more integrative and positive approach to human health, in which it is acknowledged that health consists of many areas of a person's functioning, opened the door for exciting new fields of research (Compton, 2005). People began to explore health and what factors constitute and promote wellness. According to Geyer (1997):

> Over the last decade the focus has changed somewhat. In addition to further searches for potential pathogenic factors, a lot of interest has been devoted to conditions that might protect individuals from falling ill after having encountered stressful circumstances. The social support literature can be subsumed under this category…A very influential contribution to this line of research came from Aaron Antonovsky and his idea of 'salutogenesis', which is strongly connected with 'sense of coherence' (SOC)…[which] is a theoretical construct that is used to explain why some individuals fall ill after the occurrences of a stressful situations and some do not (p.1771).

Salutogenesis has its origins from the Latin 'salus', meaning health and the Greek 'genesis', meaning origins. It is a paradigm of psychology that developed in reaction to the perception that most other widely used paradigms are pathogenic, which is, based on discovering 'sources of illness'. "Psychology has been functioning mainly (but not completely) in a paradigm of pathogenic (Greek: pathos = disease; suffering) thinking" (Strűmpfer, 1990, p. 266). According to Strűmpfer (1990) salutogenesis aims to provide "an understanding of why and how some people find the strength to withstand and overcome pressures toward increasing entropy, whereas others do not, [which] is also likely to lead to ways of increasing the numbers of those who do" (p. 266). Salutogenesis views health and illness as being either ends of a continuum, position upon which indicates degree of wellness. According to Strűmpfer (1990) salutogenesis is based on a number of constructs

…that have developed independently but which seem quite clearly part of the new paradigm, namely Antonovsky's (1979, 1987) 'sense of coherence', Kobasa's (1982a) 'personal hardiness', Ben-Sira's (1985) 'potency', Thomas's (1981) and Colerick's (1985) 'stamina', and Rosenbaum's (1988) learned resourcefulness (p. 265).

These constructs all have in common the fact that they deal with "…'how people manage stress and stay well' (Antonovsky's 1987 subtitle)" (Strűmpfer, 1990, p. 265) and this emphasis on the maintenance and enhancement of wellness and prevention and treatment of illness emphasises their importance for research in health psychology. Other constructs linked to this paradigm include: Rotter's 'internal-external locus of control', Bandura's (1925) 'self-efficacy' and Pavlov's (1927) 'strength of the nervous system' (Strűmpfer, 2003). Strűmpfer (2003) also explored a number of psychological variables that make up the general concept of resilience.

Antonovsky's original construct 'sense of coherence' grew out of his clinical work with women who had survived Nazi concentration camps and emerged physically and psychologically well, in spite of considerable trauma (Bowman, 1996) and is defined as

> …a global [dispositional] orientation that expresses the extent to which one has a pervasive enduring though dynamic feeling of confidence that (1) the stimuli, deriving from ones internal and external environments in the course of living are structured, predictable and explicable; (2) the resources are available to one to meet the demands posed by these stimuli; and (3) these demands are challenges, worthy of investment and engagement…In other words, it is an orientation to the world based on a feeling of confidence in the comprehensibility (makes cognitive sense); manageability (coping; meeting challenges); and meaningfulness (makes sense emotionally) of life experiences (Antonovsky, 1979, p.19).

"Rather than a coping 'style' within itself, a Sense of Coherence appears to be more an underlying world view which allows one to develop more active and adaptive coping styles when dealing with stress" (Bowman, 1996, p. 547). Antonovsky's work on a variety of general resistance resources (GRR's) such as physical and chemical GRR's, artefactual GRR's (health, clothing, food etc.), cognitive GRR's (intelligence, education), emotional GRR's, coping strategies, interpersonal relations and macrosocial GRR's (culture, religion) contributed to the construct SOC. "All GRR's have in common that they facilitate making sense out of the countless stressors with which we are constantly bombarded" (Antonovsky, 1993, p.725). As a result of repeated experiences of sense-making a 'sense of coherence' develops. This highlights the core role that the concept of 'meaningfulness' plays in coping with suffering, a topic also explored by Viktor Frankl (1985). Cross-cultural studies have been done which suggest that Antonovsky's SOC is a valid construct across cultures and studies linking childhood conditions and sense of coherence have also been done (Bowman, 1996).

Salutogenesis as a paradigm was later expanded by Strümpfer as he explored more of Antonovsky's work and found that references to 'strength' appear throughout. Strümpfer's later concept of Fortigenesis, a more embracing and holistic concept referring to the origins of psychological strength in general (Strümpfer, 1990), based on the Latin 'to strengthen or reinforce' and the English derivative 'fortitude', meaning 'strength or courage in adversity or pain', incorporates within it the idea of salutogenesis.

Kobasa's (1979) term 'hardiness', which denotes a certain type of personality style that manages high stress well, originated from a study she did which compared people with high stress and illness levels to another group of people who had high stress levels but low levels of illness. Kobasa (1979) hypothesized that this hardy personality style is what helped these people to cope with stress better and what enabled them to maintain better physical and mental health levels. Hardiness consists of three cognitive factors associated with how people interpret certain events that occur in their lives:

- having a sense of control over their lives

This included a sense of autonomy in their decision-making ability, the ability to understand and incorporate the stress into an ongoing life plan, and a variety of coping skills.

- a sense that stress constitutes a challenge and not a crisis

This includes a sense that stress can bring growth and good change and the tendency to seek out change.

- a sense of commitment to areas of their lives

This included a belief system that assisted them to interpret stress as a challenge rather than as a threat, a sense of purpose that prevented surrender when stress arose, and involvement in positive social relationships.

Thus, people with hardiness tend to engage in transformational coping. In other words, when confronted with stress and change they become active determinants in the direction that the change is going to happen (Maddi & Kobasa, 1984).

3.2.14.2. Psychoneuroimmunology

The rise in power of Christianity in the Middle Ages and the Christian disregard for the physical in favour of the spiritual led to what is now termed the mind-body split. Although Western science has begun to recognise the problems associated with this way of thinking about people, it is still evident today. In the past few decades there has been a shift in thinking toward a more holistic approach to health, incorporating both physical and mental health. The 1980s brought about growth in the field of psychoneuroimmunology (PNI), which is the study of the interaction between emotion, the nervous system and the immune system (Compton, 2005). Early studies began to show links between these systems, however, there was still a great deal of scepticism from the medical community with the New England Journal of Medicine stating in 1985 that connections between disease and mental state were largely folklore (Compton,

2005). It was only in 1991 that a direct causal link was found between psychological stress and susceptibility to the common cold (Cohen, Tyrell & Smith, 1991). This study also found that the greater a person's social support network, the less likely they were to become ill. According to Compton (2005) "Currently, a substantial amount of research has found scientifically measurable relationhips between cognition, emotions, and the immune response" (p. 111). Studies have found that loneliness is one emotion in particular that can have significant detrimental effects on immune functioning, health and a sense of well-being (Brannon & Feist, 2000). Stress is related to a decrease in certain cells associated with immune functioning and that this effect is greater for people who have less social support and report more feelings of loneliness (Kiecolt-Glaser, Garner, Speicher, Penn, Holiday & Glaser, in Compton, 2005).

3.2.14.3. Social support and health

It is thought that social support has an impact on health in that it provides "a 'buffer' during stressful times and helps to decrease the negative effects of stress" (Compton, 2005). Social support has been found to increase feelings of security, confidence and hope. Empathy, which is found in supportive relationships, has also been found to decrease feelings of anger, hostility and aggression, which have associated with heart disease (Compton, 2005).

Spiegel, Kramer, Bloom and Gottheil (1989) were among the first to note the benefits of social support. Their study found that women with breast cancer who were in support groups tended to live an average of 18 months longer than those who were not in support groups. Since then a number of studies have found that social support has a significant impact on health. According to Compton (2005):

> The presence of social support has been associated with positive health
> outcomes such as greater resistance to disease, lower rates of coronary
> heart disease, faster recovery from heart disease and heart surgery, and

lower mortality. Social support can also help increase compliance with medical treatments, and may speed up recovery (p. 112).

A study by Berkman and Syme (1979) found that a lack of social support was as detrimental as smoking when correlated with mortality rates. Specifically with regards to women, social support during pregnancy and labour has been found to be associated with fewer complications and shorter delivery times (Nuckolls, Cassel & Kaplan, in Compton, 2005; Sosa, Kennel, Robertson, Klaus & Urratia, in Compton, 2005). Social support has also been found to be beneficial for women struggling with infertility. Participation in support groups and relaxation training programmes were found to significantly increase pregnancy rates (Kolt, Slawsby & Domar, 1999). With particular reference to men, specifically married men, the support of the partner and the belief that they are loved by their wife, has been found to be a better predictor of possible future angina, than physical factors such as cholesterol and blood pressure (Medalie & Goldbourt, in Compton, 2005). The perception of being loved by their wife has also decreased men's risk for stomach ulcers (Medalie, Strange, Zyzanski & Goldbourt, in Compton, 2005). The perception of having been loved as a child has also been associated with less risk for hypertension, heart disease, ulcers and alcoholism (Russel & Schwartz, in Compton, 2005).

3.2.14.4. Humour and health

Both having a sense of humour and the act of laughter itself have been associated with health benefits. Having a sense of humour and being able to laugh at oneself and/or the situation one finds oneself in have been shown to have positive correlations with more effective adjustment and higher levels of well-being (Valliant, 1977). The act of laughter has been found to increase infection-fighting antibodies, increase disease-killing cells and decrease blood pressure (Lefcourt, 2001). According to Compton (2005):

…people who score high on a sense of humour scale also tend to
score high on measures of optimism, extroversion, and capacity

for intimacy and scored low on neuroticism. High scorers also
showed less negative self-esteem and tended to use better coping
strategies to deal with stress (p. 115).

According to Lefcourt (2001) the overall effect of humour is that it enables people to better cope with stressful situations, to recover more swiftly from illness or injury, to deal more effectively with anxieties about dying, to cope with pain more easily, and lastly, humour has been found to have significant effects on immune functioning.

3.2.15. Conclusion

It can be seen that positive psychology has been a consideration for many decades, but that as a movement it has only recently begun to gain more widespread recognition. Positive psychology focuses on the aspects of human functioning that enable people to cope, be resilient and thrive and for this reason, was thought to be particularly relevant to a study on the experience of coping amongst HIV-positive African women.

3.3. OBJECT RELATIONS THEORY

3.3.1. Introduction and motivation for using object relations theory

The final theory to be considered is that of object relations theory, which is in fact an umbrella term for a number of distinct theories that share certain ideas about the development of the human psyche. Object relations theory is an influential conceptual model that was developed over the past 80 years in order to understand the more severe psychopathology previous psychodynamic theory focusing on neuroticism had failed to address (Ivy, 1990). There are a number of object relations theorists whose views diverge somewhat, however, there is common ground and it can be presented in a

simplified form as a unified approach (Ivy, 1990). A more formal definition of this theory is that it is a:

> psychoanalytic developmental account of how primary interpersonal relationships in the infant's external world become internalised, represented and metabolised at the level of fantasy into a nucleus of personal identity which, whether healthy or deficient, determines subsequent personality development and deformation (Ivy, 1990, p.3).

Object relations theory grew out the work of Freud, whose contribution to psychoanalysis was, in his own words, to 'disturb the sleep of the world' (Freud, 1933). His theory, based mainly on medical thinking, emphasised the role of instinctual drives and previous trauma as being the 'cause' of symptoms. He developed 'psychical analysis' as a means to rework previous trauma and 'cure' symptoms. Freud's theories can be said to be some of the most influential, however, the theorists that followed Freud and developed his ideas began to make shifts away from Freud's 'pleasure-seeking ego' to an ego that was 'object-seeking'. Freud's libidinally driven structural model was adjusted or abandoned in favour of a "'self-object' theory, in which parts of the self are seen in dynamic interaction with each other and complementary internal and external objects" (Fonagy, 2004, p. 83). According to Waddell (2002):

> Klein, and others, notably W.R.D. Fairbairn and D.W. Winnicott, traced a crucial developmental shift from anxiety about self-survival to concern for others, emotional responsibility and a desire to repair. With the linking of developmental to ethical concerns and matters of value, psychoanalysis became less instinct-bound and more interested in emotional life and meaning. This interest in the formative effect of early relationships became known as an "object relations" approach, a term which, albeit

clumsy, stresses the significance of the nature and quality of

relationship between self and other (p. xviii).

This exploration of infants' experiences of the world and relationships led to theories around infantile anxiety and the role of early relationships in the development of a self capable of healthy versus unhealthy or pathological functioning.

Due to the qualitative approach of this study, it was decided that the themes that emerged from the interviews would inform the choice of the specific theorists to be used in the interpretation and discussion of the themes. Allowing the themes to influence the theory used allows the data to lead the process of research, which is in line with a qualitative approach to research. The themes that emerged from the study, which will be discussed in a later chapter, included a number of areas of study covered by D.W. Winnicott, whose theory falls into the category of the British School of Independents. Although still falling under the umbrella category of object relations theories, the theorists in the British School should not be considered a unified approach. According to Fonagy (2004): "These workers do not subscribe to a single coherent framework; hence, their usual collective description as "the Independents" is probably highly appropriate" (p. 93).

Other theorists mentioned in this section of this study will include Melanie Klein and Wilfred Bion. While Winnicott's theory is considered an object relations theory that holds a more romantic view of humankind, the Klein-Bion model is considered to hold a more classical view (Akhtar, 1992). The classic view emphasises the reign of reason as the essence of being human, while the romantic view is considered to value authenticity and spontaneity (Akhtar, 1992). While a focus on striving toward autonomy is considered to be a part of the classical view, it is evident in both approaches, as can be seen in Winnicott's description of the infant's journey from dependence to independence.

The classic view considers humans to be inherently limited but partly able to overcome their tragic flaws, to become "fairly decent" (Akhtar, 1992, p. 320) and psychopathology is understood largely in terms of conflict. The romantic view, however, holds a view of

people as capable of intrinsic good, but considers development as vulnerable to restriction through circumstance. In the romantic view psychopathology is regarded as maladjustment due to deficit (Akhtar, 1992). According to Fonagy (2004):

> The romantic view is more optimistic, seeing human beings as full of potential and the infant as ready to actualize the blueprint of his destiny. The classic view is more pessimistic. Conflict is seen as embedded in normal development. There is no escape from human weakness, aggression, and destructiveness, and human life is an unending struggle against the reactivation of the inevitable vicissitudes of infancy. In the romantic view there is primary love; in the classic view it is seen as a developmental achievement (p. 83).

It is important to note, however, that despite the differences in the viewpoints of these theories, Winnicott was influenced by both Klein and Bion's theories. The influence of Kleinian 'instinct theory' on Winnicott's theories can be seen in Winnicott's view that the infant's predisposition has a highly significant role in determining the nature of the mother-infant relationship and his theory of the development of a false self in reaction to caregivers' inability to contain certain of the infant's 'internal excitements' (Fonagy, 2004).

While important concepts such as splitting, projection and projective identification, which were described by Klein (1935) and later refined by Bion (1959) will be discussed in this section, the focus will be on Winnicott's (1958, 1960a, 1960b) theory as his 'romantic' object relations theory resonates more with the positive psychology focus of this study. Winnicott's theory also covers an inherent desire to develop a sense of self (1960b), the capacity to be alone (1958), loss and mourning (1954) and dependence-independence (1965) all of which emerge as themes from the interview material.

The fact that Winnicott's theory focuses on the development and structure of the self, and considers this self a filter for all experience, makes it relevant to this study. It is proposed that the selves (and hence, the internal object representations determining these selves) of the women who participate, will form an integral part (albeit on a different conceptual level) of the understanding of strength, resilience and sense of coherence with regards to living with HIV/AIDS. Winnicott (1965) describes a 'self' that is ready to die, the development of which he believes is reliant on a 'good enough' mother during the holding phase of infant development. Thus, the assumption that object relations theory makes about the nature of the world – that the quality of a person's earliest relationships impacts on his/her personality development, his/her ability to cope and even on his/her readiness for death, is relevant to a study on coping with illness and death.

The themes of feeling alone and at times, choosing to be alone, emerge from the interview material and while Fairbairn (1952) extrapolated the pathological wish to be alone, Winnicott (1958) described the wish to be alone as the most important sign of maturity in emotional development:

> It is probably true to say that in psycho-analytical literature more has been written on the fear of being alone or the wish to be alone than on the ability to be alone; also a considerable amount of work has been done on the withdrawn state, a defensive organization implying an expectation of prosecution. It would seem to me that a discussion on the positive aspects of the capacity to be alone is overdue (p.29).

Winnicott's (1958) 'capacity to be alone' may be linked to the important developmental tasks of separation and individuation, which also emerge as crucial to this study. These will be discussed in greater depth later in this chapter.

The theme of loss is discussed by Winnicott (1954) and emphasizes that an individual's capacity to manage loss of any kind, and ultimately death, is related to their early

development of the capacity to bear psychic reality (Waddell, 2002). It is in this section that there is overlap with important concepts discussed by Klein (1935) and Bion (1959).

Lastly, object relations theory is also suited to qualitative research as it encompasses by its very nature an appreciation of the influence of context on human functioning. According to Fonagy (2004) the rise of object relations theories in psychoanalysis was associated with an increasing move towards an experientially based perspective: "These approaches inevitably emphasize phenomenological constructs, such as the individual's experience of himself or herself, and theory has become increasingly concerned with relationships" (Fonagy, 2004, p. 82). The romantic school of object relations theories views human development as integrally intertwined with both personal relationships and those with society at large. Winnicott (1965) states: "Cultural influences are of course important, vitally important; but these cultural influences can themselves be studied as an overlap of innumerable personal patterns" (p.15).

3.3.3. Klein's paranoid-schizoid and depressive positions

These two positions are considered to be one of Klein's (1946) most important contributions to psychoanalysis and are two groupings of particular anxieties and defences (Steiner, 1990). The move from the paranoid-schizoid to the depressive position is associated with an increasing integration of the self and object relations and the achievement of the depressive position is linked to a greater wholeness of the self. According to Steiner (1990): "Alongside this comes a shift in preoccupation with the survival of the self to a recognition of dependence on the object and a consequent concern with the state of the object" (p. 46). Klein (1946) describes the paranoid-schizoid position as a time when the immature ego is threatened by primitive anxieties, which leads to the use of the more primitive defences such as splitting, projective identification and idealization. In this position the ego splits into two, one containing aspects of the self considered good, the other aspects of the self considered bad and these two parts are kept as far from each other as possible. Aspects of each of these selves are

then projected onto others creating good or loving and bad or persecutory object relationships, which then tend to alternate. Steiner (1990) explains:

> Klein believed that the individual is threatened by sources of destructiveness from within, based on the death instinct, and that these are projected into the object to create the prototype of a hostile object relationship. The infant, hates, and fears the hatred of, the bad object, and a persecutory situation develops as a result. In a parallel way primitive sources of love, based on the life instinct, are projected to create the prototype of a loving object relationship (p. 47).

According to Klein (1946) the splits in the self and the object result in the self and the object being experienced as parts (breast, hand, face) rather than as an integrated whole. These splits in the ego also mean it is poorly integrated over time, which results in there being no memory of a good object when it is not present. Instead, when the good object is absent, it is not perceived as a loss but rather as having been replaced by a persecutory object. Segal (1957) writing on Klein's positions, states that the use of these primitive defences, particularly projective identification, can result in confusion between the self and the object, as well as between the symbol and the thing symbolized. On the other hand, when objects begin to be recognized as whole, an important developmental shift is seen to take place, in that ambivalent impulses begin to be directed toward the object (Steiner, 1990). Steiner (1990) states:

> The infant comes to recognize that the breast which frustrates him is the same one which gratifies him and the result of such integration over time is that ambivalence – that is, both hatred and love for the same object – is felt. These changes result from an increased capacity to integrate experiences and lead to a shift in primary concern from the survival of the self to a concern for the object upon which the individual depends (p. 48).

According to Segal (1957) Klein's theory highlights the importance of normal splitting. In healthy development, normal splitting helps to organize chaotic experiences and provides primitive ego structuring and it is at this stage that the alternation between persecutory and idealized states are seen. This allows time for ego strengthening to occur, which then, in turn, allows for greater integration and a greater tolerance of ambivalence. As the splits lessen, the depressive position is gradually achieved. According to Klein (1957) it is when splitting as a defence breaks down and the entire personality is flooded with primitive anxiety that clinical states of severe pathology are observed. Intense fear and confusion is evident in these states.

Klein (1935) writes about necessary mourning that has to occur during the achievement of the depressive position and that this is related to separation or differentiation. It is the process that involves a changing experience of the object in relation to the self i.e. moving from 'I am the object' to 'I have the object' to 'I cannot control the object'. Steiner (1990) highlights the fact that this realization is experienced as a loss and that a process of mourning is necessary. In the initial stages of this mourning, where the loss of the object is denied, a type of projective identification occurs where the individual attempts to possess the object by identifying with it (Klein, 1952). Although the object is now seen as separate, there are still attempts to possess it entirely. However, this is eventually also given up in the mourning process, when the individual has to face his/her inability to control the object or what happens to it. Steiner states:

> A critical point in the depressive position arises when the task of relinquishing control over the object has to be faced. The earlier trend, which aims at possessing the object and denying reality, has to be reversed if the depressive position is to be worked through, and the object is to be allowed its independence. In unconscious phantasy this means that the individual has to face his inability to protect the object…and his awareness that his love and reparative wishes are insufficient to preserve his object

which must be allowed to die with the consequent desolation, despair and guilt (p. 53).

3.3.3. Winnicott's theory of development: from dependence to independence

Winnicott (1965) is often criticised for his controversial claim that the strength or weakness of an infant's ego is a direct function of the mother's capacity to respond appropriately to the absolute dependence of the infant in the earliest phases of life. This criticism stems from the assertion that this mother-centrism leads to mother-blaming. However, while subsequent theories, such as attachment theory, have examined the influence of other relationships, namely the father-child and alternative caregiver-child relationships, Winnicott (1960a) was one of the first to strongly acknowledge the importance of external relationships in the development of the self.

According to Fonagy (2004) Winnicott's theory places "the self as the focus of the psychology of the mind, seeing self and object representations as intertwined and reciprocally influencing agents, construing relationships as organized to safeguard self structures" (p. 102). Although Winnicott (1960b) acknowledges the role of nature or biology, which he refers to as including an inherited "tendency towards growth and potential" (p. 43), his theory focuses primarily on the role of 'nurture' in development, Winnicott (1960b) states: "There is no such thing as an infant, meaning, of course, that whenever one finds an infant one finds maternal care, and without maternal care there would be no infant" (p. 39). With this statement he highlights the importance of early relationships with regards to development of the individual and asserts the notion that it is not sufficient to merely regard the environment as important in the early development of the infant, but rather to acknowledge the entanglement of infant development and maternal care. According to Winnicott (1960b):

> One half of the theory of the parent-infant relationship concerns the infant, and is the theory of the infant's journey from absolute

dependence, through relative dependence, to independence, and, in parallel, the infant's journey from the pleasure principle to the reality principle, and from autoeroticism to object relationships. The other half of the theory of the parent-infant relationship concerns maternal care, that is to say the qualities and changes in the mother that meet the specific and developing needs of the infant (p. 42).

According to Winnicott (1965) individuals inherit a maturational process, which together with a facilitating environment allows for development. Winnicott's (1965) theory focused on providing a developmental description of the origins of the self within this facilitating environment, namely the infant-caregiver relationship. He described a time of primary maternal preoccupation, when the mother is focused entirely on her new infant due to heightened sensitivity to herself, her body and her infant, creating a unique unity between them. From this initial unity between mother and infant, Winnicott (1965) described three functions that he believed facilitate the development of a healthy self, namely, holding, handling and object presenting or relating. Winnicott (1965) states:

> The individual proceeds from absolute dependence to relative independence and towards independence. In health the development takes place at a pace that does not outstrip the development of complexity in the mental mechanisms, this being linked to neurophysiological development. The facilitating environment can be described as holding, developing into handling, to which is added object-presenting. In such a facilitating environment the individual undergoes development which can be classified as integrating, to which is added indwelling (or psychosomatic collusion) and then object-relating (p. 175).

The main body of Winnicott's (1960b) theory explores the time before a separateness of self has occurred and before there has been any structuring of the ego. "Anxiety at this stage is not castration anxiety or separation anxiety; it relates to quite other things, and is,

in fact, anxiety about annihilation" (Winnicott, 1960, p. 41). Winnicott (1960) states that annihilation anxieties are associated with pain that is of psychotic quality and intensity. Hence, the first function of the mother-infant relationship that Winnicott (1965) considered as essential to development of the self was holding, in which these 'annihilation' anxieties are kept to a minimum by the mother, which he viewed as necessary in order for the infant to slowly develop their ability to manage these anxieties, allowing for an integration of sensorimotor elements.

Winnicott (1960b) believed that the infant, at first, has no concept of being separate from the mother and is merged with her. During the initial holding phase of the mother-infant relationship, the infant's ego slowly becomes more structured and integrated, which allows the infant to begin to experience anxiety associated with disintegration. According to Winnicott (1960b) in these early stages of the infant-parent relationship, anxiety relates to the threat of annihilation. While the aim of the holding environment is to allow the infant to develop a 'continuity of being', annihilation anxieties are activated when the infant experiences interruptions to this continuity of being and has to react. The holding environment aims to keep these interruptions to a minimum. "Under favourable conditions the infant establishes a continuity of existence and then begins to develop sophistications which make it possible for impingements to be gathered into the area of omnipotence" (Winnicott, 1960b, p. 47).

While Winnicott's (1965) emphasis on the importance of maternal care can be seen in his assumption that sensitive caretaking shields the infant from unbearable mental experience in the form of primitive anxiety while the infant is in the vulnerable process of developing from an unintegrated to an integrated state, it is the assumptions regarding the internal state of the infant that shows the strong influences of Klein and Bion on Winnicott's theory (Fonagy, 2004). Klein's (1946) work focused on the infant in its earlier stages of development and clarified the interplay of primitive anxieties and the development of defences. In the first stage of mental development the infant develops early defences against primitive anxieties. These defences are known as splitting, projection and introjection. Klein (1946) describes aggressive and destructive impulses

that are more deeply rooted than the hate and anger associated with reactions to frustration that occur in later stages of development. Winnicott (1960b) also writes about the development of ego mechanisms of defence in psychodynamic theory and how these defences were initially thought of as being organised in relation to anxiety derived either from instinct tension or object loss. Hence, the influences of Klein and Bion can be seen in Winnicott's (1965) view that:

> …the infant's predisposition has a highly significant role in determining the nature of the mother-infant relatumship. Thus, matemal care is not the only determinant of the holding environment. The stability and balance within the baby itself, the initial balance with which it starts life, contributes to the likely success of maternal care. This is similar to Bionian notions of the infant's envious attack on containment (Fonagy, 2004, p. 103).

Klein's influence can be seen in Winnicott's (1965) acknowledgement of instinct theory. "Winnicott…does not consider relationships to be independent from instincts and has an integrated formulation where instincts and object relationships are intricately interwoven" (Fonagy, 2004, p. 103). Winnicott's (1965) acknowledgement of instincts can be seen in his theory on the development of a false self in cases where the caregiver is unable to contain the infant's traumatic internal excitements. When overwhelmed the infant uses primitive defences, such as splitting, which results in various of their instinctual tensions being experienced as not a part of the self. Thus, Winnicott's (1965) 'good enough' mother needs to be able to permit the infant's spontaneous expressions of needs. Mothers who are not sufficiently able to do this communicate to the infant that their impulses and expressions are dangerous, resulting in the child needing to split off further aspects of their 'true' selves, developing a 'false' self acceptable to the mother.

However, Winnicott (1965) also appeared to view the development of a personal defence system as an integral part of the child's journey to independence. Winnicott (1960b) explains that the formation of these particular defences presupposes a separateness of self

and a structuring of the ego. "In psychoanalytic theory ego mechanisms of defence largely belong to the idea of a child that has independence, a truly personal defence organisation" (Winnicott, 1960, p. 42). Hence, it can be seen that while Winnicott (1965) viewed the development of defences as important to the infant's developing independent self, he considered the excessive need for defence as unhealthy.

The next function of maternal care is that of handling, which according to Winnicott (1960b) leads to an 'indwelling' of the child's psyche in its own body. According to Winnicott (1960b) where maternal care is successful, the infant achieves a 'continuity of being' which is the basis of ego-strength:

> Associated with this attainment is the infant's psychosomatic
> existence, which begins to take on a personal pattern; I have referred
> to this as the psyche indwelling in the soma. The basis of this
> indwelling is a linkage of motor and sensory and functional
> experiences with the infant's new state of being a person. As a
> further development there comes into existence what might be called
> a limiting membrane, which to some extent (in health) is equated
> with the surface of the skin, and has a position between the infant's
> 'me' and 'not-me'. So the infant comes to have an inside and an
> outside, and a body-scheme. In this way meaning comes to the
> function of intake and output; moreover, it gradually becomes
> meaningful to postulate a personal or inner psychic reality for the
> infant (Winnicott, 1960b, p. 45).

According to Winnicott (1960b) this is a crucial stage in the infant's development from dependence to independence. The build up of memories of reliable maternal care allow the child to survive the gradual realisation that the infant is in fact separate from the mother and is an individual in his own right. "This change is closely bound up with the infant's change from being merged with the mother to being separate from her, or to relating to her as separate and 'not-me'" (Winnicott, 1960, p. 45). This development is

related to the phase of 'living with'. However, if there are too many interruptions due to maternal failure, the ego is weakened and a 'continuity of being' or sense of self is not sufficiently established. "In the extreme case the infant exists only on the basis of a continuity of reactions to impingements and of recoveries from such reactions" (Winnicott, 1960b, p. 52).

Winnicott's (1960b) third function of maternal care, namely object relating, results in the establishment of a human relationship. This is said to occur through 'optimal maternal failure' which is where the unity between the mother and infant due to the mother's primary maternal preoccupation, which creates the illusion that "…the mother responds accurately to his gesture because she is his own creation, that is, a part of him" (Fonagy, 2004, p. 94), is slowly disappointed. Hence, Winnicott's (1960b) 'good-enough' mother is a mother who can provide manageable amounts of maternal failure, promoting growth of the child's independent self. Winnicott's idea of optimal maternal failure is: "…consistent with the observation of attachment researchers that moderate degrees of maternal involvement are preferable to highly contingent responses... Moderate levels of acceptance…and maternal involvement…are more beneficial to growth than perfect matching" (Fonagy, 2004, p 96). These maternal failures challenge the infant's experience of being merged with the mother and instead of experiencing her response to his/her needs as magical omnipotence, she is perceived as separate (Winnicott, 1971). Hence, the third maternal function of object relating is the development of the infant's capacity for separation and perception of his/her relationship with his/her mother as no longer omnipotent, but rather genuine (Winnicott, 1971). Winnicott (1971) emphasizes, though, that maternal failure must not happen too soon. If the infant is prematurely faced with the mother's independence as a person, the infant would then be forced "…to negotiate the "me and not me" distinction before he acquired sufficient experiences of being omnipotent to form the ego nuclei that will, in time, become integrated in the real experience of the "I" (the true self)" (Fonagy, 2004, p. 97).

According to Winnicott (1965) the self of a neonate does not yet exist, but "…the true self is rooted in the summation of a kind of sensorimotor aliveness that is assumed to

characterize the neonate's mental world" (Fonagy, 2004, p. 96). According to Winnicott (1960a) the emergence of the true self is dependent upon the development of self-awareness, which results from the negotiation of separation between the mother and the infant. The infant's experience of his/her feelings and perceptions as being distinct from those of others allows for the the differentiation of me from not-me (Winnicott, 1960a).

3.3.4. Fear of Death

Winnicott (1960b) differentiates between annihilation and death anxieties. According to Winnicott (1960b): "Death has no meaning until the arrival of hate and of the concept of a whole human person" (p. 47). Only when a person can be perceived of as alive and separate, can the infant begin to contemplate death, hence the idea of death is linked to later developmental stages.

When discussing the fear of death, Winnicott (1965) compares it to the fear of breakdown, stating: "Little alteration is needed to transfer the general thesis of fear of breakdown to a specific fear of death" (p. 179). Winnicott (1965) describes breakdown as a vague term that can be taken to mean a failure of defence organization and a reversal of the maturational processes and that "…clinical fear of breakdown is *the fear of a breakdown that has already been experienced*. It is a fear of the original agony which caused the defence organization which the patient displays as an illness syndrome" (p. 176). This breakdown that has already been is carried around in the unconscious and for some reason cannot be integrated into the ego. "The ego is too immature to gather all the phenomena into the area of personal omnipotence…the original experience of primitive agony cannot get into the past tense unless the ego can first gather it into its own present time experience and into omnipotent control" (Winnicott, 1965, p. 177), however, some things we can never gather into the omnipotent control of the ego, because "the ego cannot organize against environmental failure in so far as dependence is a living fact" (Winnicott, 1965, p. 174). .

With specific reference to the fear of death, Winnicott (1965) states that this fear is common and that defences against it, for example denial, are often incorporated into the teachings of various religions of an afterlife. When fear of death is severe, the promise of an afterlife does not comfort, because the individual is compelled to look for death – a death that has already happened in the psyche but that was not experienced. Winnicott (1986) states that: "Many men and women spend their lives wondering whether to find a solution by suicide, that is, sending the body to death which has already happened to the psyche" (Winnicott, 1965, p. 179). This 'death of the psyche' to which Winnicott (1965) refers can be best understood when the influences of Winnicott's understanding of loss and mourning are explored. This will be done under the section on loss and mourning.

3.3.5. The Manic Defence

Winnicott (1935) states that the use of the manic defence to a certain degree is 'normal'. As a society, our lively shows and dances, could be viewed as a denial of deadness and a defence against the depressive 'death inside' ideas. "What about such things as the wireless that is left on interminably? What about living in a town like London with its noise that never ceases, and lights that are never extinguished? Each illustrates the reassurance through reality against death inside, and a use of a manic defence that can be normal" (Winnicott, 1935, p. 131). Winnicott (1935) writes about Klein's manic defence, stating that a part of the manic defence is an individual's inability to give full significance to his or her inner reality and an inability to tolerate depressive anxiety and doubt. According to Winnicott (1935) the manic defence:

> …shows in several different but interrelated ways, namely:
> - Denial of inner reality.
> - Flight to external reality from inner reality.
> - Holding the people of the inner reality in 'suspended animation'.

- Denial of the sensations of depression – namely, the heaviness, the sadness – by specifically opposite sensations, lightness, humorousness, etc.

- The employment of almost any opposites in the reassurance against death, chaos, mystery etc., ideas that belong to the fantasy content of the depressive position (p. 132).

"The term manic defence is intended to cover a person's capacity to deny the depressive anxiety that is inherent in emotional development…" (Winnicott, 1935, p. 143). An important aspect of Winnicott's (1935) definition of the manic defence is the fact that he considers the ability to tolerate depressive anxiety as being essential to emotional development.

> But it is characteristic of the manic defence that the individual is unable fully to believe in the liveliness that denies deadness, since he does not believe in his own capacity for object love; for making good is only real when the destruction is acknowledged (Winnicott, 1935, p. 132).

Winnicott (1935) refers to the opposite of depressive as ascensive, as it successfully defends against the aspects of depression that imply a heaviness, which can be seen in the phrases: "heaviness of heart, depth of despair, that sinking feeling" (p. 135). "One has only to think of the words 'grave', 'gravity', and of the words 'light', 'levity', 'levitation'; each of these words has double meaning. Gravity denotes seriousness, but is also used to describe a physical force. Levity denotes devaluation and joking as well as a lack of physical heaviness" (Winnicott, 1935, p. 135).

> The word ascensive brings into the foreground the significance of the Ascension in the Christian religion…Each year the Christian tastes the depths of sadness, despair, hopelessness, in the Good Friday experiences. The average Christian cannot hold the

depression so long, and so he goes over into a manic phase on Easter Sunday. The Ascension marks recovery from depression (Winnicott, 1935, p. 135).

The manic defence is aimed at defending against pain, sadness, guilt and worthlessness, but denies the individual the value of reaching towards what is a part of their personal inner or psychic reality (Winnicott, 1935). Importantly, Winnicott (1935) writes that mourning cannot happen when the manic defence is in use.

> In the manic defence everything serious becomes negated. Death becomes exaggerated liveliness, silence becomes noise, there is neither grief nor concern, neither constructive work nor restful pleasure. This is the reaction formation relative to depression and it needs to be examined as a concept in its own right. Its presence clinically does imply that the depressive position has been reached, and that the depressive position is being held in abeyance and negated rather than lost (Winnicott, 1954, p. 272).

This implies that the manic defence may not necessarily be pathological, but rather protective as long as it does not continue indefinitely. This can be more clearly seen in Winnicott's (1954) understanding of the role of Klein's (1935) depressive position in relation to loss and mourning.

3.3.6. Loss and mourning

Freud's (1917) work in this area is regarded as one of his greatest contributions to psychoanalysis. He emphasized that the painful facing of the reality of the totality of the loss is the work of mourning and that acknowledgement of the loss leads to enrichment of the mourner. Freud (1917) states:

> Each single one of the memories and situations of expectancy
> which demonstrate the libido's attachment to the lost object is
> met by the verdict of reality that the object no longer exists; and
> the ego, confronted as it were with the question whether it shall
> share this fate, is persuaded by the sum of the narcissistic
> satisfactions it derives from being alive to sever its attachments
> to the abject that has been abolished (p. 245).

Initially, when the loss of the object is unbearable, the mourner attempts to deny the reality of the loss by identifying with the lost object. This identification with the lost object then implies that the experience of confronting the loss involves for the mourner, a sense that if they let go of the lost object, they will not survive it. According to Steiner (1990) mourning involves facing this paradox: "If it is successfully worked through, it leads to the achievement of separateness between the self and the object because it is through mourning that the projective identification is reversed and parts of the self previously ascribed to the object are returned to the ego" (Steiner, 1990, p. 55).

As discussed previously, the depressive position can be described as the stage of emotional development where the individual develops the capacity to tolerate both the good and bad in one whole person. Winnicott (1954) relates this to the infant's realisation that the mother who satisfies, whom the infant loves, is the same mother who frustrates, whom the infant hates. This is often referred to as the capacity for ambivalence. The inability to tolerate ambivalence results in continued use of the more primitive defences such as splitting, in order to keep the good and bad separate. "Melanie Klein's work has enriched the understanding Freud gave us of reaction to loss. If in an individual the depressive position has been achieved and fully established, then the reaction to loss is grief or sadness. Where there is some degree of failure at the depressive position, the result of loss is depression" (Winnicott, 1954, p. 275). According to Freud (1917) when a loss is experienced, the object lost is introjected. Internally it is subjected to the more persecutory forces i.e. anger and hatred. If the depressive position, according to Klein (1935) was not yet achieved, and the individual is

not yet able to tolerate both negative and positive feelings towards an object, the balance of forces internally is disrupted and an overall internal deadening produces a depressed mood. This depression, according to Winnicott (1954), can be healing as it provides defences and time against an overwhelming pain, allowing for the loss to be more slowly worked through. In individuals in which the depressive position was achieved, there are sufficient memories of good experiences that allow the individual to continue without the actual object. "Love of the internal representation of an external object lost can lessen the hate of the introjected loved object which loss entails. In these and other ways mourning is experienced, and worked through, and grief can be felt as such" (Winnicott, 1954, p. 275).

The depressive position is something that is often only fully reached later in life, and is a stage that often needs revisiting. Trauma and other life experiences can evoke a reworking of the depressive position. "…the subject of the depressive position in normal development is one that cannot be left aside; it is and it remains *the problem of life* except in so far as it is reached" (Winnicott, 1954, p. 277).

3.3.7. Loneliness and the capacity to be alone

Moustakas (1996) differentiated two types of loneliness: existential loneliness, which inevitably is part of human experience, and loneliness of self-alienation and self-rejection. While the former he considered necessary for a person to become fully aware of himself as an isolated and solitary individual, the latter he considered a vague and disturbing anxiety: "…in loneliness anxiety man is separated from himself as a feeling and knowing person" (p 24). Existential loneliness is considered an unavoidable and even valuable element of humanness. Wolfe (1941) discusses the inevitability of real loneliness as a part of genuine experience and an intrinsic condition of existence. He believed that it is necessary because out of these depths of despair and feelings of complete impotency comes the discovery of unique ways of being aware and expressing experience. However, the loneliness anxiety that Moustakas (1996) describes is

considered 'pathological' and is attributed to early childhood deprivation as well as social ills. Loneliness anxiety or a fear of loneliness is often attributed to changes in social patterns. May, Angel and Ellenberger (in Moustakas, 1996) state that man has lost his experience of neighbourliness and community life and thus experiences a feeling of alienation and estrangement from the human world about him. Other theorists also support the idea that feelings of loneliness have an earlier, more intrapsychic root; this can be described as follows:

The experience of loneliness has a significant developmental history that begins in infancy, when the infant's needs for contact and relatedness are not met. This experience of loneliness then emerges throughout crucial stages of development. Sullivan (1953) discusses various needs that occur in human development that relate to the experience of loneliness. The first is the need for tender contact and protective care in infancy and early childhood. When the child does not obtain the needed adult presence and participation, loneliness results. According to Sullivan (1953) the greater the intensity of separation, the greater the development of the child's sense of isolation and parental rejection. This sense of isolation is especially threatening in children, due to their inability to care for themselves. The possibility of being abandoned is a matter of life and death (Fromm, 1941). This is supported by Moustakas (1996), who states that loneliness anxiety is:

> …an exceedingly unpleasant, driving experience, resulting from inadequate fulfilment of the need for human intimacy – beginning in the early years with the failure to establish rich contact with the living, extending to the frustration of the need for tenderness and protective care, and into adult years when there is a failure to meet others on a genuine, fundamental, loving basis (p. 27).

Much of the work done in the field of psychodynamics is around three-body and two body relationships. Three-body relationships encompass the Oedipal theories while two-

body relationships cover an earlier time when the focus was on the infant-mother relationship. With regards to one-body relationships, Winnicott (1958) states:

> The capacity to be alone is either a highly sophisticated phenomenon, one that may arrive in a person's development after the establishment of three-body relationships, or else it is a phenomenon of early life which deserves special study because it is the foundation on which sophisticated aloneness is built (p. 30).

According to Winnicott (1958) the capacity to be alone is founded on a paradox, which is that the capacity to be alone develops in the presence of another. Winnicott (1958) states:

> Although many types of experience go to the establishment of the capacity to be alone, there is one that is basic, and without a sufficiency of it the capacity to be alone does not come about; this experience is that of being alone, as an infant and small child, in the presence of the mother…the capacity to be alone depends on the existence of a good object in the psychic reality of the individual (p. 30 - 32).

Good-enough mothering is a repetition of satisfactory interactions that allows the infant to build up a belief in a benign environment:

> In the course of time the individual introjects the ego-supportive mother and in this way becomes able to be alone without frequent reference to the mother or mother symbol…in the course of time the individual becomes able to forego the actual presence of a mother or mother-figure…gradually, the ego-supportive environment is introjected and built into the individual's personality, so that there comes about a capacity to be alone (Winnicott, 1958, p. 32-36).

"When alone in the sense that I am using the term, and only when alone, the infant is able to do what in an adult would be called relaxing" (Winnicott, 1958, p. 34). This comment highlights the importance of the introjection of a good-enough mother, as this is what allows for the ability to self-sooth or relax when alone. The capacity to be alone also allows for important self-reflection: "It is only when alone…that the infant [or adult] can discover his own personal life" (Winnicott, 1958, p. 34). So while the capacity to be alone is significant in terms of the ability to cope with times of being alone in later life, it is also paradoxically significant in terms of the ability to sustain relationships.

Winnicott (1958) refers to the relationship between the mother and the infant as being significant for the development of ego-relatedness. "It will be seen that I attach great importance to this relationship, as I consider that it is the stuff out of which friendship is made" (Winnicott, 1958, p. 33). This implies that the mother-infant relationship and the quality of ego-relatedness that develops may have implications for the quality of future friendship relationships from which the individual may require support. Sustained relationships require both the ability to 'be with' as well as 'be alone' from time to time. It is the ego-relatedness or ability to hold a positive mental representation of the other when apart that promotes relatedness.

According to Fonagy (2004) Winnicott makes a critical point concerning sensitivity in his "often misunderstood and somewhat paradoxical assertion that relatedness is born of the experience of being alone in the presence of somebody else" (p. 98). Fonagy (2004) states that Winnicott's assertion is based on three simple qualities of the holding (sensitive caregiving) environment. The first is that a sense of safety must be felt by the infant when experiencing the inner world. This is achieved through accurate mirroring of the infant's internal states by the mother (Winnicott, 1958). Bion's (1959) concept of containment also helped to elucidate how this mirroring supports the infant's developing ego. The second assertion that Winnicott (1958) makes that is related to how the holding environment enables ego-relatedness to develop is that the infant should only gradually be exposed to external events. If the caregiver is unable to manage mirroring and instead the infant is exposed to the caregiver's defensive reaction, the caregiver's defense is then

internalized in place of the child's actual experience and becomes the content of the experience of the self (Fonagy, 2004). According to Fonagy (2004) Winnicott's third assertion concerns the infant's opportunity to generate spontaneous creative gestures and the importance of the caregiver's acknowledging of the goalorientedness of the infant's physical being, which lends coherence to the infant's experience of body. "If handled satisfactorily, the infant looks at the mother's face rather than breast. His concerns with mind and meaning can override his preoccupation with his physical needs" (Fonagy, 2004, p. 99). Thus, the holding environment, if good enough, i.e. if the caregiver is perceived as an unobtrusive other, the infant experiences a continuity of being and then the true self can develop, which allows for true ego-relatedness (Winnicott, 1958).

3.3.8. False self development

Winnicott's (1960a) theory also covers environmental failure and the infant's reaction to it, namely the development of a false self. External impingements in the form of the caregiver's defensive structures and the "substitution of the gestures of the other for the gestures of the self" (Fonagy, 2004, p. 101) results in the development of a false self structure (Winnicott, 1960a). In other words, when the caregiver is overwhelmed by and cannot contain certain of the infant's internal experiences, the infant begins to regard these internal experiences as unacceptable and learns to hide and repress them. Instead a false self is developed that consists of the more acceptable parts of the self and acceptable internal experiences. Although this false self "performs and complies", it tends to be "fragile, vulnerable, and phenomenologically empty" (Fonagy, 2004, p 102). According to Fonagy (2004) a false self tends to develop in cases of preoccupied parenting, where there is an "invalidation of the infant's creative gestures" (p. 102). Fonagy (2004) states: "Winnicott conceptualizes the infant's reactions to this as the self acquiescing, hiding its own gestures, undermining its own ability. The false self serves to hide and protect the true self" (p. 102).

3.3.9. Bion's concept of thinking as containment

Containment is often inaccurately equated with Winnicott's (1958) notion of holding. Whereas holding or the holding environment is external, sensuous and positive or growth-promoting, the container is internal, non-sensuous and actively destructive or integrating. According to Bion (1959) the personality is constituted out of the dual elements of container/contained and that thinking and thoughts can be seen also to be in dynamic interaction as container/contained. Whereas Freud's theory was based on the pleasure principle, Bion (1959) believed that the motivating factor behind human behaviour was emotional growth. Bion (1962) developed Klein's (1946) concept of projective identification and stated that projective identification within limits was normal. His idea regarding container/contained seems then to be associated with his notion that there is "…a normal projective identification, without defining the limits within which normality lies, and that associated with introjective identification this is the foundation on which normal development rests" (p. 312).

In object relations, what is thought to make up the relation or link between objects is emotion or feeling, however, Bion (1962) hypothesized another link between objects, namely, thinking. Bion's 'thinking' is not referring to cognitive processes of the brain but rather to the process by which an individual attempts to know himself or another. According to O'Shaugnessy (1981): "His concern with thinking is as a human link, the endeavour to understand, comprehend the reality of, get insight into the nature of, etc., oneself or another. Thinking is an emotional experience of trying to know oneself or someone else" (p. 81).

Bion (1962) is always aware in his writing that knowing is an endeavour that will always contain doubt as his comment "How can one know anything?" shows (p. 48). However, 'thinking' is the attempt to know or try to remember painful emotional experience. Bion (1962) used the letter K to symbolize this attempt to know painful experiences, which he conceived of as a process of continually, actively engaging in the emotional experience of finding an evolving truth. He allocated the symbol –K to the opposite of K, which he

conceived of as a determination not to know or experience anything. According to Bion (1962) "…an emotional experience that is felt to be too painful may initiate an attempt either to evade or modify the pain according to the capacity of the personality to tolerate frustration" (p. 48). According to Bion (1962) when there is "a need to be rid of emotional complications, of awareness of life and of a relationship with live objects" (p. 11), knowledge of painful internal and external reality is evaded. According to Bion (1962) when reality is evaded meaning can deteriorate and the capacity for symbolization may collapse. Bion (1962) states that without an awareness of life and one's emotions tension is experienced, misunderstandings are common, there can be failures to remember and emotional experience can become stripped of significance. At these times, this state of confusion is held to be preferable to understanding and achieving a coherent representation and integration of experience. According to Bion (1962): "The attempt to evade contact with live objects…leaves the personality unable to have any relationship with any aspect of itself that does not resemble an automaton" (p. 13). Bion (1962) believed that the struggle between the desire to know and understand and the desire to evade this knowing and understanding is as crucial to an understanding of mental life as love and hate. Interestingly, this struggle is echoed by Jung (1933) who states:

> Every one of us gladly turns away from his problems; if possible, they must not be mentioned, or, better still, their existence is denied. We wish to make our lives simple, certain and smooth – and for that reason problems are tabu. We choose to have certainties and no doubts – results and no experiments – without even seeing that certainties can arise only through doubt, and results through experiment. The artful denial of a problem will not produce conviction; on the contrary, a wider and higher consciousness is called for to give us the certainty and clarity we need (p. 99).

3.4. ANALYTICAL PSYCHOLOGY – THE WORK OF CARL JUNG

3.4.1. Introduction

The paradigm analytical psychology focuses on the work of Carl Jung, who is considered the founder of analytical psychology. Jung's work spanned his entire life and his writing was prolific, hence what follows is a brief outline of his theories that pertain to the current study. Despite the fact that Jung's theories were based on his work with psychotic, borderline and neurotic patients as well as his own inner life and self-analysis, "his theories evolved into a description of normal personality more than psychopathology" (Mattoon, 1981, p.1).

3.4.2. Motivation for the use of Jung's theory in this study

Originally a student of Freud's, Jung's original contributions stemmed more from where his views diverged from Freud's. While Freud's unconscious was composed entirely of contents acquired from an individual's experience (personal content), Jung's view of the unconscious was composed partly of personal contents as well as archetypal contents generated outside the realm of the individual's experiences. While Freud's unconscious "was equated with pathology; to Jung it contained healthy, even creative resources as well as some pathological contents" (Mattoon, 1981, p.11). This focus on health and creativity complements the focus of the present study.

Jung's theory is concerned more with experiences, rather than assumptions regarding inner dynamics (Mattoon, 1981), which suits the qualitative nature of this study. In other words, although certain assumptions are made about the human psyche, it is a theory that values subjective experience. According to Jung (in Fordham, 1953) inner or psychic processes have a value equal to the outer or environmental 'reality'. Jung's approach to the understanding of human experience is a respectful one that values the complexity of human relationships, appreciates the influence of culture, and is aware of its own

assumptions. Jung does not present himself as the expert but rather views his own theories as 'suggestions and attempts at the formulation of a new scientific experience with human beings" (Fordham, 1953, p. 15). This tentativeness and openness to other ways of thinking suit the qualitative nature of the study. According to Wilhelm and Jung (in Jung, 1933): "Science is the best tool of the Western mind and with it more doors can be opened than with bare hands"(p. 78), however, "it…only clouds the insight when it lays claim to being the one and only way of comprehending" (p. 79).

Jung's theory has a "quality of 'holism' – based on the assumption that the whole person is more than a combination of elements, such as perceptions – and should be treated as a totality" (Mattoon, 1981, p.16) and suggests a link between 'wholeness' and health. This 'holistic' perspective allows for the integration of other paradigms – a secondary aim of this study. Also, Jung's focus was on adult development throughout life and the fact that this study focuses on the experience of adult women makes Jung's theory more relevant.

3.4.3. Jung's view of personality development

Jung's theory is considered one of the most unusual perspectives in Western psychology (Compton, 2005). Jung's move away from Freud's instinctual drives toward a concept of 'psychic energy' as the driving force in humans was based on "the principle of opposites. Just as in the physical parallel, a flow of energy is produced by the difference in potential between poles" (Mattoon, 1981, p.108). Thus, without opposite poles there can be no equilibrating process – which is energy. Rothenburg (in Mattoon, 1981) explored this phenomenon independently of Jung, stating that there has to be tension between two opposites for creative achievement to occur.

According to Jung (in Mattoon, 1981) the opposite of a flow of energy is entropy, which is a static condition when there is no difference in potential and, hence, no psychic energy – a state that occurs in physical and psychic death. "A condition of perfect harmony is … static. Thus, a mature personality, in Jung's view, is one that is in the process of

development, not one that is in perfect balance" (Mattoon, 1981, p.108). This emphasis on a continual process of development highlights Jung's view that development of the mind is lifelong (Mattoon, 1981, p.11).

While Freud focused on human development from birth to adolescence, Jung tended to focus on development in 'middle life' and 'old age'. This can be seen in Erikson's (1980) stages of development – the first five paralleling Freud's psychosexual stages and the last three matching Jung's stages of development. Jung's three stages of development include: learning about a particular society and how to live in it; establishing oneself in that particular society through work and personal relations, especially marriage; and the age of acquiring wisdom. These stages will be discussed in more detail later in this section. This 'move toward wholeness' described by Jung throughout his work is encompassed in his views on individuation. In fact, his entire theory is sometimes even regarded as one of individuation (Mattoon, 1981). His view that the developmental process is lifelong and:

> …merges, especially in the second half of life, with the individuation process. Individuation leads, by definition, toward wholeness – completeness and undividedness – of personality by integrating the conscious and unconscious parts of the personality. Individuation leads also to uniqueness, which results from differentiating oneself fully from other persons (Mattoon, 1981, p.179).

Hence, Jung's (1979) theory of personality development is linked to the process of individuation and can be said to involve the integration of various opposing aspects of the personality toward a sense of wholeness. This process entails a sense of increasing differentiation of the self from others, however, it must be kept in mind that Jung's theory is one of polarities and while individuation is the goal, it is never fully achieved because individuals are also always bound to the larger community of humanity through the collective unconscious and the archetypes they carry within as an eternal presence

(Jacobi, 1942). This process will be discussed in more detail under the section on Jung's (1933) individuation process.

3.4.4. Jungian theory and the African world view

According to Feldman (2004) Freud was influenced by the colonial viewpoints of the time and equated analysis with the analyst being the 'conquistador' whose aim was to assist the analysand to conquer the dark forces of the unconscious. Jung also "still privileged Western culture and spoke with traces of Eurocentric colonial superiority of the less-evolved 'primitive cultures" (Feldman, 2004, p. 28), however, Jung, "less the conquistador than Freud, spoke of engaging the unconscious in a healing dialogue for the purpose of integration and individuation" (Feldman, 2004, p. 28). Hence, it is important to view Jung's theory from within the colonial context in which it was conceived and note that many post-Jungian scholars have managed to successfully use Jung's theory while viewing other cultures "without judgement or pre-existing categories (Feldman, 2004, p. 28). In fact, it has been shown that Jung's ideas around the self, the stages of life and the collective unconscious actually resonate with traditional African views (Feldman, 2004).

The first way that Jung's theory attempts to embrace culture is his notion of the collective unconscious, which he saw as being a consciousness shared by all humans. His 'collective unconscious' or "objective psyche because it is nonpersonal [has] the power to generate images and concepts, independent of consciousness" (Mattoon, 1981, p.38). These images generated by the collective unconscious were called archetypes. Archetypes are "Jung's term for the content of the collective unconscious" (Drever, 1969) and can be viewed as the shared symbols of the human unconscious. The contents of the collective unconscious are designated 'collective' due to the fact that they are common to all humans and although Jung (1959) recognized that certain archetypes carry a specific cultural meaning, he maintained that there are symbols that carry universal meanings. According to Jacobi (1942) the importance of dreams in certain cultures also

provides a link to the collective unconscious and its symbols. According to Feldman (2004), when studying indigenous cultures, contemporary Jungian analysts look for the "invariant elements, the archetypes of myth [and find that these] myths were created out of a basic (invariant/archetypal) need for order in the human mind…that myths were devised to help resolve conflict between opposites, which is similar to Jung's transcendent function" (p. 28). Jung's (1959) collective unconscious is a controversial concept and according to Battista (1979):

> Much of the controversy concerning Jungian psychology has centred around Jung's hypothesis that the repetitive archetypal images he discovered implied some kind of collective historical unconscious from which these images are inherited. This hypothesis is not supportable in any concrete, physical form and blinded many people to Jung's more basic empirical discovery – that the human psyche is structured in such a way that it is predisposed to mature in a particular manner and to experience the world in a particular way. In this form, Jung's ideas about imagery in relation to the individuation process becomes quite compatible with the structuralist and information-system's approaches of contemporary psychology (Muchielli, 1972; Piaget, 1971; Peterfreund, 1971). That is, what is inherited is not the images themselves, but a structure which predisposes human beings to experiencing particular images. Much of the interest among Jungian analysts today is not trying to verify Jung's hypotheses about the racial inheritance of ideas, but rather to develop an understanding of how the structure of the psyche Jung discovered evolved historically (Battista, 1979).

Another area that Jung's theory resonates with African culture is that his definition of 'Self' is inclusive and overarching, and able to accommodate other ideas of self. Jung (1939) spoke about two concepts of self. While the first self he considered to be the centre of the ego, the other 'Self' he considered to be much larger, incorporating all

aspects of the personality. The Self according to Jung (1939) is considered an archetype, along with the persona, the shadow, the anima and animus, the old wise man and the earth mother. Although there are an infinite number of archetypes, these few were identified by Jung as some of the important ones that influence human thought and behaviour. It is important to note that the archetypes consist of both a collective aspect and a personal aspect, for example, the anima image is based on humanity's age long experience of women and the individual's personal experience with them. According to Fordham (1953): "Some archetypes are, however, more collective than personal, and others, like the persona and the shadow, have a larger personal element" (p. 28). The implication of this statement is that the Self, according to Jung (1939), is both a collective idea and a personal construct i.e. a person's sense of Self incorporates the experience of generations of other Selves as well as his or her own experience of a Self. According to Jung (1939) the experience of the Self is archetypal. Archetypes of the Self are portrayed in dreams and visions in varied images.

According to Jung (1939), the Self emerges from somewhere between the conscious and unconscious and is considered to be the centre of the personality. "The Self is not only the centre, but also the circumference that encloses consciousness and the unconscious; it is the centre of this totality, as the ego is the centre of the consciousness" (Jung, 1939, p. 96). He differentiates it from the self that he considers the ego-centre, which he considers to be the centre of consciousness, stating that if the ego tries to incorporate unconscious elements into itself, it is in danger of destruction, like an overloaded vessel (Fordham, 1953). According to Fordham (1953):

> It [the Self] appears to act as something like a magnet to the disparate elements of the personality and the processes of the unconscious, and is the centre of this totality as the ego is the centre of consciousness, for it is the function that unites all the opposing elements in man and woman, consciousness and unconsciousness, good and bad, male and female…and in doing so transmutes them. To reach it necessitates an acceptance of what is

inferior in one's nature, as well as what is irrational and chaotic…Jung makes it clear that his concept of the [S]self is not that of a kind of universal consciousness, which is really only another name for the unconscious. It consists rather in the awareness on the one hand of our unique natures, and on the other of our intimate relationship with all life…It brings a feeling of 'oneness', and of reconciliation with life, which can now be accepted as it is, not as it ought to be (p. 62-63).

Jung's (1939) description of Self seems closely related to psychological components reflective of an African worldview identified by writers from the African perspective, which are characterized by three concepts: holistic spiritual unity, communalism, and proper consciousness or self-knowledge (Ncgobo, in Eskell-Blokland, 2005). According to Marcus and Kitayama (in Eskell-Blokland, 2005): "Africans…view the world and others as extension of one another. The self is viewed not as a hedged closure but as an open field (p. 125) and according to Ephirim-Donker (in Eskell-Blokland, 2005): "The [African]…sees himself/herself modestly as part of the great stream of life that transcends his/her own self. Hence, Jung's notion of the Self can be said to similar to the African concept of NTU, which is the notion that all beings and things are connected through time and space (Jahn, 1990). Hence it appears that both Jung's conception of Self and the African perspective on self incorporate both a personal and collective aspect and a sense that the self is a transcending function that binds us to all life.

3.4.6. Jung's theory on the individuation process and the stages of life

Jung (1933) saw this process as divided into two main stages. In the first "a conscious ego perspective is separated from the individual's originally unified, but unconscious experience of life" (Battista, 1979, p. 115). In the second stage "the individual ego is consciously reintegrated with this unified state, called the self" (Battista, 1979, p. 115). For this integration to occur, "the aspects of the self which were denied, repressed,

projected or left unexperienced must be confronted and experienced" (Battista, 1979, p. 115).

According to Jung (in Battista, 1979) the infant in utero lives in a "state of undifferentiated unity. There is no separation of inner and outer, subject and object. The infant is complete, yet unconscious of its self…as the infant develops in utero, its increasingly independent biological system separates itself from the mother" (p. 115). The mother's body continues to meet the developing infant's needs, however the unity between them has become less perfect and more of a "dynamic interplay" (Battista, 1979, p. 115). According to Battista (1979) this interplay is "deepened and made more complex by the advent of birth and the physical separation of mother and child" (p. 115). As the mother and child become more separate and independent of each other, the child's needs are inevitably frustrated and it is these experiences that reinforce the child's developing sense of separateness and individuality. Due to the fact that the infant is helpless and if left alone would die, there is a large degree of anxiety evoked in the infant by separation, hence, "the infant is thus gratified to have its needs met and return it to its original state of non-separateness" (Battista, 1979, p. 115). According to Edinger (1973) the interaction between the child and the mother around separation and re-integration becomes an axis around which further differentiation can take place. According to Battista (1979) this dynamic interaction "marks the original separation of ego and self" (p. 115). According to Jung (1933) the first stage of consciousness which we can observe in an infant is when there is connection between two or more psychic contents. Jung (1933) states:

> At this level, consciousness is merely sporadic, being limited to
> the representation of a few connections, and the content is not
> remembered later on. It is a fact that in the early years of life there
> is no continuous memory; at the most there are islands of
> consciousness which are like single lamps or lighted objects in the
> far-flung darkness (p. 101).

According to Jung (1933) these islands of memory are not the same as connections between psychic contents; the initial connections made between psychic contents form a series which eventually constitute the ego. The ego becomes an object in consciousness and Jung (1933) explains that this is the reason that the child first speaks of itself in the third person. Only once the ego becomes charged with energy of its own and can be perceived as fully separate does a feeling of 'I-ness' emerge and this is when the child begins to speak of itself in the first person. Jung (1933) regards this as the beginning of continuity of ego-memories. Battista (1979) states: "It is important to understand in this regard that the mother is the child's first conscious experience of the self. The nature of the mother-child interaction thus gives form to the ego's relationship to the self" (p. 115). It is in this area that Jung's (1933) theory of individuation overlaps with that of Winnicott (1960).

According to Battista (1979) the ideal mother provides both gratification and frustration of needs, which encourages individuation. While the aim is to be balanced in frustrating and nurturing qualities, all mothers overgratify or overfrustrate or do a combination of both. Battista (1979) states that this is a result of both the mother's and the child's personality and what their interaction evokes in the two of them. Depending on this interaction, the child's ego and image of the mother become structured in a particular way. According to Battista (1979):

> A permissive mother who loves having a child close to her will evoke a strong positive image of mothers in a child. To compensate for this, unconscious images of a devouring, engulfing mother are constellated because such a mother inhibits a child from fully differentiating its ego. Alternately, a critical mother cripples the child's sense of well-being and gives a negative cast to the ego's images of mother. To compensate for this, images of the great mother, the nurturing Madonna, may be constellated (p. 116).

According to Jung's (1933) process of individuation, after the initial childish stage of consciousness comes puberty, which he called "the unbearable age" (p. 101). As the child moves out into society and learns how to behave in particular ways, due to sex-role adaptation, certain aspects of their sexual expression are not actualised. These aspects then constitute "an unconscious contrasexual complex known as the anima in the male and animus in the female" (Battista, 1977, p. 116). It is also during this stage of individuation that the shadow begins to develop. The shadow is also an unconscious complex that is constituted of all the same-sex characteristics of the self that the socialised child regards as unacceptable (Battista, 1979). It is during this period that the individual experiences what formerly would have been regarded as outer limitations as inner obstacles. Inner tension is experienced as one impulse opposes another, which brings about an estrangement from oneself – which Jung (1933) called an ego-complex. Jung (1933) states:

> …the first stage of consciousness which consists of recognising or 'knowing' is an anarchic or chaotic state. The second – that of the developed ego-complex – is a monarchic or monistic phase. The third is another step forward in consciousness, and consists in the awareness of one's divided state: it is a dualistic phase (p. 102).

It is at this point that Jung (1933) begins his theory on the stages of life. The first stage is from roughly the first years after adolescence into mid-life (35 – 40). It is during this time that the child is transformed into an adult through separation from their family as an independent person. "This process generally involves accepting some social role or collective identity which both expresses and defends the person in his new independent position. This defensive, yet adaptive, role of the individual is called their persona" (Battista, 1979, p. 116). The persona develops as the person learns how to live in the world and establishes him/herself in society through work and family. According to Jung (1933): "Of course, to win for oneself a place in society and so to transform one's nature that it is more or less fitted to this existence, is in every instance an important achievement" (p. 106). However, once this has been achieved i.e. the persona has been

established and the individual ego has become consciously separated from its self by identifying with a collective or social role, the first stage of the individuation process is complete. There is then a gradual movement into the second stage of individuation. According to Jung (1933):

> The nearer we approach to the middle of life, and the better we have succeeded in entrenching ourselves in our personal standpoint and social positions, the more it appears as if we had discovered the right course and the right ideals and principles of behaviour. For this reason we suppose them to be eternally valid, and make a virtue of unchangeably clinging to them. We wholly overlook the essential fact that the achievements which society rewards are won at the cost of diminution of personality. Many – far too many – aspects of life which should also have been experienced lie in the lumber-room among dusty memories. Sometimes, even, they are the glowing coals under grey ashes (p. 106).

In the second stage of individuation the process reverses. According to Battista (1979): "It is as if the individual's assertion of itself as a fully conscious, independent person motivated solely by its own wishes, wants and desires activates the compensating images of the second movement of the individuation process" (p. 116). During this stage of individuation the aspects of the self that were sacrificed in order to establish a social identity need to be confronted and integrated. Unconscious complexes play an important role in this reintegration process (Battista, 1979). Although this stage of individuation tends to take place in the second half of life, after the so-called mid-life crisis, many people can become involved in this process at an earlier stage (Battista, 1979). This stage involves confronting one's persona or adaptation to life and becoming ready to give up one's protection and relate more as him/herself. "When this confrontation is successful, these persons will feel more natural in their social functioning" (Battista, 1979, p. 117).

This stage also entails confronting the shadow or rejected, unconscious aspects of the self. The process of confronting these aspects of the self which have been spilt off and rejected from consciousness is often facilitated by realising that these aspects are often projected onto people or institutions around one. "In order to integrate these bad or negative aspects of one's self, individuals must learn to see their positive side, how they are perversions of a positive strength that the person is in need of, or come to understand that they are rooted in some fear of proceeding further in their self-confrontation" (Battista, 1979, p. 118). Jung (1933) explains this process through an example of a church warden he knew:

> I know of a pious man who was a churchwarden and who, from the age of forty onward, showed a growing and finally unbearable intolerance in things of morality and religion. At the same time his disposition grew visibly worse. At last he was nothing more than a lowering 'pillar of the church'. In this way he got along until his fifty-fifth year when suddenly, one night, sitting up in bed, he said to his wife: "Now at last I've got it! As a matter of fact I'm just a plain rascal." Nor did this self-realisation remain without good results. He spent his declining years in riotous living and in wasting a goodly part of his fortune. Obviously quite a likeable person, capable of both extremes! (p. 108).

Jung's emphasis on heightening the awareness of our own personal 'shadow' or darkness can help us understand others' shadows, which can prevent the 'we-they' mentalities that can produce hostile and punitive attitudes toward people outside a person's own social group. Considering the stigma and fear surrounding HIV/AIDS and the consequences of this stigma for people with the disease, this is a relevant concept.

The third part of this second stage of individuation involves confronting the contrasexual elements of one's self i.e. the anima or animus. According to Battista (1979): "These complexes [anima and animus] are more unconscious than the shadow because they

represent latent or unrealised aspects of the person which have never been conscious rather than elements which were rejected or repressed from consciousness" (p. 118). According to Jung (in Battista, 1979) most people's first experience of the anima or animus is falling in love, where their anima or animus is projected onto their lover. Over time, as the lover does not meet the archetypal expectations that were projected onto them, in order to love the actual human being of the lover, the person must confront their own anima/animus projections. "Thus, anima and animus figures not only confront individuals with how they relate to the opposite sex, but impel them to confront those aspects of contrasexuality of which they are unaware" (Battista, 1979, p. 119). Jung (1933) states that in the second half of life during the second stage of his theory of individuation, men and women are confronted with their anima and animus through aging:

> But there is something sunlike within us; and to speak of the morning and spring, of the evening and autumn of life is not mere sentimental jargon. We thus give expression to the psychological truth, even more, to physiological facts; for the reversal at noon changes even bodily characteristics (p. 109).

Jung (1933) speaks of an example of this in ethnological literature:

> …an Indian warrior-chief to whom in middle age the Great Spirit appeared in a dream. The spirit announced to him that from then on he must sit among the women and the children, wear women's clothes and eat the food of women. He obeyed the dream without suffering any loss of prestige. This vision is a true expression of the psychic revolution of life's noon – of the beginning of life's decline. Man's values and even his body tend to undergo a reversal into the opposite (p. 110).

According to Jung (1933), the process of confronting the anima or animus is about discovering and integrating characteristics of the opposite sex that were formerly repressed and he speaks of the transformation with age as weighing "more heavily still in the psychic realm than in the physical" (p. 110). He states:

> …one sees that the thing which has broken down is the masculine style of life which had held the field up to now; what is left over is an effeminate man. Contrariwise, one can observe women in these self-same business spheres who have developed in the second half of life an uncommon masculinity and an incisiveness which push the feelings and the heart aside (p. 110).

Jung (1933) speaks of the need to embrace these opposite qualities and incorporate them into the personality in order to move towards a new sense of wholeness. He feels that as a species we would not grow to be old if there was no meaning or significance in growing older:

> …the afternoon of human life must also have a significance of its own and cannot be merely a pitiful appendage to life's morning. The significance of morning is undoubtedly lies in the development of the individual, the propagation of our kind and the care of our children. This is the obvious purpose of nature. But when this purpose has been attained – and even more than attained – shall the earning of money, the extension of conquests and the expansion of life go steadily beyond the bounds of all reason and sense? Whoever carries over into the afternoon the law of the morning – that is, the aims of nature – must pay for doing so with damage to his soul…For the most part our old people try to compete with the young. In the United States it is almost an ideal for the father to be the brother of his sons, and for the mother if possible to be the younger sister of her daughter… (p. 112).

According to Jung (1933) for many people it is difficult to see what value lies in the second half of life. For many the second half of life offers only a diminution of life. He explains that this is often due to people not having lived to the fullest in the first half. Jung (1933) believed that the purpose of the second half of life is to individuate further. While the first half of life holds the challenge of individuating from family and becoming an independent person in society, the second half involves individuating from this sense of individualism and moving toward a larger sense of collective meaning. This he felt could be achieved through confrontation with the Self. Once a person has confronted and integrated the persona, shadow and anima or animus, the various parts of the personality have been realised. The final part of this second stage of individuation is then for the individual to confront the Self, which is an aspect of psychological life that according to Battista (1979) "transcends any individual differentiation or limitation" (p. 119). Battista states: "This confrontation of ego with the [S]self marks the final, deepest and most intriguing aspect of the individuation process. The ego must consciously realise the wholeness of the [S]self, yet in order to do so, it must give up its sense of importance and control" (p. 119). Referring to the experience of the Self, Wilhelm and Jung (in Jung, 1933) state: "It is as if the leadership of the affairs of life had gone over to an invisible centre…and there is a release from compulsion and impossible responsibility which are the inevitable results of *participation mystique*" (p. 78-79).

Jung (1933) describes how it is the task of the second half of life to find meaning and share wisdom. He speaks about how Western cultures have lost this significance of old age:

> Moneymaking, social existence, family and posterity are nothing but plain nature – not culture. Culture lies beyond the purpose of nature. Could by any chance culture be the meaning and purpose of the second half of life? In primitive tribes we observe that the old people are almost always the guardians of the mysteries and the laws, and it is in these that the cultural heritage of the tribe is

expressed. How does the matter stand with us? Where is the wisdom of our old people – where are their precious secrets and their visions? (p. 112).

Hence, Jung's (1933) theory of individuation can be said to be a series of separations but also reunions. In the first stage of Jung's (1933) individuation process the focus is on the infant's initial separation (Bowlby, 1980; Winnicott, 1960). From the union with mother that is being carried in the womb, the separation being birth, to the separation from mother that occurs with the development of a separate ego and consciousness and the realisation that he or she, the infant, and mother are separate individuals. Jung describes childhood up until puberty as being a time when consciousness has developed but a time also when the child has not yet encountered any real inner conflicts. This would be disputed by the object relations and attachment theorists, who propose that the child experiences a great deal of inner conflict, the resolution of which often entails the development of psychological defences to a lesser or greater degree. It seems though that as Jung broke away from Freud, he focused more on adulthood, and left Freud to focus on the child up until puberty with his psychosexual stages of development.

The second stage that Jung (1933) describes happens from puberty, through adolescence and young adulthood to middle age. He describes this stage as when the individual breaks away from his or her family and establishes his or her own place in society – in an attempt to conform and belong. It entails the development of the persona, anima or animus and the shadow. Thus, while it is a separation from family, it is a union with society.

The third stage of individuation described by Jung (1933) is after middle age and into old age. He describes this as a time of individuating away from the norms of society and a time of confrontation with one's persona, shadow, anima or animus and eventually, one's Self. Hence, while there is a separation from society there is a move toward the Self. It is important to note that Jung's concept of Self incorporates a much wider sense of community in that he viewed the Self as connected to all that exists.

Thus, it can be seen that Jung's (1933) ideas around individuation encompass his ideas around integrating both polarities. The paradox he presents is that although life appears to entail a series of separations, each time one inevitably becomes more connected on a different level. It was in fact exploration of other cultures that first led Jung to formulate his concept of individuation. His study of Chinese culture and philosophy in particular led him to write 'The Secret of the Golden Flower' with sinologist Richard Wilhelm. The book explores the similarities of an ancient Chinese mysticism and the experiences of patients on the path to individuation. The secret of the Golden Flower:

> …is built on the premise that cosmos and man in the last analysis obey common laws; that man is a cosmos in a miniature and is not divided from the great cosmos by any fixed limits. The same laws rule for the one as for the other and from the one a way leads into the other. The psyche and the cosmos are related to each other like the inner and outer worlds. Therefore man participates by nature in all cosmic events, and is inwardly as well as outwardly interwoven with them. Tao, then, the meaning of the world, the way, dominates man just as it does invisible and visible nature (Heaven and Earth)… Tao the undivided, Great One, gives rise to two opposite reality principles, Darkness and Light, Yin and Yang (Wilhelm & Jung, in Jung, 1933, p. 11).

According to Fordham (1953) it is the reconciliation of the opposites that constitutes 'Golden Flower' meditation or Jungian individuation. Although Jung (1933) gave no definitive opinion on the matter, his theories on religion and life after death imply that he may have considered death to be merely another transition, rebirth or individuation – although this time from earthly life into another form of spiritual life. The final stage of individuation, according to Jung (1933) is the confrontation with death. According to Jung (1933) death is the great perfector who draws an inorexable line under the balance sheet of human life. In death alone is wholeness – one way or another – attained. While

death is the end of empirical man, it is the goal of the spiritual man. According to Jung death becomes the goal of life and not just its conclusion and it represents a state of rest and wholeness.

3.4.7. Jungian individuation as the Hero's Journey

Jung's (1933) process of individuation or of consciously realising the wholeness of the Self has been called the sublimation of the ego to the Self (Neumann, 1970) as well as the Hero's Journey. Campbell (1972) wrote about the common theme of discovering the Self through confrontation with aspects of the personality which is found in myths from all around the world. Often in mythology the metaphor of the cripple is used to symbolically represent those in psychological crisis. Often broken in spirit or on their knees, they are unable to function in their usual ways. However, paradoxically, being crippled, blind or otherwise disabled in mythology is also associated with wisdom. These people are often heroes who have conquered some insurmountable suffering (Sharp, 1998). The hero is usually associated with an unusual fate where his task is to do something out of the ordinary. The goal of the journey is to survive a dangerous ordeal "to find the treasure, the ring, the golden egg, the elixir of life – psychologically, these all come to the same thing: oneself – one's true feelings and unique potential" (Sharp, 1998, p. 108). According to Jung (in Sharp, 1998) this journey is analogous to the psychological "attempt to free ego-consciousness from the deadly grip of the unconscious" (p. 110). "In the language of the mystics it is called the dark night of the soul" (Sharp, 1998, p. 110). This experience usually entails feelings of despair, loneliness and a desire to escape or hide.

Campbell (1972) studied the patterns of themes in mythology across time and cultures and identified the theme of a journey, which he termed 'The Hero's Journey'. Within this journey there are three stages: Separation, Initiation and Return. Separation entails the protagonist receiving the 'call to adventure' upon which he/she begins to move from the world he/she knows to the unfamiliar or unknown. Initiation is where the hero enters

the unknown, the world of the supernatural where he/she meets demons and dragons and must survive a series of tests with newly acquired powers. Return is where the hero has survived and must now return to the world he/she knew before, relinquishing his/her powers but keeping some new qualities, with which things are set in order (Lukoff, 1985). In other words, the journey entails the overcoming of a struggle and the subsequent integration of the new information gained from it into their old framework. This process is also described by Battista (1979):

> Initially, the hero or heroine may be tested by a number of trials. Although individuals may first be called upon to prove their courage by slaying various beasts and performing difficult tasks, eventually they are called to submit themselves to that which is greater than they are, the Self. The most frequent difficulties involve the ego's attempt to possess the Self and thus maintain its control. This result is an inflation or aggrandizement of the ego (Edinger, 1973). Instead, the individual must submit to the Self, to be contained by it, and thus transformed… (p. 120).

Thus transformed after the Hero's Journey, it is considered the task of the individual to bring this new found wisdom back home, thereby completing the cycle. Campbell's 'Hero's Journey' explains the relevance of myth to mental illness or psychological suffering. The battles and ordeals of princes and dragons are a metaphor for the venture into the psyche and thus are helpful in understanding the process of mental illness or psychological distress (Lukoff, 1985). Campbell (1972) believed that mystics, yogis and individuals in psychological distress are "all plunged into the same deep inward sea" (Lukoff, 1985, p. 3). However, Campbell (1972) states: "The mystic, endowed with native talents for this sort of thing and following stage by stage, the instruction of a master, enters the waters and finds he can swim: whereas the schizophrenic, unprepared, unguided, and ungifted, has fallen or has intentionally plunged, and is drowning" (p. 216).

3.4.8. Jung's view of God and religion

Jung (1938) defined religion as an:

> …attitude of the human mind, which could be formulated in accordance with the original use of the term 'religio', that is a careful consideration and observation of the certain dynamic factors, understood to be 'powers', spirits, demons, gods, laws, ideals, or whatever name man has given to such factors as he has found in his world, powerful, dangerous, or helpful enough to be taken into careful consideration, or grand, beautiful, and meaningful enough to be devoutly adored and loved (p. 5).

According to Fordham (1953) the key concept in Jung's definition of religion is the word 'dynamic'. Fordham (1953) stated that the dynamism of religion is the energy of the religious function that caused crusades and witchhunts, that still causes religious wars, and that fuels the creative efforts of art and buildings in which to worship and adore. Jung's views allow for an alternative interpretation of spirituality and religion as, unlike other psychodynamic theories, that regard religion as an illusion or projection, Jung's theory makes space for spirituality and religion. Jung states that humans possess what he calls a 'natural religious function' and that mental health and stability depend on proper expression of this function (Fordham, 1953). Jung (1938) believed that religion and spirituality are linked to the innate human needs to find meaning in life, connect to something bigger than the self, and to experience wholeness or a sense of completeness. Fordham (1953) states:

> This [Jung's 'natural religious function'] is in direct contrast to those who view religion as an illusion, an escape from reality, or a childish weakness. So widespread has this attitude become, even if not consciously realized, that we have almost lost sight of the important part that religion has played in our history, the intensity of emotion it

aroused, and the tremendous energy it canalised into the arts, into the creation of fine buildings, into learning, teaching and caring for the weak, the sick, and the poor. The lovely cathedrals and the large churches which adorn even tiny villages are standing evidence of its past influences, just as priests' hiding-holes and Huguenot surnames are reminders of more sinister aspects of the religious spirit, its fanaticism and its cruel energy in persecuting all those who did not see eye to eye with it (p. 69).

Jung's (1933) ideas around man's 'natural religious function' were based on his observations that people have access to symbols and images from the collective unconscious that include the idea of life after death:

We only understand that thinking is a mere equation, and from which nothing comes out but what we have put in. That is the working of the intellect. But beyond that there is a thinking in primordial images – in symbols which are older than historical man; which have been ingrained in him from earliest times, and, eternally living, outlasting all generations, still make up the groundwork of the human psyche. It is only possible to live the fullest life when we are in harmony with these symbols; wisdom is a return to them. It is neither a question of belief nor of knowledge, but of the agreement of our thinking with the primordial images of the unconscious. They are the source of all our conscious thoughts, and one of these primordial thoughts is the idea of life after death…Before the nineteenth century the thyroid was regarded as a meaningless organ, merely because it was not understood. It would be equally short-sighted of us today to call these primordial images senseless. For me these images are something like psychic organs, and I treat them with the very greatest care. It happens sometimes that I must say to an older patient: 'Your picture of God or your idea of immortality is

atrophied; consequently your psychic metabolism is out of gear."
The ancient *athanasias pharmakon,* the medicament of immortality,
is more profound and meaningful then we supposed (p. 116).

Hence, Jung (1933) believed that through a deeper level of unconscious processing, access is gained to a sense of spirituality. When access is gained to certain archetypes in the collective unconscious the need for spirituality is felt and the motivation to pursue this need is found. The archetypes to which Jung (1933) refers could be viewed as representing universal emotional and psychological impulses that underlie the human quest for spirituality, regardless of culture. Jung (1933) viewed religion as being schools for people in the second half of their lives and believed that the fact that all the great religions of the world offer a promise of life after death is what makes it possible for people to live the second half of their lives with as much perseverance and determination as the first half. Although acutely aware of the fact that life after death cannot be known, as a physician he stated:

> I have observed that a directed life is in general better, richer and healthier than an aimless one, and that it is better to forwards with the stream of time than backwards against it…as a physician, I am convinced that it is hygienic – if I may use the word – to discover in death a goal towards which one can strive; and that shrinking away from it is something unhealthy and abnormal which robs the second half of life of its purpose. I therefore consider the religious teaching of a life hereafter consonant with the standpoint of psychic hygiene…from the standpoint of psychotherapy it would therefore be desirable to think of death as only a transition – one part of a life-process whose extent and duration escape our knowledge…a large majority of people have from time immemorial felt the need of believing in a continuance of life. The demands of therapy, therefore, do not lead us into any bypaths, but down the middle of the roadway trodden by humankind. And therefore we are thinking

correctly with respect to the meaning of life, even though we do not understand what we think (p. 115).

Jung's (1933) rationale behind his controversial statements seems to be based on the practicalities of what he observed in his patients. Rather than try to prove the existence of life beyond death, he merely accepted it as an unknown or matter of faith and chose rather to look at the value belief can offer:

> For, in what follows, I shall look at the venerable objects of religious belief. Whoever talks of such matter inevitably runs the risk of being torn to pieces by the two parties who are in mortal conflict about those very things. This conflict is due to the strange supposition that a thing is true only if it presents itself as a physical fact. Thus, some people believe it to be physically true that Christ was born as the son of a virgin, while others deny this as a physical impossibility. Everyone can see that there is no logical solution to this conflict and that one would do better than to get involved in such sterile disputes. Both are right and both are wrong. Yet they could both reach agreement if only they dropped the word 'physical'. 'Physical' is not the only criterion of truth: there are also *psychic* truths which can neither be explained nor proved nor contested in any physical way…After all, we can imagine God as an eternally flowing current of vital energy that endlessly changes shape just as easily as we can imagine him as an eternally unmoved, unchangeable essence. Our reason is sure only of one thing: that it manipulates images and ideas which are dependent on human imagination and its temporal and local conditions, and which have changed innumerable times in the course of their long history. There is no doubt that there is something behind these images that transcends consciousness and operates in such a way that the statements do not vary limitlessly

and chaotically, but clearly all relate to a few basic principles or archetypes. These, like the psyche itself, or like matter, are unknowable as such. All we can do is construct models of them which we know to be inadequate…If, therefore, in what follows I concern myself with these metaphysical objects, I am quite conscious that I am moving in a world of images and that none of my reflections touches the essence of the Unknowable (p. xi – xiii).

Jung (1933) believed that spirituality is far too complex to be captured by language and it was for this reason that he felt religious experience was best captured by images, symbols and rituals. It is through these that people are able to connect to collective unconscious experience.

3.4.9. Jung's view of 'Rebirth'

Jung's idea of rebirth is discussed in his works, 'Psychology and Alchemy' and 'The Psychology of Transference'. In these works Jung suggests that images of incest, death and decay are essential preludes to the whole-making process (Plaut, 1984). In other words, crisis or hardship is often required for the growth process to occur. According to Plaut (1984):

> Perhaps 'crisis' would do to express an important turning point
> in a person's life. But then that would impoverish the event of
> all that led up to it and what came out of it and above all, it
> would lose the characteristics of the person to whom it seemingly
> had to happen when it did. What is more, crisis orientates one
> towards contingency planning and problem solving rather than
> towards the feeling of having undergone a lucky or even
> miraculous transformation of death, recovery and renewal. At

any rate…inevitably painful separations tend to precede a creative breakthrough (p. 9).

Jung's (1959) concept of rebirth was developed out of an experience he had that involved his own near-death. In 1944 Jung broke his foot and shortly after this suffered a heart-attack. Of this event, Plaut (1984) wrote:

> In a state of unconsciousness, he experienced visions and hallucinations. These, combined with the medication he received, made him conclude that he was close to death…Jung at that time had a series of visions…accompanied by a feeling of detachment. He felt weightless and floating in space; at least three weeks passed before he could truly make up his mind to live again (p. 9).

In his biography, Memories, Dreams and Reflections, Jung (1963) wrote about this experience stating that he experienced a vision of the end of all things and these new insights gave him the courage to undertake new formulations. Plaut (1984) describes Jung's concept of rebirth as being a multitude of psychodynamic processes. He explains that the terms self-realization, integration, healing, whole-making and individuation all refer to Jung's concept of rebirth. Plaut (1984) states that rebirth has many meanings, such as: "transmigration of souls, reincarnation, resurrection and participation in rituals such as in initiation and healing through birth ceremonies" (p. 10). Jung (1959) called rebirth that occurs within an individual human life 'renovatio', stating:

> This word has a special flavour; its whole atmosphere suggests the idea of renovation, renewal, or even of improvement brought about by magical means. Rebirth may be a renewal without any change in being, inasmuch as the personality which is renewed is not changed in its essential nature, but only its functions, or parts

of the personality, are subjected to healing, strengthening, or improvement (Jung, 1959, p. 114).

According to Plaut (1984), Jung's concept of rebirth is about change and he warns of "dangers which surround every change and transformation whether it concerns an individual or large social groups" (p.10). These dangers, according to Jung (in Plaut, 1984) are: in the language of primitive psychology 'loss of soul', lethargy and depression, disturbed sleep and anxious resistance to change. Ironically though, "life may depend on giving up so-called security" (Plaut, 1984, p. 10). Plaut (1984) speaks about syntheses of various kinds resulting in rebirth. He explains the "powerful and unforeseeable effect which approaching death can have – be it one's own or that of somebody close to the dying person. Regeneration of oneself in these circumstances can be so marked, if mysterious…" (p. 14).

Rebirth according to Jung is connected to the losing and finding of oneself and the need for synthesis between divisions in the personality (Plaut, 1984). Jung equates the Freudian superego with a collective moral conscience or code and viewed the self as an inner authority free from conventional morality. The battle between these two requires an ego that is capable of separation, just as rebirth requires for there to have been a previous birth. This ego allows for choice and "further developments involving separation and becoming an individual" (Plaut, 1984, p. 18).

3.4.10. Conclusion

Eskell-Blokland (2005) writes that while psychological theories based on Euro-American values typically involve:

> …self-realization, the building of ego strength and boundaries, personal
> achievement and individualism, independence and the successful leaving
> of the parental home…according to scholars writing from an Afrocentric

perspective, values of traditional African cultures influencing the concept of the self within those cultures, are characterised by communalism or collectivism, dependency or interdependency, non-competitiveness and successful assimilation into the community (p. 124)

Jung's theory seems to encompass both individualism and collectivism, dependency and independency, individuation and assimilation. Jung seems to have an appreciation for all of that which constitutes human experience. Writing on Jung's opinion on the study of human experience, Fordham (1953) states:

> There is no simple formula to which this [human] experience can be reduced; to focus on one point leads to a gain in clarity, but the network of relationships in which psychic activity consists is lost sight of. The search for precision in defining mental experience robs it of much that by nature belongs to it (p. 15).

Thus it can be seen that the aspects of Jung's theory discussed above tend to encompass a wide range of human experience. The themes covered in this section, namely: death-rebirth, individuation, shame, religion and dependence – all emerged from the data and will be discussed in relation to the study findings in chapter seven.

3.5. CRITICAL DISCUSSION AND INTEGRATION OF THEORETICAL APPROACHES

3.5.1. Difficulties associated with studying the experience of people from an African culture from a Western perspective

3.5.1.1. Introduction

When using Western theories to describe African experience, an obvious tension is set up. It may be argued that it is an attempt to force African worldviews to conform with Western ways of thinking or Western knowledge, however this is not the intention of this study. This study aims to respect both traditions and integrate them in a manner hopefully acceptable to both African and Western perspectives. In order to understand more clearly how this may be achieved, a brief critical discussion on 'cross-cultural' psychology and the interplay between African and Western approaches to knowledge is necessary. With particular reference to this section, a social constructionist perspective needs consideration with regards to the role it plays in its critical questioning of the theories that developed in the modern era, and its emphasis on the importance of culture in understanding.

3.5.1.2. Cross-cultural psychology

Western psychology's struggle with the mind-body split, or the natural science versus social science debate, has been echoed in psychology's exploration of culture. In the early decades of the 20th Century, interest in cultural context diminished as "with the hegemony of logical empiricist metatheory and behaviourist theory the discipline became increasingly enamoured with the possibility of general laws or principles – transcultural and transhistorical" (Gergen & Gergen, 2003). However, this universalizing orientation resulted in 'cross-cultural' psychology in which the majority of research has attempted to

show that certain psychological processes are common across culture or that some psychological processes show cultural variations (Gergen & Gergen, 2003).

One of the most serious criticisms leveled against psychology as a whole has been its attempts to be classed as a science and gain credibility in terms of the medical model. According to Held (2004) with regards to medicine and physical health what is classed as good and bad is fairly straightforward, that is, if it eases physical distress and helps you to live longer it is good, if it causes physical distress and shortens your life, it is bad. However, in psychology, what is good and bad is not so simple. According to Norem (2001) a 'one size fits all' model in terms of psychology does not work. Gable and Haidt (2005) state: "…the meaning of what is positive or good is complex and multidimensional, and the study of…psychological topics requires recognition of this complexity in theories and empirical designs" (p. 108).

According to Compton (2005) "…psychology has often neglected the impact of broad social contexts on behaviour. Too often, this results in definitive statements being made about "human behaviour" that actually apply only to people living in specific cultural situations" (p. 239). Although this cross-cultural psychological approach is still present, according to Gergen and Gergen (2003):

> Owing possibly to processes of enhanced global consciousness and multi-cultural appreciation, a more dramatic adventure into the cultural arena has emerged within recent years. This movement toward a cultural psychology has not yet acquired paradigmatic coherence, but its principle drama derives from elevating the status of cultural influences over that of psychological process. That is, where cross-cultural psychology has generally presumed universal psychological process – viewing culture simply as a site for variation – cultural psychology tends to hold culture as the birthing site for psychological processes. The universal in psychology is replaced with the indigenous (p. 1)

3.5.1.3. Move toward a more culturally sensitive psychology

Within the postmodern paradigm, social constructionism in particular has increased awareness of the role that society, culture and language play in creating our beliefs and highlighted the fact that meanings are not universal (Gergen & Gergen, 2003). According to Barnouw (in Compton, 2005) culture can be defined as "the set of attitudes, values, beliefs and behaviours shared by a group of people, communicated from one generation to the next via language or some other means of communication" (p.233). Studies have shown that that culture and social context play a large role in how people perceive themselves, their relationships, their responsibilities and their world. Bruner (in Gergen & Gergen, 2003) states that cultural beliefs are not a set of self-assuaging illusions, but rather working hypotheses about what makes it possible for people to live together in a fulfilling manner, and therefore need to be considered when trying to understand psychological processes.

Most of the research done regarding the differences between cultures has centred around the differences between individualistic and collective cultures. Most Western cultures are classed individualistic and can be described as tending:

> …to place greater emphasis on individualism, autonomy, freedom of expression, and on each person's internal thoughts, emotions and experiences. These societies place a greater emphasis on self-sufficiency or self-reliance, expressing oneself, and on "actualizing the inner self". Individualistic cultures tend to highlight socially disengaged emotions or emotions that encourage independence of the self, such as self-satisfaction or self-righteous anger (Compton, 2005, p. 238).

Cultures like Chinese, Japanese and African tend to be classed as collective cultures and they are described as tending:

…to be more socially oriented and place emphasis on a person's immediate group and on the significant relationships between the members of the group. In general, a greater emphasis is placed on the welfare of the person's extended family; the individual's needs and desires are secondary to those of the group. Autonomy and independence are often de-emphasized in order to focus on the welfare of the group. Feelings of self-worth in collectivist societies may depend on how well a person can respect authority and fit in with his or her important and significant relationships… This is particularly true for women in collectivist cultures… Collectivist cultures tend to emphasize socially engaged emotions or those that highlight communal relationships such as humility or indebtedness (Compton, 2005, p. 238).

However, as noted previously in the literature review on African conceptualizations of self, recent writers in African studies have begun to object to the notion of African cultures as collectivist and to "characterizations of an African self that imply the collectivist variety of interdependence" (Adams & Dzokoto, 2003, p. 347) as this implies loss of personal identity in the collective and a case of Western 'othering' (Shaw, 2000). According to Adams and Dzokoto (2003) considering African cultures as collective seems to be "more a projection of Western categories than a reflection of the constructions of self that prevail in African settings" (p. 347). This needs to held in mind while studies on 'collectivist' cultures are discussed.

With regard to emotion, differences seem to have been found in how various cultures define, label, express and give meaning to emotion (Matsuomoto, in Compton, 2005). Whereas individualistic cultures tend to regard emotions as being inner, subjective experiences, collective cultures tend to view emotions as social constructions i.e. shared experiences created by people and their environments. The expression of emotion is

regulated by cultural display rules, which are the rules that certain cultures hold regarding the appropriate expression of various emotions in public (Compton, 2005).

Another important consideration when exploring the differences between individualistic and collective cultures is the concept of self. According to Compton (2005):

> Obviously, when we define the self, or who we are inside, we simultaneously define what aspects of the world will not be part of our self-identity. In fact, cultures differ in how they define the boundaries of self-identity. In turn, this boundary of self is related to how we define roles, expectations, and responsibilities for ourselves and others (p. 237).

One of the major criticisms leveled against psychology as a whole is that the focus of most theories developed in the past century has been on the individual. According to Seligman and Csikszentmihalyi (2000): "In some of its incarnations, it [traditional psychological theory] emphasized the self and encouraged a self-centeredness that played down concerns for collective well-being" (p. 7). According to Compton (2005):

> Both Sigmund Freud and the early behaviourists believed that humans were motivated primarily by selfish drives. From that perspective, social interaction was possible only by exerting control over those baser emotions. Therefore, people were always vulnerable to eruptions of violence, greed, and selfishness. The fact that humans actually lived together in social groups was seen as a tenuous arrangement that was always just one step away from violence (p. 7).

Hence, when using Western theories to understand the experience of a person from a collective culture, it is extremely important to bear in mind the differences and the

implications these differences may have for the interpretation of certain statements and behaviours. According to Compton (2005):

> People in individualistic cultures pay more attention to their own inner lives than do people in collectivist cultures…People in collectivist cultures tend to emphasize interpersonal relationships and gauge their well-being by looking at how those relationships are functioning (p. 239).

This statement is important with regards to the present study due to the reason that the participants' description of coping will need to be viewed through the norms of a collective culture and not through an individualistic culture. This will have to be taken into account when the data from the study is attached to Western theory.

Other differences have also been found between collective and individualistic cultures regarding the notion of self. Suh (1999) cautions that the concept of an integrated and separate self, which is the ideal of the traditional Western approaches to psychic development, may only apply to those people in cultures where autonomy and individualism are valued. This needs to be taken into consideration when discussing the experience of the women who participated in the study in terms of Western theory, and in particular, when discussing their experience using traditional psychodynamic theory. However, it is interesting to note that psychodynamic theory has been influenced by postmodern thinking and elements of this can be seen in the writing of more recent psychodynamic authors. According to Waddell (2002), in object relations theory:

> Internal conflicts now tend to be formulated in terms of the predominance of different aspects of the self, and of a person's struggle to become free of the deadening grip of narrow self-interest; to be more open to the truthfulness of intimate relationships; to have a mind of one's own and a respect for that of others (p. xix).

In this definition, healthy functioning according to object relations theory can be said to constitute both separateness, 'a mind of one's own' and authentic connectedness, 'open to the truthfulness of intimate relationships'. Although object relations theory sees the self as incorporating aspects of significant others, the emphasis on the formation of a separate self, which is core to object relations theory will need to be applied with sensitivity when considering African experience and perhaps the notion of self will need to be a little wider to accommodate the African cultural viewpoint.

3.5.1.4. Critical discussion of culturally-embedded psychology

This social constructionist approach, in which cultural process is elevated above psychological process, according to Varela and Harre (1996) contends that "human nature is cultural, it is lived socially, and therefore it is psychological" (p. 317) and that traditional psychodynamic views are incompatible as they hold the notion that "human nature is biological, it is lived psychologically, and therefore is social" (p. 317). In essence, social constructionism suggests that culture as opposed to biology determines the existence of a self. Gergen and Gergen (2003) highlight the importance of acknowledging the subjectivity of language, for example, calling a group of people a 'tribe' is "not a naming of the truth of how people cohabit together, but a constructed reality of a particular research community. In other words, social constructionism reminds researchers to be aware of their language and the realities that they punctuate with it.

In criticism of social constructionist theory, Jones (2002) states that the post-modern solution to questions of human nature, is to "relegate all psychological phenomena to statements at the purely verbal level" (p. 231). According to Jones (2002) social constructionist theory takes traditional depth psychology's notion of 'inner diffusioness' and instead refers to this as multivoicedness: "…and the coherence of the self becomes contingent upon cultural practices. Persons are seen as able to organize and structure

their experience only through the communicative protocols of their communities" (p. 346). Jones (2002) views this disregard for unconscious psychological process as "a case of throwing the baby out with the bathwater…that social constructionism might exclude dimensions of selfhood that were traditionally explored in psychoanalytical terms, and are still relevant" (p. 344). Jones (2002) views the postmodern claim that there is no 'self', other than the self we create through language in a similar light, stating that:

> The impasse of social constructionism is marked by the disappearance of the distinction between first-person experience and its representations in language. There remains only a talked about universe…Robinson asserts on Wittgenstein's behalf, "the connection between language and world is a practical one in which changes in language grow out of, and at the same time codify and facilitate changes in practice" (p. 282). My contention is that social constructionism, taken to the discursivist extreme, denies the practical connection at the level of the individual human being (p. 358).

Thus, the tension seems to lie in the debate whether there is a self that exists independently of language, an understanding of which theorists try to capture using language, or whether it exists only because theorists speak of a self. Perhaps the answer lies somewhere between all these perspectives. Gergen and Gergen (2003) state that "Whatever account we give of the world or self finds its origins within relationships" (p. 2). Hence, both traditional psychodynamic and postmodern social constructionist perspectives agree on the social nature of human beings and the significance of others in the creation of meaning. Perhaps there is room for a multi-layered approach to knowledge in which theories, which are acknowledged as theories and not truth, can be utilized for the concepts they offer in applicable contexts. For the purposes of this study, it will be assumed that all approaches hold value and that the self is a multidimensional concept, comprising biological and psychological imperatives toward development, and

that the development of this self is intertwined with relationships and influenced by culture and language.

Criticism for a culturally embedded psychology has also come from within the field of social constructionism. While Gergen and Gergen (2003) consider this new 'culturally embedded' psychology a step towards de-colonialising psychology, they identified problems with the theory, stating that "it remains a child of Western modernism" (p. 2) due to its hesitance to question universal metatheory, the fact that its methodologies are still derived from empiricist approaches and its resistance to reflexivity, which is due to the "empiricist metatheory that sustains the presumption of value-free inquiry" (p. 2). In light of this statement, it is important to clarify that while this study attempts to use a more qualitative research approach and engages in reflexivity, it does still imply the value of universal metatheory, albeit in an attempt to adapt the theory to incorporate a more African worldview. However, Gergen and Gergen (2003) also state that: "Most reflexive scholarship to date has adopted a critical posture, exploring the oppression, loss, and suffering that can result from particular constructions of the psychological world" (p. 4) and while they state that this is the most appropriate beginning to a reflexive process, they warn against unrelenting critique, as this typically divisive process could lead to 'culture wars'. Instead, Gergen and Gergen (2003) advocate a stance of 'appreciative reflection' when working with cultural considerations.

> Discursively constituted traditions are both essential and perilous. As we enter into co-ordination so does the world become meaningful to us. We acquire identities as particular people, along with interests, goals, ideals, and passion. It is within the process of relationship that a landscape of values emerges. Yet, at the same time that we generate and participate within a way of life, so do we close off options and separate ourselves from others. We fail to understand or appreciate that which is not within the tradition of meaning of which we are a part. Flexibility diminishes, and those outside the tradition often become devalued. They are "other", with different ways of making meaning, and possibly they are dangerous

to one's own traditions and values. Through communicative relations we can generate new orders of meaning from which new forms of action can emerge. Because meaning is a human construction, precariously situated within ongoing patterns of co-ordinated action, it is always open to transformation (Gergen & Gergen, 2003, p. 3).

Thus, while a rigid adherence to psychodynamic thinking would close off options and understandings, so would a rigid adherence to social constructionist understandings of the world. Traditional psychodynamic and psychoanalytic understandings are often accused of being Western and therefore not applicable to people from African cultures, however, this study posits that although it is important to be aware of the Western origin of the thinking that more traditional theories necessitate, for example, around ideas such as family structure and roles, and not to adhere rigidly to these understandings, it is also important not to throw the 'baby out with the bath water'. Concepts that have value from all perspectives should be considered. Instead of viewing psychodynamic understandings as Western and therefore irrelevant, perhaps these theories could be seen to be evolving with time and globalization, constituting over time a loose framework rather than a rigid pre-decided upon reality within which to understand unique societal, cultural and family dynamics on individual emotional development. After all, stretching social constructionist ideas, one could say that psychodynamic theories are just another way of punctuating or 'languaging' experience. The question that this study sets out to explore is whether this particular form of punctuating experience can be integrated with the participants' African understandings or ways of punctuating their stories.

3.5.1.5. Conclusion

Considering South Africa's history of oppression of certain cultures and today's HIV/AIDS epidemic, it is essential that we do not get caught up in a philosophical debate as to which approach to knowledge is better or more valid. Perhaps we need to acknowledge the consequences of colonialism, Westernization and globalization and find

approaches to treatment that straddle two worlds much like the participants in this study. This study with its use of more traditional theories attempts to bear in mind Gilligan, Brown and Rogers' (1990) statement that "in the move away from a narrative art to a science that rejects narrative art, psychology has lost an awareness of voice and vision" (p. 89), and attempts to use these theories in a manner that respects the narratives of the participants. Gergen and Gergen (2003) state that:

> Traditional research in both cross-cultural and cultural psychology tends to appropriate "the other" – making him or her intelligible in terms of the home culture. The other is described and analyzed in such a way that "we now understand". This goal of rendering intelligibility may be contrasted with one in which inquiry seeks to alter or expand the home intelligibility by virtue of incorporating or insinuating into it an anterior mode of understanding. The aim is not to place "the other" in a comfortable conceptual box, but to transform the very conceptual structure through which understanding occurs (p. 6).

Therefore, with reference to the above quote, this study aims to incorporate both African and Western perspectives, through respect to the stories of the participants and the cultural contexts from which they come, in addition to a continuous process of self-reflexivity, in order to integrate different "ways of knowing" into a body of knowledge that may offer the potential of new possibilities.

3.5.2. Traditional theory versus positive psychology

The very origins of positive psychology grew out of a criticism leveled at the psychological theories developed in the previous decades. According to Seligman, Rashid and Parks (2006) traditional methods of psychotherapy tend to view mental health as the mere absence of symptoms and Seligman and Csikszentmihalyi (2000) state:

"Working exclusively on personal weakness and on damaged brains, however, has rendered science poorly equipped to effectively prevent illness" (p. 8). According to Seligman and Csikszentmihalyi (2000):

> Psychology has, since World War II, become a science largely about healing. It concentrates on repairing damage within a disease model of human functioning…they [psychologists] came to see themselves as a part of a mere subfield of the health professions, and psychology became a victimology… Psychologists saw human beings as passive foci…drives, tissue needs, instincts and conflicts from childhood pushed each of us around…practitioners went about treating the mental illnesses of patients within a disease framework by repairing damage: damaged habits, damaged drives, damaged childhoods, and damaged brains…This almost exclusive attention to pathology neglects the fulfilled individual and the thriving community. The aim of positive psychology is to begin to catalyze a change in the focus of psychology from preoccupation only with repairing the worst things in life to also building positive qualities (p. 5-6).

As with any change, there will always be resistance and the resistance to the positive psychology movement seems to have been with regards to its name and its implication that psychology so far is lacking and therefore in need of redirection. Writing about the criticisms aimed at positive psychology, Gable and Haidt (2005) state:

> Many criticisms seem to arise from the assumption that if there is a positive psychology then the rest of psychology must be negative psychology, and if we need a positive psychology it is because this so-called negative psychology has taught us little. This interpretation is unfortunate and, more important, untrue…in fact, it is because psychology (which is mostly neutral, but with more negative topics than positive topics) has been so extraordinarily

successful that the imbalance, the lack of progress on positive topics,

has become so glaring (p. 107).

Despite the flattery, the traditional psychodynamic schools of psychological thought have attacked using the weapons they have and accused positive psychology of denial and splitting. According to Gable and Haidt (2005) a common criticism of positive psychology is that "…people who study positive psychology fail to recognize the very real negative sides of life, preferring a Pollyanna view of the world…the movement has cult-like qualities in which people get together to share their Pollyannaism" (p. 107). Positive psychology's response to this criticism is that those involved in positive psychological research are not rebels and that most of them are housed in traditional psychology departments (Gable & Haidt, 2005). According to Gable and Haidt (2005) the aim of positive psychology is "not to erase or supplant work on pathology, distress and dysfunction. Rather, the aim is to build up what we know about human resilience, strength and growth to integrate and complement the existing knowledge base" (p. 107).

This debate could be likened to the 'generation gap' in which the younger generation's decision to do things differently has offended the parents' sensibilities. Theoretical orientation is personal and tends to be based on the academic and cultural context in which the researcher grew up, therefore theory becomes as personal as values and beliefs about the way the world works. As difficult as it is for parents to have their children reject their views and develop their own beliefs about the world, it is difficult for disciplines to grow and incorporate new ways of thinking.

3.5.3. Motivation for combining theoretical approaches

For many theoretical purists, combining the theoretical orientations of analytical, psychodynamic and positive psychology approaches is riddled with epistemological issues, however, it is the author's opinion that employing an overarching epistemological

position, which allows for a multi-voiced approach, enables these three theories, when combined, to offer a new, dynamic view of the participants' experience.

Object relations theory and Jungian analytical psychology are in some respects fairly similar and hence, the combination of these theories is not inconceivable. The concept of dualities or opposites is common in many psychodynamic and object relations theorists' work. Freud's initial concepts of conscious and unconscious, id and superego are a clear example of this. While Adler described the inferiority-superiority complex (Ansbacher, in Schoeman, 1984) and Rank described a process of union versus separation (Schmitt in Schoeman, 1984), Horney (in Schoeman, 1984) spoke of the ideal versus the true self. A number of object relations theorists such as Klein (1935) and Fairbairn (1952) describe a primitive defence known as 'splitting', which entails the separation of objects and experience into 'good' and 'bad'. Fairbairn's structure of the personality contains a sense of duality with his concepts libidinal ego and anti-libidinal ego, with their respective internalised need-exciting and need-rejecting mothers. Winnicott (1965) also speaks of an initial symbiotic merger between mother and child that later moves toward separation and individuation. Winnicott (1965) also speaks about a false self versus true self.

It is the author's belief that Jungian theory can be used as a frame within which both sides of this pathology-versus-health debate between the traditional psychodynamic schools and positive psychology, can be seen as valuable and essential to the understanding of human experience. The focus of Jung's theory is on polarities, which provides space for both object relations theory and positive psychology to be explored. While object relations theory's focus on pathology could be seen to be exploring the illness side of the continuum, positive psychology's focus on health promoting factors could be seen to be exploring the health side of the same continuum.

While there may be a difference in the emphasis of one side of the illness-health continuum, both object-relations and positive psychology, by definition of their particular emphasis, imply the existence of the other side. Jung's theory and his emphasis on the move towards a sense of wholeness in life regards both the pain and joy in life as

essential to this journey. According to Compton (2005): "There must be a reason why people throughout history have been drawn to plays, paintings, poetry, and even music that express sadness, tragedy and defeat" (p. 12). Woolfolk's (2002) notion that the tragic elements that occur in life can enrich our experience of being human and the idea that much of life's meaning can be found in suffering (Frankl, 1985) point to the suggestion that "…it may be that in order to appreciate the positive in life we must also know something of the negative" (Compton, 2005, p. 12).

Also, an important contribution that positive psychology has made to the field of psychology is the finding that the predictors of positive emotions are unique. For a long time the assumption has been that if you eliminate negative emotions, positive emotions take their place, however, studies have found that this is not necessarily the case. The elimination of negative emotions often leads to a neutral state. In order to create positive emotion, further work is necessary (Compton, 2005). Fredrickson's (1998) 'broaden-and-build' model of positive emotion also emphasizes the role of positive emotion in 'undoing' the effects of negative emotion, assisting the "body and mind to regain a sense of balance, flexibility and equilibrium after the impact of negative emotions" (Compton, 2005, p. 27). Research has also shown that the intensity of negative and positive emotion are correlated, in other words, people who experience strong feelings of sadness also tend to experience intense feelings of happiness (Diener, Larsen, Levine & Emmons, in Compton, 2005). This suggests that people who are able to tolerate their negative emotions may be more open to life and their emotional experience of it, which thereby enables them to experience positive emotion more frequently and intensely. All of these findings seem to point to the fact that negative and positive emotion and experience are interrelated and without one, the other would not be experienced as such.

In positive psychology's quest to determine the predictors of or factors that underlie a subjective sense of well-being, a problematic factor was that of neuroticism, the well-known offspring of traditional schools of psychology. According to Compton (2005):

Let us recall that the third major component of subjective well-being is an inverse relationship with negative emotionality and neuroticism: the less neuroticism, the higher the subjective well-being. In many ways, this predictor represents that relationship. A reference to neuroticism, however, defines subjective well-being by what it is *not*. This way of defining an area is problematic…Researchers have found that the less fragmentation of the self or greater integration and coherence among aspects of the self-system, the higher a person's perceived subjective well-being…Therefore, personality integration may be a better description of what is meant by this predictor of subjective well-being (p. 53).

Personality integration forms the basis of the traditional approaches to psychology and implies more co-ordination and tolerance for differing aspects of the self, leading to "higher self-esteem, greater optimism, an internal locus of control, and better social relationships…and it may increase resiliency of the self" (Compton, 2005, p. 53).

It is however, important to note here, in light of the findings of the previous section, which discussed the fact that in collective cultures the experience of self tends to be one that is mediated by relationships with others, that the underlying tenet of object relations theory, which differentiated this theory from previous pleasure-seeking models of human psychology, is that humans are essentially object-seeking. In other words, we seek relationships and connection to others.

The majority of research done in the field of positive psychology, while exciting, tends to be quantitative, with a focus on certain variables at a time, which can result in a sense of static. Qualities, traits and aspects of personality that allow for coping and happiness are identified and there is a sense that people either have these qualities or they don't. While this is sometimes the case, the author feels that combining theories allows for a broader understanding of experience. While positive psychology can delineate the 'what and

when', psychodynamic theory seems to fill in the 'how and why'. Combining theories allows for a more in-depth focus on process.

As mentioned previously, research around HIV/AIDS seems to have followed the very human tendency of focusing on the crisis or negative first and as such, the literature has tended to focus on the negative sequelae of the illness. An illustration of this:

> The mental health situation changes quite dramatically where antiretroviral treatment is available. With longer life and hope for people living with HIV, the despondency and depression may be lifted (Rotherham-Borus, Lee, Gwadz & Draimin, 2001). Kalichman, Graham, Webster and Austin (2002) found that people who were not on antiretroviral treatment had a greater level of depression and greater pessimistic attitudes than those on treatment. However, it appears that to some extent treatment changes rather than obviates depression…the majority of physicians surveyed believed that HIV medications (antiretrovirals) are a leading cause of their patients' most common mental health problems… (Freeman, 2004, p. 144).

This statement is just one illustration of the research community's tendency to focus on the negative and while this focus is understandable and results in important and necessary work, research with this focus creates a picture of people living with HIV that is gloomy with a general expectation of decline in all areas of functioning. This misses a group of people whose experience does not match this picture and it is this group of people upon whom this research focuses. In order to more fully capture the experiences of this group of women, the author felt that a combination of theories offered an opportunity to view living with HIV from a different angle.

By and large, the people using these varied theories are essentially aiming to achieve the same goal, which is to assist people, within their contexts of relationships, to live their

lives more fully in order to achieve greater life satisfaction and greater levels of subjective well-being. While the more traditional schools have focused on removing the obstacles to this, i.e. working with the personality splits in order to achieve a greater coherence within the self, positive psychology has focused on finding the way to well-being i.e. identifying the predictors or markers to happiness. As a team, object relations theory and positive psychology could be compared to a path clearer and a navigator, both of whom are essential. Without a navigator, the path clearer might clear in circles, and without the path clearer, the navigator might know where to go but be blocked by obstacles. Perhaps together they might achieve their destination. Jung's theory could be seen as the glue that might integrate these approaches into a sense of theoretical coherence. The core of Jung's theory is to always incorporate both polarities: without exploration of all aspects of the self, the way might always be blocked and direction lost, which suggests that encompassing both polarities or theories may allow for a more holistic approach to understanding human experience and one that allows more options. So, maybe we should stop 'splitting', 'broaden' our awareness, 'build' our resources and get on with our 'Hero's Journey'.

3.6. CONCLUSION

This section outlined the theories to be used in this study, namely positive psychology, object relations theory and analytical psychology. It also offered a brief critical discussion around the use of Western theories in African contexts and mentioned some of the theoretical conflicts surrounding the theories to be used. A motivation regarding the combination of theories to be used in the study was also given.

CHAPTER FOUR

RESEARCH METHODOLOGY

There are two ways to live your life.

One is as though nothing is a miracle.

The other is as though everything is a miracle.

Albert Einstein

4.1. INTRODUCTION

In this study, a qualitative approach to research was used in order to gain rich, detailed information regarding the experiences of coping with HIV in the lives of ten African women. Semi-structured interviews were conducted and a thematic analysis was done in order to identify the important themes around the participants' experience of coping. These sub-themes and themes are discussed in chapter six and in chapter seven the themes are then interpreted and discussed according to positive psychological, object relations theory and analytical psychology. Respect is afforded to the participants' descriptions of their experience and chapter six attempts to stick as closely to the participants' experiences as possible with no theory being integrated at this point in order to gain a clear picture of the experience of coping with HIV as described by the participants. However, psychodynamic theories are integrated into the findings of the study which means that a psychodynamic understanding of the participants' experiences is generated, which is one of many understandings. So while this study is not a strictly postmodern study, it does utilize ideas that are congruent with postmodern thinking, namely, the use of a qualitative approach to the research; a multi-voiced approach i.e. acknowledging theories as providing different ways of viewing and explaining certain experiences; acknowledging the importance of context; and acknowledging the participants' lived experiences as valid data or information. The fact that the study uses a number of theories and integrates these theories with the participants' culturally embedded understandings of their experience to form a new understanding, implies an acknowledgement of the postmodern notions that context is vital for understanding and that no one theory is true or correct, but rather that they each represent one of many ways of understanding.

This chapter presents a rationale for the study and a description of the research process used in this study. It provides information concerning the research method used and the various stages of the research process. A brief theoretical discussion regarding qualitative research and the implications of the theoretical orientation of the study for the research method chosen, is followed by a brief motivation for the use of a qualitative

research approach, and in particular, a motivation is given for the use of a semi-structured interview format. The recruitment of participants and the data collection process is elaborated and an explanation of the data analysis process is provided. Lastly, reflexivity and ethical considerations are discussed.

4.2. THE AIMS AND OBJECTIVES OF THE STUDY

This research aims to describe the subjective psychological experience of women positively living with and dying of HIV/AIDS with the aim of identifying the significant cognitive, emotional and social themes involved in their subjective sense of coping, from a qualitative theoretical approach that aims to integrate positive psychology, object relations and analytical understandings. The objectives of the research are to:

- discover a more culturally appropriate understanding of these women's experience;
- integrate current theories in a new understanding that focuses more on the mental health promotion of women;
- provide further treatment options with which psychologists can work in order to provide an effective service to HIV-positive women patients.

4.3. RATIONALE FOR THE STUDY

The initial motivation for conducting a study into the experience of coping amongst HIV positive African women was the need for more research into HIV/AIDS, particularly in women, due to escalating prevalence rates (Freeman, 2004; Kalichman & Simbayi, 2004; Shisana & Simbayi, 2002). HIV positive women in particular have been identified as being at risk due to societal and cultural gender inequalities and due to their role as caretakers (Freeman, 2004). The decision to conduct a qualitative study was in order to explore the issues around coping with HIV/AIDS in depth. According to Lewis (in

Anderson & Doyal, 2004) understanding the lived experience of people with HIV is essential for the planning of appropriate health and social care and for the implementation of these services. Despite this, however, academic studies that explore the actual experiences of people living with HIV/AIDS are "few and far between" (Green & Sobo in Anderson & Doyal, 2004, p. 95).

It was felt by the researcher that an in-depth focus on coping as opposed to the mental health problems associated with HIV might yield useful information relevant to psychological intervention with HIV positive African women. According to Freeman and de Beer (1992) the mental health services provided to HIV infected individuals in South Africa have tended to originate from the medical model and have thus not been found to be empowering to users. Hence, this study aimed to explore understandings of HIV/AIDS related mental health in a way that is more empowering and culturally appropriate.

The rationale behind the choice of theories was multi-faceted. Firstly, the combination of positive psychology, object relations theory and analytical psychology is novel and no other studies have viewed the experiences of HIV positive women from this perspective. Secondly, it was felt by the author that all three theories have unique and relevant viewpoints that could contribute to a greater understanding of these women's experiences. Positive psychology offers a focus relating to the possible protective effects of positive psychological factors such as meaning, control, and optimism (Ironson et al., 2005). Ironson et al. (2005) found that higher levels of optimism predicted slower disease progression in HIV positive people. Lastly, the study hoped to integrate the more well-used traditional schools of psychological thought with a more 'positive' psychological paradigm, taking into account cultural influences, in order to create a more accessible and effective approach to understanding and dealing with the psychological aspects of HIV/AIDS for women in psychotherapy. For many theoretical purists, combining the theoretical orientations of analytical, psychodynamic and positive psychology approaches is riddled with epistemological issues, however, it is the author's opinion that employing an overarching epistemological position, which allows for a

multi-voiced approach, enables these three theories, when combined, to offer a new, dynamic view of the participants' experience.

4.4. THE THEORY BEHIND QUALITATIVE RESEARCH

As previously mentioned in chapter three (p 167), the tension that exists between modern and post-modern approaches, while providing fruitful creative space between them, is beginning to ease somewhat, with postmodern ideas being incorporated into modernistic psychodynamic approaches. The advent of object relations theory with its emphasis on the influence of relationships on the development of the self (Waddell, 2002) and the move away from the analyst as objective 'blank screen' toward a psychologist that is subjective and involved in the process of therapy or research illustrates this. More recent understandings of psychodynamic theory accommodate the notion of the therapist as involved in the process and no longer view countertransference as an 'interference', as Freud did, but rather view this information as a valuable part of the process of getting to know another (Waddell, 2002). Science as the 'only knowledge' seems to have made room for other approaches or ways of knowing, something acknowledged by Jung (1946): "Science is the best tool of the Western mind and with it more doors can be opened than with bare hands" (p. 78), however, "it…only clouds the insight when it lays claim to being the one and only way of comprehending" (p. 79).

Hence, while it can be seen that psychodynamic and analytic approaches accommodate the postmodern idea of the researcher as subjective, the fact that specific theories regarding development are delineated implies that there is still a large gap between postmodern notions of the self as entirely socially constructed and psychodynamic understandings of the development of self (see discussion on self in chapter two, p 29-34). This study aims to use psychodynamic theory in the interpretation of the data but attempts to maintain an awareness of the influences of society and culture on this development.

This section aims to give a brief discussion of the ideology behind qualitative research as well as to demonstrate how psychodynamic theory can be used with a qualitative research approach, taking into account the influence of societal, cultural and unique individual constructions of meaning.

Gilbert Ryle (1949) was one of the first to distinguish between 'thick' and 'thin' descriptions, using the example of a wink. While a thin description of a wink is the rapid contraction of an eyelid, a thick description takes into account the meaning of the behaviour and the context within which it occurs, thus a wink could be a parody, an expression of attraction, a twitch etc. Geertz (1993) borrowed these concepts of thick and thin description and discussed 'experience-near' concepts versus 'experience-far' concepts like philosophy, science and theoretical debate. Geertz (1993) focused on experience-near concepts in the direction of language and meaning and his theory became popularized in the postmodern ideas of construction, languaging and the narratives with which people present their lives (Anderson & Goolishan; Gergen & Kaye; White & Epston, in Krause, 1998).

The application of this experience-far and experience-near distinction to research methodology is evident in the divide between the two main research approaches. While quantitative approaches, which are concerned with how to convert qualitative data into reliable, objective numbers, free of context, can be considered experience-far descriptions of human behaviour, qualitative approaches, which are concerned with capturing and discovering meaning within a context in order to make it more accessible, can be considered experience-near descriptions of human behaviour (Neuman, 1997).

The ontological assumption underlying qualitative research methods is that people's subjective experiences are real and should be afforded the same respect as other forms of information (Terre Blanche & Kelly, 1999). According to Fordham (1953), writing on Jung's thoughts about the study of the human mind and experience:

There is no simple formula to which this [human] experience can be reduced; to focus on one point leads to a gain in clarity, but the network of relationships in which psychic activity consists is lost sight of. The search for precision in defining mental experience robs it of much that by nature belongs to it (p. 15).

Mental states, according to Neuman (1997) are regarded by quantitative researchers as merely conditions that lead to measurable behaviour. He states: "By contrast, qualitative researchers view qualitative data as intrinsically meaningful, not as deficient" (Neuman, 1997, p.328). The notion that people's subjective, inner, psychic experiences are real and should be regarded as valid data for study is supported by Jung as Fordham (1953) states:

This [Jung's] attitude towards the reality of the psyche contrasts strikingly with that to which Jung often refers as 'a nothing-but attitude'. Those who hold this point of view continually belittle psychic manifestations, especially experiences which cannot easily be connected with outside events, and refer to them disparagingly as 'nothing but imagination' or, 'merely subjective'; Jung, on the other hand, gives the inner or psychic process a value equal to the outer or environmental one (p. 17).

In qualitative methodology, the researcher comes from a position of 'not-knowing' and the epistemology underlying the method assumes that "we can understand others' experiences by interacting with them and listening to what they tell us" (Terre Blanche & Kelly, 1999, p.123). In this study, this 'not-knowing' position indicated by qualitative research methods was respected in two ways.

Firstly, the data itself was allowed to influence the focus of the literature study and while broad theoretical approaches were decided on before hand, the data was allowed to influence the focus of the theoretical discussion. Although object relations theory was chosen as one of the broad approaches to be used in the interpretation of the data,

precisely which theorists were used was left to the data to suggest. Theorists were chosen whose work focuses on the themes that emerged from the interviews. Allowing the data to inform theoretical choices was crucial for meeting the study's aim of expanding a Western-informed perspective in order to integrate a more African perspective.

Secondly, the 'not-knowing' approach was respected in terms of allowing the definition of coping to be described by the participants themselves. According to Compton (2005) one of the major challenges related to studying positive psychology topics like happiness, subjective well-being, resilience and coping "is the issue of who will define it" (p. 44). The ideological debate of who defines reality has led to much study around power discourses associated with knowledge. While modernism, at its worst, is associated with the use of science to marginalize people according to race, culture and gender, postmodernism attempted to shift this power and uncover the existence of knowledge in areas other than science, acknowledging many realities. Writing about this problem with reference to the definition of happiness, Compton (2005) states:

> At the time of Plato and Aristotle, many people thought that philosophers or intellectuals should define it for everyone. Later, leaders of Christianity believed that they should define happiness for everyone. In the twentieth century, a number of theories on positive mental health were proposed, but it was often hard to tell how the author's personal preferences and values influenced these theories…one solution to the problem was to use a very straightforward approach. Researchers began to allow the research participants themselves to define these terms. In this way the real judge of how happy someone was would be 'whoever lives inside a person's skin' (p. 44).

In the psychodynamic approach this would not be regarded as reliable information due to the existence of the unconscious and the fallibility of conscious explanations for one's own behaviour. In other words, a person may consciously believe that they are very

happy as a result of defense mechanisms designed to protect their conscious awareness from unacceptable unconscious impulses, which are felt to be threatening emotional experiences. "However, studies have shown that self-report and collateral reports often agree, suggesting that people who report a higher sense of well-being tend to behave in a way that suggests a higher satisfaction with life" (Compton, 2005, p. 44). From a psychodynamic perspective, in the cases where conscious reports may be skewed by excessive utilization of defense mechanisms, the use of clinical judgement on the part of the psychologist as interviewer and interpretation of the way in which the interviewee speaks about certain experiences may allow for the revealing of patterns of behaviour as yet unknown or unacknowledged by the interviewee herself.

Ryle's (1949) concept of thick description also took into account that some meanings may be so experience-near that they are expressed in unconscious patterns and are therefore not open to reflection. While some of the participants' unconscious patterns, as well as the researcher's unconscious patterns (self-reflexivity) may be reflected upon by the researcher during the analysis of the data, it is also likely that there will be some unconscious patterns that are not available for reflection at all.

Hollway (2001) writes about a qualitative data collection technique that uses a narrative interview, which is an interview that attempts to elicit interviewee's stories told from their personal, subjective experience. During the interview, participants are encouraged to follow their own structure and their stories are thus told with little interruption from the interviewer. According to Rohleder and Gibson (2006): "Within this approach intrapsychic conflict is understood to be activated in the participants when they talk of painful issues" (p. 30). Hence, the structure of the telling and the emotional responses of the participants "may reflect an unconscious logic" (Hollway, 2001, p. 15). According to Rohleder and Gibson (2006):

> This narrative, however, is subject to interpretation within which
> the interviewer follows the nuances of emotion in both what is
> said and what is left unsaid. The researcher's own emotional

responses may also help to inform their choice of where to ask probing questions to explore further areas that may be important. This method provides a framework for exploring defensive structures and unconscious expressions in the participants' narratives when talking about themselves (p. 30).

Hence, while it can be seen that the use of psychodynamic theory with qualitative approaches to research is not unreasonable, especially seeing as psychodynamic and psychoanalytic approaches have historically made use of the case study approach to research, which greatly respects subjective experience as a valid form of data, the most important consideration with regards to this study is whether the use of these theories compromises the meanings as relayed by the participants. In this regard it is important to defer to the aim of this study, which was to gain a deeper understanding of the experiences of these HIV-positive women from the theoretical standpoints of analytical, object relations and positive psychology. Hence, the meanings found by this study need to be read from this perspective and understood from within the context of the aims of the study.

So, perhaps, while we can think about theory as the hypothetical (Selvini-Palazzoli, Boscolo, Cecchin & Prata, 1980), perhaps we can view the interview material as involving grappling with the participants' realities (Krause, 1998) and the integration of the two as the creation of a new 'reality' among many possible realities. According to Hastrup (in Krause, 1998) there are many realities, each with its own continuity and its own practice, its own knowledge and its own partiality.

In qualitative research, understanding data within the context from which it comes is essential. According to Bleicher (in Terre Blanche & Kelly, 1999) in social sciences there exists the idea that "the meaning of human creations, words, actions and experiences can only be ascertained in relation to the contexts in which they occur. This includes both personal and societal contexts" (p. 125). This method is sometimes referred to as 'verstehen' (understanding) (Dilthey in Terre Blanche & Kelly, 1999) or

'empathic reliving'. Mischler (in Terre Blanche & Kelly, 1999) states that meaning is inherently and irremediably contextually grounded and that to grasp meaning one has only to learn how to gain access to the context. Jung's (1946) statement that psychologists' laboratory is the world and the tests are concerned with the actual, everyday happenings of human life, with the test subjects being patients, relatives, friends, and, ourselves, with the material being the hopes and fears, the pains and joys, the mistakes and achievements of real life, suggests that he had an appreciation of the fact that human experience is best understood within the context of the 'world' within which it occurs.

Another consideration in this discussion around qualitative research is that of language. The social constructionists' emphasis on the role of language in the creation of meaning has created an awareness as to the limitations of language (Gergen &Gergen, 2003). Much controversy exists around the question of whether language can adequately capture the essence of meaning. This includes whether language can capture the subtleties of cultural meanings. This argument is an old one within the social sciences and stems from the question: Can we really ever fully know the mind of another? While this concept is appreciated in the psychodynamic approach through the notion of the unconscious and the idea that there is experience for which we have no words, Tyler (in Krause, 1998) states that: "It is possible to make oneself understood in a language whose structure and grammar one does not know" (p. 70). So, while the experience of another can never be known in its totality, the parts that can be known and understood can contribute to interpersonal meaning.

Language is also important with regards to the presentation of findings in qualitative research. According to Terre Blanche and Kelly (1999) the interpretive or qualitative approach to research:

> …tries to harness and extend the power of ordinary language and
> expression, developed over thousands of years, to help us better
> understand the social world we live in…[interpretive research]

tries to describe in rich detail and presents its 'findings' in engaging and sometimes evocative language (p. 123-124).

The last consideration with regards to the use of a qualitative research approach is the notion of self-reflexivity, which entails sensitivity to the influence of the researcher on the findings of the study. Parker (1994) defines qualitative research as "the interpretive study of a specified issue or problem in which the researcher is central to the sense that is made" (p. 2). The concept of self-reflexivity will be discussed in more depth later in this chapter.

In conclusion, what appears to be called for ultimately is a compromise between cultural sensitivity, the aims of the study and an appreciation of the limitations of language. While the experience of the individual women is appreciated as unique; and an awareness of language and culture has been applied throughout interpretation; and sensitivity to the impact of the self of the researcher has been considered; the aim of the study is to find patterns of experience and ultimately interpret these patterns through theory.

According to Geertz (1993) any study is at the same time description and theory. He states that there are shared meanings out there in the world and that "societies, like lives, contain their own interpretations. One has only to learn how to gain access to them" (Geertz, 1993, p. 453). Culture can be considered to be a web of meaning rather than a series of patterns of behaviour (Geertz, 1993) and this study attempts to explore this web through tapping into the meanings of the participants within the context of their experience of HIV/AIDS and interpreting them according to existing theories.

4.5. MOTIVATION FOR USING A QUALITATIVE RESEARCH APPROACH

It is important to note that while the methodology of this study falls under the broad umbrella term of narrative research, no particular qualitative approach was chosen within which to situate the study. While guidelines for data collection and data analysis are

useful, a rigid adherence to one particular approach is not always necessary so long as the methods of data collection and analysis are adequately explained. According to Punch (1998): "Qualitative research concentrates on the study of social life in natural settings. Its richness and complexity mean there are different ways of looking at and analyzing social life, and therefore multiple practices in the analysis of social data" (p. 199). Thus, the methods used in this study are drawn from a narrative approach, but incorporate ideas regarding data collection and analysis from other authors, such as Hollway (2001); Kelly (1999); and Kvale (1996).

The aim of this study was to explore and describe the subjective experience of coping in HIV positive black women and qualitative research methods are particularly relevant for studying the lived, everyday realities of people in their contexts (Kvale, 1996). The wider and less-structured format of qualitative research approaches allows for the participants' narratives to lead the research process and this fit the exploratory nature of this study, as it provided an opportunity for the individual 'meanings' ascribed by interviewees to emerge. This was essential with regards to the meaning of coping, which was, for the most part, left up to the participants themselves to define.

Qualitative research interviews attempt to tap into the 'experiential world' of the participants and to gain an understanding of their 'meanings'. According to Kvale (1996) qualitative research interviews obtain subjective descriptions of the interviewee's world in terms of their interpretations of meaning. Knowledge evolves through the conversation between two people.

Thus, qualitative, in-depth, semi-structured, narrative interviews were conducted to explore the concept of coping from the perspectives of the 10 participants. The reason for this choice was that qualitative, semi-structured, narrative interviews would allow the interviewee more freedom to express her unique experience in its totality. Where a structured interview with set questions might have limited the study to previously decided-upon concepts in a certain manner of perceiving, to which meaning had already been prescribed, this form of interviewing allowed the participant to be involved in this

process. The majority of the researcher's questions emerged in the process as the interviewee's individual meanings become apparent. This style of data collection fit the exploratory nature and aims of the study.

The interviews consisted of a few open-ended questions to gain the participants' subjective narratives of their experience of coping with HIV. While most interviewer responses were designed to acknowledge and encourage the telling of participant narratives, certain themes were introduced during natural breaks in the interview by the interviewer, when necessary, to gain a fuller account of the experience – hence the term semi-structured interviews. The themes will be covered in more detail later in this chapter, however, it is important to note that attempts were made to gain an idea of each participant's history and current relationship network, due to the fact that in the case of HIV/AIDS in South Africa, as discussed above, context plays such an integral role in the experience, influencing further factors such as social stigma and in turn social support and access to resources, that any description attempted without taking context into account could lead to a more incomplete understanding. According to Kelly (1999) qualitative research is concerned with making sense of human experience from within the context of the participants themselves.

4.6. RECRUITING OF PARTICIPANTS

4.6.1. Coronation (Rahima Moosa) Hospital

The participants for this study were recruited from Coronation Hospital (officially renamed Rahima Moosa Hospital in February 2009), a women and children's hospital, in Johannesburg. This hospital is one of the Antiretroviral roll-out sites, thus there is access to HIV positive women.

At the time of data collection, the researcher worked in the Psychology Department of this hospital, which helped to facilitate the study. It ensured frequent access to the ARV

Clinic and sufficient time for the researcher to find possible participants. The relationships the researcher has with other staff members allowed for co-operation and referrals of possible participants from doctors, nurses, counsellors, other psychologists and dieticians working in the Clinic.

The nature and aims of the study were discussed with the Chief Executive Officer (CEO) of Coronation Hospital and verbal and written permission to conduct the study was granted. The nature and aims of the study were also discussed with the ARV Clinic Manager.

The Psychology Department runs open therapy groups every Wednesday morning for both adults and adolescents respectively in the ARV Clinic at the hospital. Nine of the ten participants in the study were found from the adult group, while the final participant was a nurse referred to the researcher by the Clinic Manager.

4.6.2. Selection criteria for participation in the study

Due to the exploratory nature of the study, there were very few inclusion and exclusion criteria. The first criterion was willingness. Only individuals who agreed to participate in the study were included. Verbal and written informed consent was gained. Further criteria were that the participants had to be black women in any stage (WHO HIV/AIDS Staging) of the illness, who are living positively with HIV. Women in any stage of HIV/AIDS were considered, as this might result in a broader understanding of the process of coping throughout the course of the illness. Living positively implies a sense of coping. Due to the fact that one of the assumptions of qualitative approaches to research is that the researcher starts from a place of 'not-knowing', the definition of coping, in as far as it influences inclusion criteria for the study, was left up to the participants themselves and the referring professionals.

One of the few exclusion criteria decided upon for the study was based on language. If the woman was not adequately able to speak either English or Afrikaans, she was not included in the study. The aim of this study was to gain an in-depth understanding of these women's experience and the medium through which this was to be achieved was language. An inability to express herself adequately in a language understood by the researcher would not have furthered the aims of the study. The use of a translator in order to accommodate women who could not speak English or Afrikaans was considered, however, it was decided that the use of a translator may hamper the rapport, the communication, and the understanding between between the researcher and the participant, which may have lead to less accurate representations of the participant's experience. The fact that this study represents only the experience of the English or Afrikaans speaking women who were interviewed needs to be borne in mind when reading the results and discussion.

Also, for ethical reasons, in order to avoid dual roles of therapist and researcher, patients being seen by the researcher in her capacity as a clinical psychologist at the hospital, were also excluded from participation in the study. Interviewing patients would interfere with the process of therapy and the fact that they are patients may interfere with the process of the interview in that, despite the fact an already established trusting relationship may have lead to more disclosure and richer information, this may have caused patients to feel exploited and would most likely have put pressure on the interviewer to take a therapeutic role during the interview.

The number of participants was determined by the number of interviews that it took to reach saturation – the point at which little new information was being gained from interviews and the research question was satisfactorily answered. Age was not considered to be a criterion for inclusion or exclusion and participants ranged in age from to 31 to 49.

Of 12 women referred to the researcher over the course of approximately one year, 11 were interviewed. The woman who was referred but not interviewed, cancelled her interview due to a death in her family, which subsequently led to her moving back to her family home in another province.

In the case of the woman who was referred and interviewed but whose interview was not used for the analysis, it was necessary for the researcher's discretion to be used in this regard. Upon discussion with the researcher's supervisor it was decided that the interview should not be used for the study as the interview revealed that the woman did not meet the inclusion criteria. As the interview progressed it became clear that the interviewee had some fairly serious unresolved conflict regarding her status and the loss of her partner. Personality pathology was present and she used the interview as a space to begin to access support for her distress and her concerns about her child. Her emotional reactions were contained and supportive therapy was arranged for her with another psychologist. A cognitive and emotional assessment was also arranged for her child in the psychology department at Rahima Moosa Hospital.

4.6.3. Definitions of coping

The researcher discussed with the staff of the ARV Clinic and the psychologists running the open therapy adult group the nature and aims of the study and requested that any woman whom they felt was 'coping' well was to be approached and asked if she would be willing to talk about her experience for the purposes of a research study on women with HIV who are 'coping'. If willing, the individual's name and contact number was then given to the researcher, who then contacted the participant with regards to participation in the study.

All the referral sources of possible participants (psychologists and nurses) were asked to give a brief opinion on why they thought the woman they had referred was 'coping' well.

When collated, these descriptions included:

- Women who communicated that they were coping
- Women who were able to participate in the psychotherapy group in a manner which showed them to be able to engage in emotionally congruent conversation around their experience of living with HIV
- Women who were able to be sensitive to the emotions of other group members, displaying empathy and insight
- Women who showed insight into their own struggles and emotional shifts over time in the group
- Women who were able to relate experiences of having overcome periods of emotional pain and hardship with regards to their diagnosis
- Women who displayed evidence of self-esteem
- Women who were able to disclose their status to someone in their lives and who related having supportive relationships

These descriptions were added to the descriptions of coping gained from the participants themselves during the interviews and were taken into account during the discussion of results.

4.7. THE DATA COLLECTION PROCESS

Qualitative researchers do not make clear-cut distinctions between the various phases of research, considering it more a process than a set of distinct procedures (Terre Blanche & Kelly, 1999). Thus, the phases are interrelated and data analysis began during data collection and influenced the data collection process, in that important themes brought up by the first few respondents were then added to the interview schedule. However, for the purposes of this chapter, each 'step' is described individually.

The data collection technique chosen for this study was qualitative, in-depth, semi-

structured interviews that were conducted with participants to explore their experience of living positively with HIV and dying of AIDS, due to the fact that this format allows for flexibility (Kerlinger, 1986). The interviews conducted conformed to the characteristics of a qualitative research interview as outlined by Briggs, 1986; Denzin, 1989; Douglas, 1985; Mishier, 1986; Spradley, 1979 (in Neuman, 1997):

- the beginning and end of the interview are not clear
- the questions and the order in which they are asked are tailored to the participant and the situation
- the interviewer shows interest in responses and encourages elaboration
- it is like a friendly conversational exchange, but with slightly more direction from the interviewer
- it is interspersed with jokes, asides, stories, diversions and anecdotes, which are recorded
- open-ended questions are used and probes are frequent
- the interviewer and participant jointly control the pace and direction of the interview
- the social context of the interview is noted and seen as important for interpreting the meaning of responses
- the interviewer adjusts to the participant's norms and language usage

It should be noted though, that although the interviews conformed to the above characteristics of a semi-structured interview, they were conducted with Hollway's (2001) qualitative data collection technique in mind. Hence, although they were semi-structured, the interviews also took on the characteristics of a narrative interview, which is an interview that attempts to elicit interviewee's stories told from their personal, subjective experience. During the interview, participants were encouraged to follow their own structure and their stories were thus told with minimal interruption from the interviewer. Only when the participant finished a story and a natural break occurred did the interviewer introduce a new theme. The interviewer also followed the nuances of

emotion during the participant's narrative and at times, used this to inform her choices as to where to explore further (Rohleder & Gibson, 2006).

Interviews were held at the hospital in the researcher's office for the purposes of privacy, on days that the participants were attending the hospital for other reasons, in order to cause the least amount of inconvenience for the interviewees. The nature and aims of the study as well as the method to be used were explained verbally to each interviewee by the researcher and a written copy of their rights with regard to their participation in the study was provided. The researcher's telephone number was also provided should any questions or discussion after the interview be required. Confidentiality was assured and then written consent was gained from each participant for the interview to be conducted and to be recorded on audiotape and for the information to be used for the purposes of this study.

In order to develop rapport the researcher engaged in some informal discussion with each interviewee before the interview proper was begun. During this discussion, contextually important biographical information was gained and the interviewees had an opportunity to ask any questions and discuss any concerns they had. This helped to put interviewees at ease and aided in gaining richer information.

The duration of each of the interviews depended on the interviewee, with the shortest interview taking 40 minutes and the longest lasting 1 hour and 40 minutes.

Open-ended questions were used as they allow the participant to lead the discussion and "expand on their answers, to express feelings, motives or behaviours quite spontaneously" (Rosenthal & Rosnow, 1991, p. 179). Certain questions were asked to all participants along various broad themes relevant to the topic, but some ad hoc questioning at the interviewer's discretion was also used to explore various answers or 'meanings' more fully.

An interview schedule consisting of a few relevant themes to be covered during the interview was decided upon beforehand (Terre Blanche & Kelly, 1999). The themes around which questions were asked were decided upon before the interviews based on the researcher's reading and clinical experience and were designed to elicit as much contextual information as possible in order to facilitate a wider understanding of the participants' experiences. It was felt that due to the researcher's five years of experience working with HIV positive women, both individually and in groups, that focus groups would not be necessary in order to establish an initial awareness of issues salient to this population. In line with a qualitative approach, the data analysis process began after the first interview and important themes that emerged in the first two interviews were added to the interview schedule. These included: the quality of their relationships before and after diagnosis, and any religious or traditional beliefs and the role of these after diagnosis.

The themes that were explored with all participants included:

- *Their sense of whether they were 'coping' or not with their HIV positive status and if they feel that they are coping, what this means for them.*
  This was included as a way to begin the interview and in order to explore the participants' opinions and experiences of coping. It was felt by the researcher that asking this question first would elicit spontaneous reactions particular to the participants' understandings of 'coping' that would not be coloured by other interview content.

- *Being tested: their thoughts and feelings upon diagnosis and how they felt that they coped at this time*
  The above theme was included next as a means of prompting each participant's telling of their narrative. It was felt by the researcher, drawing from clinical experience with HIV positive patients at the time of diagnosis, that the experience of 'coping' might differ from testing and diagnosis to later 'living with' HIV. It was felt by the researcher that asking each participant to share their story from the

beginning would elicit a more complete description of coping. The importance of eliciting participants' spontaneous narratives regarding a topic was read about in Wendy Hollway's (2001) article entitled "The psycho-social subject in 'evidence-based practice'".

- *What they feel gives them strength in their day to day lives*
Reading in the area of positive psychology, the article 'Salutogenesis: A new paradigm' by D.J.W. Strűmpfer (1990) prompted thoughts around coping as 'strength'. It was felt by the researcher to be an open-ended question that allowed the participants to discuss anything they felt assisted them to cope with their HIV-positive status. In retrospect, this question allowed the participants to bring issues as diverse as social support, motherhood, religion and helping others.

- *Their thoughts and feelings around disclosure and stigma*
An awareness of context is recommended when conducting qualitative research (Terre Blanche & Kelly, 1999). The South African literature around HIV/AIDS suggests that the experience of stigma and discrimination is intricately linked to the experience of living with HIV (Brown, Macintyre & Trujillo, 2003; Campbell, Foulis, Maimane & Sibiya, 2005; Fife & Wright, 2000; Herek, 1999; Macheke & Campbell, 1998; Shefer, Strebel, Wilson, Shabalala, Simbayi, Ratele, Potgieter & Andipatin, 2002). It was felt by the researcher that any exploration of the experience of living with HIV needed to include a space for discussion on any social stigma related to the illness that participants may have experienced.

- *Their thoughts and feelings about themselves as women and daughters and sisters and - possibly partners and mothers – before and after diagnosis*
The Rohleder and Gibson (2006) article entitled ''We are not fresh': HIV-positive women talk of their experience living with their 'spoiled identity'' suggests that a large part of the experience of living with HIV entails shifts in identity, hence the researcher felt that an exploration of the identity of the participants before and after diagnosis may elicit useful information with regards to coping with HIV/AIDS. Other articles that supported the link between living with HIV and shifts in identity were Anderson and

Doyle's (2004) article entitled 'Women from Africa living with HIV in London: a descriptive study' and the Koopman et al. (2000) article entitled: 'Relationship of perceived stress to coping, attachment and social support among HIV-positive persons'. other research suggested changes in this due to HIV-positive status – explore these changes in order to ascertain any links to coping – especially since the African self is intricately linked to the other

- *The quality of their relationships before and after diagnosis*
  This theme was added after the first two interviews had been done, as it became apparent in these interviews that the phenomenon of changing relationship quality may be a common experience among women who are coping with their HIV positive status.

- *Their thoughts and feelings around illness and dying*
  This theme was decided upon in order to elicit narratives around coping with the reality of physical illness and death that HIV entails. It was felt by the researcher, based on her clinical experience with patients who were living with HIV and/or dying of AIDS that confronting this final reality is an integral aspect of coping with the illness. Patients who indefinitely avoided thinking about this aspect of the illness often seemed to be utilizing a manic defense (Winnicott, 1935) and during therapy, the researcher found that it was most often these patients who struggled to make sense of their situations, find meaning in the experience, or come to a place of acceptance.

- *Their hopes and fears for their lives*
  The importance of future plans and goals with regards to coping was read about in the Ryan and Deci (2000) article entitled: 'Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being' and in the Cantor and Sanderson (1999) chapter entitled 'Life task participation and well-being: The importance of taking part in daily life'. Hence, it was felt by the researcher that an exploration of the participants' goals and plans or lack thereof could yield significant information as to how participants made sense of their HIV positive status.

- *Some exploration of their early and current relationships*

  Psychoanalytic theory places emphasis on early development with regards to the development of later personality structure and styles of interpersonal functioning. With this in mind and the emphasis that is placed on context within qualitative research i.e. Kelly's (1999) notion that in order to grasp human experience an understanding of the social, linguistic and historical features that underlie the experience is required, the researcher felt that a sense of the early development of the participants might yield a more holistic and contextually grounded understanding of how these women cope with their HIV positive diagnoses and how they came to be able to cope. The idea of resilience and its origins were read about in the Werner (1995) article entitled: 'Resilience in development' and in the Arehart –Treichel (2005) article entitled: 'Resilience shown in youth protects against adult stress'.

- *Any religious and/or traditional beliefs and the role of these after diagnosis*

  This was the other theme that emerged from the first few interviews that appeared to warrant further exploration. Although it came up spontaneously in the first few interviews, the researcher felt that additional encouragement was needed in order to explore the participants' experiences in this regard. The researcher felt that the reason for this may have been due to the fact that the researcher originates from a different cultural background to that of the participants and that a statement of curiosity from the researcher seemed to invite more discussion around these areas.

In order to facilitate the emergence of the participants' stories as fully as possible, ad hoc questions around sensitive issues such as sexuality and depression were asked where appropriate. In order to avoid, as far as possible, respondents becoming uncomfortable and avoiding the question or refusing to answer, they were warned prior to the interview that questions of a sensitive nature would be asked. Although at no stage were any respondents obliged or forced to answer any question they felt uncomfortable to answer, Kelly (1999) found that warning respondents in advance that the interview will require

them to talk about intimate details of their lives, leads to a favourable degree of directness and openness on their part. This was also found in this study.

At the end of each interview, participants were asked for any further comments or thoughts that they feel may be important. Once the interviewee had left, the researcher then made brief notes containing clinical impressions or any other information that the recording may not have captured, in order to preserve the context of the interview as far as possible for analysis purposes later in the research process.

All in all, 11 interviews were conducted over the course of one year, however one interview was not used for analysis purposes as it was found during the interview that the participant concerned did not fit the inclusion criteria of the study. The number of participants was determined by the number of interviews that it took to identify clear themes and to ensure that the research question was answered. Although it is impossible to gain a complete truth, according to Kelly (1999) theoretical saturation occurs when:

> …new information no longer challenges or adds to the emerging
> interpretive account; when no relevant new information emerges;
> when category development is dense and rich; when relations
> among categories are well-established and validated; and when
> there is a sense that the theoretical account is nearing a complete
> and adequate form (p. 381).

Using saturation as a guide to know when enough participants have been gained is also known as 'sampling to redundancy' as any new information gained becomes increasingly redundant (Kelly, 1999). In this study, after 10 interviews the recruiting of participants stopped as there was sufficient material to know more or less what issues were paramount (Kelly, 1999).

After the interview, the researcher queried the participants' experience of the interview and any problems or difficulties were addressed. Some interviewees expressed that it

was emotionally difficult for them to discuss these issues at length, but all experienced the interview as an overall positive experience. A few of the interviewees stated that they hoped their participation would assist others in the future and expressed appreciation for the researcher's interest in the subject.

The interviews were taped and later transcribed by the researcher. The benefit of the researcher transcribing the interviews was that it allowed the information to become familiar quicker. Also, subtle information contained in the interview, for example, the significance of a long pause, a sigh or quiet laugh, was not lost, as might have occurred if an independent person transcribed the information.

4.8. DATA ANALYSIS AND ESTABLISHING STABILITY AND CREDIBILITY

An interpretive thematic analysis was the method of analysis that was used to identify the significant cognitive, emotional and social factors that played a role in the experiences of the women participating. The analysis of information began after the first interview and entailed a number of identifiable steps, based on those identified by Kvale (1996). It is important to note though that these steps tended to overlap and thus were not necessarily carried out in this specific order. According to Kvale (1996) the steps of data analysis include:

- reading and re-reading the transcripts to familiarize oneself with the information
- identifying meaning units (words, phrases or paragraphs)
- grouping meaning units into categories according to similarities and differences establishing stability by repeating the grouping process after a period of time has lapsed
- establishing credibility by involving the participants in various stages of data collection and analysis to clarify their 'meanings'
- developing descriptions within the categories
- discussing the results

The aim of the analysis was to describe the understandings these women have of their own subjective experiences of coping and to provide an interpretation of these understandings, from a third person perspective, using a combination of established psychological theories. These theories, once attached to the findings in order to present an integrated explanation of the phenomena, allow for possible new ways of understanding or new intelligibilities (Gergen, in Kelly, 1999). With regards to using object relations theory as one of the theoretical approaches, it is understood that it is impossible to know a person's internal structure, especially from a once-off interview. Rather, it is understood that inferences will be made with regards to likely internal structures based on theory and the participants' reports of their childhoods and relationships with significant others.

According to Kelly (1999) good research encompasses both the orientations of 1) developing an understanding of subjective experience and 2) providing an interpretation of 1). One of the methods that can be used to achieve this is that of using the perceptual and cognitive processes of immersion, unpacking and associating (Kelly, 1999). These processes were used during the thematic analysis, when meaning units were decided upon, integrated into overarching categories or themes, compared and described. During this process, the researcher attempted to be true to the voices being researched, while acknowledging that the research questions asked in the study were not necessarily the same questions the participants were attempting to address within their contexts (Kelly, 1999).

Kvale (1996) states that in qualitative research, analysis and interpretation begin at the start of the research process and are not confined to the formal analysis stage of the process. Thus analysis was already occurring when the researcher began reading relevant literature, during the interviews themselves and during the process of transcribing the interviews. However, the formal analysis was conducted according to the seven steps outlined by Kvale (1996), although, as stated earlier, the steps tended to overlap.

Step 1: Orientation to the Interview Protocols

The interviews were each transcribed by the researcher herself as soon as possible after the interview itself and then read through. Each time a new interview was transcribed the others would be re-read. This enabled the researcher to become familiar with the material. The time between readings allowed for new ideas and ways of thinking about the material to emerge. This stage corresponds with Kelly's (1999) process of immersion.

Step 2: Meaning units

The identification of meaning units began after the first interview. Each interview was analyzed in detail i.e. read and re-read and initial meaning units were identified. These meaning units took the form of words, phrases or paragraphs that seemed to the researcher to capture an important aspect of the participant's experience. This step corresponds with Kelly's process of unpacking. According to Krippendorf (1980) the units themselves and their meanings are not absolute as they emerge in the interaction between reality and the observer. These meaning units took the form of various emotions, perceptions, relationships and situations described by participants.

Step 3: Developing Experiential Categories

In this stage the meaning units were grouped into categories or themes according to similarities and differences. According to Aronson (1994): "All of the talk that fits under the specific pattern is identified and placed with the corresponding pattern" (p. 2). This stage corresponds with Kelly's (1999) process of associating. Defining each theme or category aided in deciding whether a meaning unit belonged in the category or not. The experiential categories that were common to most protocols were used and were eventually then combined or grouped together to form a set of broader categories or themes. Themes are identified by "bringing together components or fragments of ideas or experiences, which often are meaningless when viewed alone" (Leininger, 1985, p.

60). Although the uniqueness of each participant's experience is acknowledged, there were shared experiences that formed themes that ran through most protocols. According to Aronson (1994) themes that emerge from the interviewees' stories are then pieced together to form a comprehensive picture of their collective experience. This grouping of sub-themes into a few overarching themes through a meta-analysis of the sub-themes was regarded as the beginnings of interpretation of the data. Examples of these overarching themes are 'coping as a process of disconnection and reconnection' and 'coping as loss'. The "coherence of ideas rests with the analyst who has rigorously studied how different ideas or components fit together in a meaningful way when linked together" (Leininger, 1985, p. 60). This stage is also referred to in qualitative research as induction, where concepts are inductively developed from the data and then raised to higher levels of abstraction where the inter-relationships between the concepts are ascertained (Kelle, in Punch, 1998).

Step 4: Establishing Stability

The concept of reliability in quantitative research has an equivalent in qualitative research that is known as stability. According to Stiles (1993) stability refers to the trustworthiness of observations and data. In this study, stability was established by repeating the grouping process described in Step Three of the data analysis process after a period of time had lapsed. In this way, there was a chance for important information that may have been overlooked or interpreted in a certain way to be seen or viewed differently. After the initial process of identifying meaning units and grouping them into categories, these categories were then grouped into broader categories. In order to ensure stability of the analysis, collaboration with colleagues who have qualitative research experience allowed for further analysis. At this stage the data was shared and themes were discussed with two colleagues in order to re-check sub-themes and themes and establish stability. Eventually, five sub-themes were decided upon, with one of these being further divided into seven sub-themes. An over-arching theme that accommodated all the other themes was then identified in a meta-analysis. These themes are discussed in Chapter six.

Step 5: Establishing Credibility

Internal validity is the term used in quantitative research to measure the extent to which a study studies what it set out to. Credibility is the term used for this in qualitative research and refers to the correspondence between the way in which the participants perceive certain issues and the way in which they are portrayed in the study (Mertens & McLaughlin, in Muir, 2000). According to Stiles (1993) credibility is the trustworthiness of interpretations or conclusions made from the data. Credibility is most often established by involving the participants in various stages of data collection and analysis to clarify their 'meanings' (Kvale, 1996). According to Aronson (1994):

> When gathering sub-themes to obtain a comprehensive view of the information, it is easy to see a pattern emerging. When patterns emerge it is best to obtain feedback from the informants about them. This can be done as the interview is taking place or by asking the informants to give feedback from the transcribed conversations (p. 2).

In this study the former method was used. When unsure about an interviewee's meanings around a certain topic, the researcher asked further questions and used the interviewees' feedback to clarify their 'meanings' as well as establish the next questions in the interview.

Credibility also encompasses the issue of reflexivity, which can be maintained by the researcher by acknowledging the preconceptions he/she brings into the project with them and by looking at the data and its interpretation for competing conclusions (Malterud, 2001). Reflexivity will be discussed in more detail in the following section.

Step 6: Developing Descriptions within the Categories

Although this process began formally at the write-up stage of the research, it had already informally begun with the development of definitions for the various categories of experience in step 3. However, once the categories were decided upon, the researcher went back to the original protocols repeatedly to ensure what was being described was still representative of what the interviewees had said. Quotes from the transcripts were used during the description stage in order to ensure that these descriptions were as close as possible to the participants' meanings. As well as illustrating the process of analysis, including quotes also allows the reader to form their own ideas regarding analysis and assess the author's understanding.

Step 7: Discussion of Results

In this study, the results are written up in three stages. In Chapter five the participants are introduced and a summary of their life stories is provided using quotes in order to present their experience in their own words. This situates the sample i.e. contextualizes the data and findings of the study. In Chapter six, the sub-themes and themes are described without attaching theory to them. Although some theory was used to provide definitions of the themes, the researcher felt that writing up the results first, before attaching theory would aid in keeping them as true to the interviewees' experiences as possible. Chapter seven then provides an integrated discussion of the results including relevant theory. This also then retrospectively aids in building a valid argument for choosing the themes. According to Aronson (1994):

> This is done by reading the related literature. By referring back to the literature, the interviewer gains information that allows him or herself to make inferences from the interview or therapy session. Once the themes have been collected and the literature has been studied, the researcher is ready to formulate theme statements to develop a story line. When the literature is

interwoven with the findings, the story that the interviewer constructs is one that stands with merit. A developed story line helps the reader to comprehend the process, understanding, and motivation of the interviewer (p. 3).

The process of attaching relevant theory to the data is also known as deduction in qualitative research. This is a necessary process as according to Kelle (1995) in Punch (1998): "theory generation involves theory verification as well" (p. 201). Thus, according to Kelle (in Punch, 1998): "qualitative data analysis is a series of alternating inductive and deductive steps, whereby data-driven inductive hypothesis generation is followed by deductive hypothesis examination, for the purpose of verification" (p. 201).

With regards to the generalizability of the study, the aim was not to find one truth or way of looking at coping in women with HIV/AIDS that can be applied to all, but rather to explore other possibilities and integrated viewpoints in the hopes of expanding current viewpoints and theories to encompass other perspectives. Generalizability is not an aim of qualitative research, hence the results of this study attempt to offer insights and understanding, rather than any broad conclusions to be applied to a wider population.

4.9. REFLEXIVITY

4.9.1. Introduction

The researcher's cultural background, gender and beliefs are considered as playing an important role in the context of this particular study, as qualitative research encourages self-reflexivity. According to Stiles (1993):

> By revealing rather than avoiding the investigator's orientation and personal involvement in the research and by evaluating interpretations according to their impact on readers, investigators

and participants, qualitative research shifts the goal of quality control from the objective truth of statements to understanding by people (p. 593).

This statement highlights the issue of reflexivity, which can be maintained by the researcher by acknowledging the preconceptions she brings into the project with her and by looking at the data and its interpretation for competing conclusions (Malterud, 2001). Hence, the next section includes a brief discussion of the researcher's personal, work and theoretical background and the influence that these may have had on the current study. For the purposes of this discussion, the researcher will refer to herself in the first person, however, in all other sections the researcher is referred to in the third person.

4.9.2. Reflections on the researcher's background in relation to the current study

I was the first born child to married parents and spent the first few years of my life in Rhodesia, which soon after my birth won its independence and became Zimbabwe. My parents moved to South Africa in 1982 and have lived here ever since. Despite having fairly liberal and open-minded parents, in the context of Rhodesia's colonial past and the war for independence, I was raised with mixed notions about the significance of race. As a child and even an adolescent, I had important attachment figures in my life who were black and who were respected as a part of the family, and who represented safety for me. My first friend was my parents' housekeepers' daughter and colour did not matter. Upon moving to South Africa, I was very young and the majority of my school years were spent in sheltered ignorance about racial tensions. My years in high school saw the integration of black and white learners and in 1994, I was 16 and the changes occurring in the country seemed natural to me. The struggle for African independence from rigid, Apartheid rule seemed to resonate with my own angry adolescent strivings for independence.

The move to South Africa was extremely difficult for my parents, both financially and

emotionally, and the birth of my sister in the same year and my mother's subsequent post-natal depression saw the development of a precocious emotional awareness and self-sufficiency in me. Much like the women in this study, I helped a lot with my younger sister and felt it important to support and please my parents.

After my Honours year at University I travelled overseas and worked, returning after two years to begin a degree in Clinical Psychology at the University of Pretoria. The psychological orientation of the course was a combination of systems, social constructionist and psychodynamic approaches. During my internship and later work experience, I found that I lean more toward a psychodynamic approach to understanding in the work that I do. The fact that I have been in a 5 and a half year psychodynamic therapy/analysis has also impacted my understanding and emphasized in my mind the importance of early experience and relationships in the development of emotional and interpersonal functioning. However, my tendency has always been to integrate different theoretical understandings and take a slightly meta-perspective on them, suspecting that at their core, the majority of psychological theories overlap and merely use different language to describe their understandings.

The interest and motivation for this study was borne out of my experiences during my community service year, when I worked in a small rural hospital and in the surrounding township's clinic. This area of the country had not had access to psychological services before and I became somewhat of a novelty at the township clinic. The township felt like a bit of a melting pot where 'loxion culcha' was seeing the difficult integration of traditional African belief systems with new Western influences. I was struck by the immense need of the community and by the ease with which my so-called Western psychology could be used by so-called rural, African people. I found that with an openness to culture and the role it plays in experience, with African culture new to me and Western culture new to my patients, we muddled along and had some important and meaningful experiences together. However, it has also been important for me to acknowledge the anxiety and guilt associated with being white with its connotations of the oppressor and the previously advantaged in the face of the poverty and majority black

rule in South Africa.

It was also in my community service year that I came face-to-face with the reality of HIV/AIDS. My experience of doing pre- and post-test HIV counselling and sitting with people as they received their HIV-positive diagnosis revealed the agonising emotional pain associated with this disease. I watched some of those people with whom I had done the pre- and post-test HIV counselling, wither away and die over the course of a few weeks or months, and bereavement counselling was an everyday task. I became very involved in training lay counsellors and in the institution of Prevention of Mother-to-Child Transmission campaigns. I also started the first HIV Support Group in the area and it was the fear that people experienced walking into the room for the first session, afraid of who they may see and if they will see anyone they know, that introduced to me to the stigma around HIV.

However, it was the strength and resilience that I witnessed in my individual and group therapy patients that year that inspired this study. Often I would be awe-struck at the ability to re-engage with life after so much loss that I saw in the patients whom I accompanied on their journey from diagnosis to acceptance. The bravery and honesty of many of those patients will stay with me forever.

The next year I was offered a Head of Department job at the only government Mother and Child hospital. My years in this post entailed a vertical learning curve and a reinforcing in my mind of the importance of early relationships, which highlighted for me the importance of supporting HIV-positive women and mothers. While the clinical nature of the work has tended to reinforce a clinical and, at times, pathology focused way of thinking in me, the fact that the department is also an intern training facility has encouraged theoretical growth and constant reflection on the work I do. My own therapy has also promoted constant self-reflection. My recent move to work at a University has helped to refine my thinking around this project, as well as provided valuable impetus to complete it.

The journey of writing this PhD has also evolved my understandings of these women's experiences and to an extent the journey has reflected my own process. I think that a part of my initial motivation to integrate positive psychology with object relations theory was linked to my feeling that object relations was too pathology focused. However, I have realized that this feeling was in part due to my own struggles with dependency in therapy at that stage. I experienced my therapist's challenges to my self-sufficiency as difficult, feeling trapped between fear of dependency and subsequent loss and a sense that my overdeveloped self-sufficiency meant I was pathological or 'not good enough'. In essence, object relations theory and my therapist had to hold some of my own critical nature for a while.

I have experienced a variety of losses due to death in my life, from family to friends to intimate partners and the fact this study had two supervisors is also significant. The death of my initial supervisor, given the themes of death and loss in this study, seemed bitterly ironic at first and then sadly poignant. While his death was difficult for me to process, the experience allowed me to appreciate the importance of holding onto the value of his contributions as well as mourning all that was lost. My second supervisor has brought a different perspective and a questioning that has refined the study and kept it grounded.

According to Trevarthan (in Krause, 1998) the way we think and feel about families and our family attachments can appear to us to be inevitable and the only way they could be, which is not surprising considering that from infancy these attachments have been the mediation of experience for us. It is obvious that these attachments lie within a certain historical context, however, this and the fact that they are not the only natural way to be may not be that evident to us. According to Krause (1998) this is merely one of the risks related to studying aspects within a culture different to our own, however, the fact that so much of the work in the government health sector is with people from cultures different to my own, I feel I have developed a curiosity and openness to cultural difference that treats culture as integral to understanding the inner world of a patient. This and the fact that my own therapy process has caused me to reflect upon and question my own cultural

influences, has led me to believe that people are all unique and yet similar, and that although someone may be from a certain culture, this by no means fully determines their outlook or approach to life.

In fact, according to Krause (1998) an advantage to studying a phenomenon in a culture different to our own is that we may be more sensitive to certain behaviours, actions or meanings that may be overlooked by someone from within the culture. In early forms of anthropology, researchers were often encouraged to rather study cultures very dissimilar to their own to avoid confusion and the polluting of one culture with another (Krause, 1998), however, the postmodern emphasis on the inability to be completely objective has discredited this notion and suggested rather a heightened awareness of our own viewpoints and the influence this may have on the process and findings of research.

Krause (1998) argues from different points of view that a preoccupation about language as meaning and symbol does not help cross-culturally practicing therapists to understand clients with different cultural backgrounds. Krause (1998) states that:

>…responsible cross-cultural therapy must start with the therapist reflecting about herself. Such reflection ought to include not only an assessment of past and present intimate relationships but also an understanding of the wider socially constructed relationships and practices in which she participates (p. 6).

The choice of psychodynamic theory in this study echoes this sentiment with psychodynamic theory encouraging self-reflection. Although self-reflection has been around since the birth of psychoanalysis, with analysts engaging in self-analysis, the post modern notion of the impossibility of objectivity can be seen to have been integrated into the more modern psychodynamic approaches. According to Waddell (2002):

>These changing theoretical emphases are reflected in the

psychoanalytic method. Analysts and therapists have become
not so much detached experts as involved participants, reflecting
on their own conscious and unconscious responses which then
constitute less of an interference (as Freud would have believed)
than an indispensable part of the working method (p. xix).

So, while the fact that I am the oldest child in my family and that the role I took in my
family with their unique experiences and circumstances was one of being overly
responsible, self-sufficient and care-taking, I feel the fact that similar experiences were
found in the women in the study was not due to my imposing my story on theirs, but
rather a 'synchronous' (Jung, 1933) occurrence. Perhaps my story and the resonance I
felt with these kinds of women was what prompted my interest in their experience.

What did strike me as being culturally different between the participants and myself, was
the tendency of the participants to describe most of their feelings and experiences of
coping within relationship to others. While this is found in Western culture too, the
degree to which one's self and experience relates to others is less marked than in African
culture. So, where I would tend to describe coping as an internal experience, the data that
emerged from the study describes coping as an experience mediated through relationships
with others.

While this led to me thinking about how much of my experience, conscious and
unconscious, could be described as being mediated through others, I also found that while
the participants tended to describe their experience of coping in relation to others, some
individualistic notions did emerge, which may be as a result of increasing Westernization
and urbanization, or perhaps, have always been a function of the culture, merely less
emphasized. A re-reading of the transcripts was done in order to ascertain whether these
more 'individualistic' notions that emerged from the participants' stories were prompted
by my style of interviewing or were brought by the participants themselves. The re-
reading suggested, however, that this theme was brought by the participants themselves.

4.9.3. Conclusion

As my internal world has shifted, so have my understandings of the various theories and I think my own process of taking back some of my projections through therapy, has allowed me to think more clearly about the theories in relation to the participants' experiences. While I think I have tried as far as possible to think about the influence my experience has had on my understandings in this research throughout the various stages, I think it is impossible for my experiences not to colour my interpretations.

The fact that my experiences resonate at times with the experiences of many of the participants leads to the age old debate – which is whether having had a similar experience hinders or helps understanding of the other's experience? Did my perspective lead me to pick out certain themes over others? Did my perspective lead to me to understand certain of these women's experiences in certain ways over others? Did my theoretical choices influence the findings of the study?

The answer to these questions is yes, of course. However, in research, as in the process of doing therapy, I feel that as long as I am able to keep thinking and reflecting on what belongs to me, what belongs to the other and what belongs to both of us, I feel I am able to write a meaningful, integrated account of these women's and my understandings of their experiences, as reflected through psychodynamic, psychoanalytic and positive psychology approaches. So, while my integration may be just one of many understandings and is not intended for generalization to all HIV-positive, African women, I feel it is an understanding that captures the experience of these particular women and an understanding that speaks to the collective, unconscious stories in us all.

4.10. ETHICAL CONSIDERATIONS

Firstly, permission to recruit participants from the HIV specialist clinic was gained from the Chief Executive Officer of the hospital.

The second and most important ethical consideration in this study was that of ensuring the participants' rights to confidentiality. Disclosure of an HIV positive status is a sensitive issue, thus to allow participants peace of mind, names have been protected and identifying particulars were available to the researcher only and were excluded from the final document.

Thirdly the participants' right to informed consent was respected in that a detailed consent form accompanied by a verbal explanation was used to gain informed consent from potential participants. All participants were informed of how their confidentiality was to be ensured by the researcher, the aims of the study and the possible advantages and disadvantages to participating. Participants were encouraged to ask any questions they might have around the interview and research process, in order for any areas of doubt to be clarified. Participants were also informed as to how their interviews were to be used and how the final information is to be used.

Participants were given contact numbers for the researcher so that, in the event that any doubts arose around their participation, they could reconsider participation in the study at any time.

A specific ethical consideration with regard to conducting in-depth interviews on a topic that is sensitive and personal in nature, is that, according to Kelly (1999), even though informed consent was gained, sometimes:

> …the interview takes on a life of its own, and becomes almost like a psychotherapy session where the respondent discloses thoughts and feelings that she or he may not have previously admitted to having, even to her- or himself. In such

circumstances, the interviewer may feel that the exercise has been extremely successful, but the interviewee may walk away with a bad feeling, perhaps that they had been intruded upon, or had something taken away from them (p. 387).

To avoid these sorts of problems Kelly (1999) recommends that the interviewer ensures at all times, that the respondent is comfortable with the level of exploration and discussion. The researcher attempted to achieve this by checking on how the interviewee was feeling after a particularly emotionally intense subject had been discussed and by allowing the participant control of the interview through allowing them to refuse to answer certain questions or terminate the interview if necessary. These conditions were explained to all participants before the interview was conducted, however, at no time during any of the interviews did any of the participants refuse to answer a question or ask to discontinue the interview. The researcher's discretion was used around how much further to probe into any answers and during the interviews, the researcher found that participants regulated the 'level of intrusion' themselves, through the depth of answer that they were willing to give. Participants tended to repeat their previous answer if unwilling or unable to give any further insight into their experience of a certain event or time, and the researcher took this as a cue to move to a new area of discussion.

Another way that this study aimed to minimize negative experience for the interviewee, was that access to follow-up counseling with an independent therapist or counselor was offered, if at any time after the interview the interviewee felt that she may need it.

Lastly, as participants were assured that only the researcher and her supervisor would have access to the full transcriptions, and that identifying details would be removed from these, in order to avoid breaking confidentiality and also due to the length of the interview transcriptions, copies of the transcriptions are not provided. Using excerpts from the interviews is considered less exposing and was felt to effectively demonstrate these women's experiences and the themes that arose from these. Participants were

informed that the recordings would be kept locked in the researcher's home office and that they would be destroyed upon completion of the study.

4.11. CONCLUSION

This chapter provided a detailed explanation of the research method chosen for this study, the motivation for this and the theoretical approach within which this research method is embedded. The steps of analysis were also described at length. The following chapter presents the participants and their abbreviated stories.