CHAPTER SEVEN

DISCUSSION OF RESULTS

I stand
And suddenly understand
That you, Deep Night,
Surround me and play with me,
And I am stunned…

Your breath comes over me.
And from a vast, distant solemnity
Your smile enters me.

Rainer Maria Rilke – The Vast Night

7.1. INTRODUCTION

The previous chapter outlined the main themes that emerged from the participants' description of their experience of coping with HIV/AIDS. These included coping with a variety of kinds of loss, coping with changes in relationships, moving through fear of stigma, being able to talk about their status and accept support, being self-sufficient and being able to maintain a caretaker role and being able to find meaning in their status.

Anderson and Doyle (2004) conducted a study to ascertain the lived experience of HIV-positive African women living in the UK. Their study found that the majority of women reported a change in identity after receiving their HIV diagnosis. This included a sense of being a different person or of feeling dead and alive at the same time. This theme was also found in this study with many of the participants describing feelings of being disconnected from themselves and feelings of ambivalence about being alive and about dying.

Anderson and Doyle's (2004) study also found a theme of protection. Most of the women in their study reported feeling the need to protect themselves and their loved ones from physical and emotional harm. This was often achieved through the creation of more secluded lives and the avoidance of intimate relationships. The themes of disconnecting from others and taking on a care-taking role was also found in this study.

Lastly, Anderson and Doyle's (2004) study found that some women described how living with HIV and its associated problems had given them additional insight. Many described feeling 'closer to God', 'more courageous', 'more mature', and more grateful for what was 'precious'. Again, the current study also found these themes of re-connection in relationship in ways that seemed more meaningful.

Mayers, Naples and Nilsen (2005) conducted a study into feelings of loneliness experienced by HIV-positive mothers receiving public assistance in Canada and found that the mothers struggled with a variety of issues including "guilt, responsibility and

choice, helplessness and control, death anxiety, loneliness and isolation, and meaning and authenticity" (p. 93). Mayer et al. (2005) stated:

> With respect to psychological coping strategies, our findings indicated that despite the added burdens of poverty and a stigmatizing disease, these women were able to turn their health crisis into a growth-producing and meaning-giving experience. More specifically, their children came to serve as a crucial meaning-giving force in their lives, a force that motivated them to forge ahead and meet with courage the existential challenges they faced (p. 93).

While it is useful to find corroborating research conducted amongst different populations of women living in different circumstances, this study aims to deepen the understanding of these findings by linking them to existing theoretical conceptualizations of the themes found in the participants' experience.

This chapter presents a discussion of the findings from the previous chapter in light of relevant literature and theory in order to provide a theoretically integrated and culturally appropriate understanding of the participants' experience of coping and living positively with HIV/AIDS. The interplay between disconnection and reconnection seems to be the central thread that runs through these women's processes of coping and will be the focus of this theoretical discussion. While disconnection and reconnection can be viewed as a reaction to loss and inevitable aspects of the mourning process, they can also be viewed as a process of separation and a reunion or reintegration with the self and others. Hence, this theoretical discussion aims to show how, for these women, coping with an HIV-diagnosis entails further individuation and how this individuation can be seen as a process of mourning.

7.2. THRIVING IS SURVIVING THE HERO'S JOURNEY: HIV/AIDS AS A CATALYST TO FURTHER INDIVIDUATION

7.2.1. Introduction: The Hero's Journey

According to Allport (in Jordaan & Jordaan, 1985): "Man finds himself 'thrown' into an incomprehensible world…He lives in a whirlpool of instability, aloneness, suffering, and is haunted by the ultimate spectre of death and nothingness. He would like to escape from the burden of anxiety, but he would also like to know its meaning" (p. 769). The Hero's Journey (Campbell, 1972) is the quest for this meaning. Often in mythology the metaphor of the cripple is used to symbolically represent those in a state of psychological crisis. Often broken in spirit, they are unable to function in their usual ways. However, paradoxically, the suffering associated with being crippled, blind or otherwise disabled in mythology is also associated with the gaining of wisdom. This process "…in the language of the mystics…is called the dark night of the soul" (Sharp, 1998, p. 110) and these people are often regarded as heroes who have conquered some insurmountable suffering (Sharp, 1998). Wallace (in Lukoff, 1985) reports that the theme of the journey is often interpreted as a symbol for inner development.

Campbell (1972) studied the patterns of themes in mythology across time and stories within cultures and he identified three common stages within the 'Hero's Journey': Separation, Initiation and Return.

The experience of coping with an HIV positive diagnosis, and the implications of this, as described by the participants in this study can be likened to the stages in Campbell's (1972) Hero's Journey. The stage of Separation can be understood in terms of the time after being diagnosed as HIV-positive. It is a time of separation or disconnection, in which she begins to move from the world she knows to the unfamiliar or unknown; a time of Initiation or working through, which is where she enters the unknown and meets demons and dragons and must survive a series of tests; and then after having survived this ordeal she must now return to the world that she previously knew with new qualities

in order to set things right, which is a time of reconnection or return to participation in life (Lukoff, 1985).

In other words, the journey entails the overcoming of a physical and emotional struggle and the subsequent integration of the new information gained from it into their previous understandings of themselves, others and the world. It is important to note that the disconnection and reconnection or Separation and Return described in this study are not necessarily a physical experience but seem to be a predominantly psychological experience.

The 'Hero's Journey' (Campbell, 1972) can been likened to both Winnicott (1965) and Jung's (1933) concepts of individuation. Although Winnicott (1965) wrote about the very first individuation between mother and child, certain elements of his theory can be seen to relate to the experiences of these women. Both Jung and Winnicott's theories speak about vital separations which allow space for the development of a self. This chapter aims to show that individuation, which is a move from dependence to a place of greater independence and responsibility relates to these women's experience, in that their HIV-positive diagnosis causes separation and a re-evaluation of their sense of self, their relationships with others, including God, and their relationship to life itself.

While Winnicott's (1960b) theory focuses on the development of self in infancy, Jung's (1971) theory focuses on the search for the Self in adulthood, which incorporates all aspects of the personality and which is connected to God, others and all that is. According to Jung (1933) this search is usually reserved for the second half of life, however, an HIV positive diagnosis seems to disrupt the natural order of Jung's (1933) stages of adult development. Upon the discovery of their HIV-positive status, the participants of the study are called upon prematurely to face losses and their own mortality, which are normally associated with aging. "The patient is in the process of losing everything and everybody he loves" (Kubler-Ross, 1970, p. 77). The participants are propelled by their positive diagnosis into the stage of development reserved for the old. According to Sharp (1998) sometimes something deep inside demands that the

journey is lived out. Nature has ordained it and the cripple is offered the opportunity to become the hero. Writing on Jung's concept of individuation, Fordham (1953) states:

> But there are some who are forced to take full account of the unconscious, who must find a way to know it and accept its life side by side with that of consciousness, who must in fact integrate it in such a way that their personality is whole. For, paradoxically, the Self is not only the centre, but represents the whole man; making a unity out of the contradictions of his nature, all that is felt to be good, and all that is felt to be bad; maleness and femaleness, the four functions of thinking, feeling, sensation and intuition; the conscious and the unconscious" (p. 64.)…"Individuation is not usually the aim or an ideal for the very young, but rather for the mature person or for those who have been impelled by a serious illness, a neurosis, or some unusual experience to leave the ordinary safe paths and look for a new way of living (p. 78).

The crisis of being HIV-positive threatens these women's sense of safety internally and externally and demands that these women confront a variety of painful emotions and integrate these new experiences into their views of themselves, their relationships and their outlook on life in order to keep on living.

As discussed in the integration section of the previous chapter, coping seems to be a process which involves a series of disconnections and reconnections in the participants' lives. These disconnections and reconnections relate to the self and identity of these women, their relationships with others, their relationships with God, and their relationships to life itself.

The following discussion integrates Campbell's (1972) Hero's Journey with Jung's (1933) individuation process and Kubler-Ross' (1970) stages of grieving. Where relevant, theoretical constructs from various object relation's theorists and positive

psychology are also used. It is important to note that, much like Kubler-Ross' (1970) stages of grief, Jung's (1933) individuation process does not necessarily follow an exact set of steps and that each person's experience is unique. As mentioned previously, these theories are not usually integrated and may initially seem to be uneasy bed-fellows, however, they do all have in common the idea of moving from a state of distress or unintergration into a place of calm, acceptance or greater integration. Positive psychology describes a number of important and relevant concepts with regards to coping, however, does not manage to capture the process of coping, the 'how', or the journey entailed to get there. According to Goggin et al., (2001), in their study into HIV positive women's perceptions of the positive and negative aspects of living with HIV:

> Overall, it is striking that even in the face of a stigmatizing physical illness and moderate distress, the women in our sample were able to identify a variety of positive events that had taken place since their diagnosis. However, there were two women who were unable to identify anything positive. Why some women are able to adapt to being HIV positive and find positive meaning in the experience and others are not able is an important question, which should be the focus of future research" (p. 87).

Hence, an integration of theories is used to attempt to capture the full process that these women describe. From the meta-perspective required for such an integration, the process of coping can be seen to be a dynamic, conflicted, yet hopeful process.

7.2.2. Separation: Shock, isolation and denial

The experience of the Hero's Journey usually entails feelings of despair, loneliness and a desire to escape or hide (Sharp, 1998). The participants explain that the first discovery of their status was an extremely emotionally painful experience, filled with shock, anger, sadness and despair. There is a sense of helplessness and confusion and a description of

not knowing what to feel, think, or do. According to Kubler-Ross (1970) initial denial is evident in the first stages in almost all individuals who are informed that they have a terminal or incurable illness.

The data from this study revealed a suggestion of an initial 'paralysis' and of needing time to process the diagnosis and feelings first, before moving into any form of action. Denial can be viewed as an avoidant coping style and according to Folkman and Lazarus (1988) avoidance occurs when people try to avoid the problem and the associated emotion altogether. However, according to Kubler-Ross (1970) denial is useful and adaptive as it acts as a buffer after shock and it allows the individual time to mobilize other, less extreme defenses.

Denial as a defense mechanism is described as being one of the earliest, most primitive forms of psychological defense and is related to the primitive defense of splitting (Klein, 1946). Splitting is reported to be an innate tendency developed through evolution, where a person's ability to differentiate between good and bad quickly allows for the making of a survival promoting decision (Kaplan & Sadock, 1998). Bion (in Waddell, 2002) saw the primary conflict of life as being the predicament of experiencing both the desire to know and understand the truth about one's own experience, and experiencing fear and a resulting aversion to that knowing and understanding. Hence, the initial denial utilized by the participants seems to be a reaction to the aversion to 'knowing and understanding' due to the fact that the pain of fully 'knowing' their experience is too overwhelming at first.

In the lives of these women, their HIV-positive diagnosis represents an extremely painful, life-changing reality. Hence, their initial denial can be described as an unconscious avoidance of this pain and even as a temporary split from reality. While the HIV-positive diagnosis represents the first separation from life as it was before and heralds the beginning of the Hero's Journey, the denial that accompanies this separation at first, as well as being a defense, can be seen to contribute to the initial 'Separation', as it represents a disconnect from the participants' emotions and authentic experience. This

disconnect is then mirrored in the participants' experience of themselves, their relationships and their sense of being alive or belonging to the world of the living – and their investment in being alive.

Many of the participants described feeling disconnected from themselves. M's comment: "…it wasn't me walking…" demonstrates the extent to which this disconnect can occur. This sense of 'not being me' can be likened to Winnicott's (1965) description of the initial stages of infancy, where there is no ego and the anxiety that is experienced is felt to be a threat of annihilation. This is not a fear of death, but rather a fear of not existing at all. In other words, for many of these women, the self that they thought they were does not exist and they are suddenly unintegrated and extremely fearful.

Klein (1946) focused on these primitive anxieties and the development of defences against them, namely 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, when overwhelmed, primitive defences are used, such as splitting, which results in various of the individual's instinctual tensions being experienced as not a part of the self (Winnicott, 1965). It could be said that these women have temporarily regressed into a paranoid-schizoid position (Klein, 1946). This notion will be discussed in more depth later in this discussion.

However, Winnicott (1965) also appeared to view the development of a personal defence system as an integral part of the journey to independence. Winnicott (1965) explains that the formation of these particular defences presupposes a separateness of self and the beginnings of a structuring of the ego. In the case of these women, this would be viewed as the beginnings of a re-structuring of the ego.

There is also a disconnect or separation from others that occurs. The participants' descriptions reveal a strong sense of isolation, in that many of the women chose not to

tell their partners, friends or family members straight away, needing time to process their diagnosis and its implications first. Many of the women describe a time where they isolated themselves, withdrawing from their relationships. They speak about spending a great deal of time in their bedrooms, crying alone, and not sharing their worries with anyone else. This is clear in R's comment: "…and I feel scared…and it was hard to be alone…I don't know…how I coped…I don't know, really…because sometimes when I was alone I would just cry a lot…a lot". Many of the women described needing time alone to think, mourn and process the news before being able to tell anyone else.

This initial withdrawal from relationships is also associated with a withdrawal from life. Many of the participants describe a feeling of being disconnected from life. Being confronted with the knowledge that they have contracted an illness from which many people have died causes them to confront their own mortality and the inevitability of their own deaths. For a time this seems to disconnect them from life and even the wish to live, as can be seen in T's words: 'I was thinking maybe to give up on life'.

Thus, the initial HIV positive diagnosis signals the call to begin the 'Hero's Journey' and could be considered a Separation from all that was familiar and understood about themselves, their relationships and their view of life. The initial denial due to the enormity of the emotional experience can be considered a walling off of the inner experience of the self or a separation from aspects of their authentic experience of themselves. According to Horney (1952) alienating oneself by walling off inner experiences can exacerbate feelings of despair and hopelessness. Hence, the initial denial experienced by the participants can be seen to contribute to the initial feeling of disconnection or separation.

The fact that the participants come from a culture that is considered to be collective suggests that the self and relationships with others are inextricably linked. Hence, the disconnect from themselves and from others that the women describe are inter-related. In each story that was told about the process of discovering herself to be HIV positive and the process of not coping and then eventually coping after this, each women spoke about

the impact that the HIV positive diagnosis had on her identity and sense of self and the changes it brought about in her relationships. They described a great deal of internal conflict or distress and feelings of ambivalence. Hence, the disconnection or separation creates a space for change or 'generativity' (Schneider, 2003). In other words, the HIV-positive diagnosis creates a need for change in the way the women view themselves, their relationships and the meanings which they attribute. The diagnosis and its ensuing isolation appears to create a tension between the women's previous experience of their selves as being interconnected with others and their new sense of isolation and separateness. This tension that is set up between the 'self as individual' and the 'self as other' is described by Manganyi (1981):

> When the chips are down, individuals as well as nations become introverted like the text-book adolescent because they require an inner sense of direction. A preoccupation with identity during moments of crisis in a life history and in history are of significant diagnostic value. This introversion and preoccupation with distinctiveness is not in any way a spurious manifestation. It defines identity for us for it tells us forcefully that identity, as an attribute either of individuals or groups, thrives on exclusion. In the preceding statement we have come face to face with a paradox that is of unusual social significance. The individual whose identity is well-articulated must necessarily lose some of his appreciation of the value of others since his distinctiveness thrives on exclusion (p. 66).

Thus, it appears as if the HIV-positive diagnosis sets up a particular situation in which the value of others becomes temporarily secondary to the value of self. The need to confront one's own mortality seems suddenly to highlight an existential aloneness (Moustakas, 1996) in the world that causes an absorption with the self as individual. The isolation of the experience of receiving an HIV positive diagnosis may also be highlighted by the feeling of disconnection from others that fear of stigma and rejection creates.

Another aspect of the decision to not disclose their HIV-positive status to their parents or families and to separate themselves from their parents and families, is for fear of tainting the family with their shame. Carrying the secret of their illness alone, highlights for them their own "distinctiveness", which leads to the paradoxical situation described by Manganyi (1981) where the 'identity crisis' and ensuing self-reflection and sense of exclusion can lead to a better articulated identity or clearer sense of self. The inner preoccupation created by the sense of isolation appears to create a space for these women to more fully explore their inner worlds. Although painful, they are given the opportunity to confront and integrate aspects of themselves that were formerly denied or repressed.

According to Kaplan and Sadock (1998) identity problems are most often multifactorial and include feeling alienated from family members and experiencing a large amount of turmoil. Thus, the experience of feeling disconnected from themselves that the participants describe seems to be related to their former sense of self being forever changed by the HIV positive diagnosis. Their relationships and hence, who they are, has changed and this loss of who they formerly were leaves the participants with a lack of an integrated sense of self. A close link between this lack of an integrated identity and constant feelings of loneliness is documented by Moustakas (1996).

According to Kaplan and Sadock (1998) "Conflicts are experienced as irreconcilable aspects of the self that the [person] is unable to integrate into a coherent identity" (p. 1263). This statement highlights the role that splitting plays in the participants' fragmented sense of identities. By separating the negative and positive aspects of themselves they avoid the ambivalence associated with internal conflict, but leave themselves fragmented without an integrated, coherent sense of self.

However, splitting and denial are not always detrimental and Klein (1946) and Steiner (1990) both speak about healthy splitting that allows for temporary protection of the good object. By keeping aspects of the self separate, space is made for creative 'generativity', allowing new perspectives to surface in psychological experience (Schneider, 2003).

However, the aim is for these parts to be integrated eventually. According to Bion (1962) the process of integration toward experiencing oneself as a whole and separate person is never straight forward and tends to move in a backward-forward fashion. The goal is for a balance to be achieved between mature ambivalence and healthy but primitive splitting. These two then balance and preserve each other and 'wholeness' is prevented from becoming static. 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).

So, while the sense of disconnection and struggle with identity precipitated by an HIV-positive diagnosis that the participants' describe can be likened to the initial separation in Campbell's (1949) Hero's Journey or the initial stage of Jung's (1933) individuation process, the experience can be related to Kubler-Ross' (1970) first stage of grief, namely denial and isolation.

It is important to note that Jung's (1933) individuation is a process that can occur a number of times in an individual's life. While according to most psychodynamic literature, individuation is described most commonly as occurring initially in infancy, within the mother-child relationship (Winnicott, 1960b) and during late adolescence into adulthood, according to Jung (1933) individuation can occur throughout the life stages. According to Jung (1933) individuation entails an initial realization that the self is divided, and then a process of reintegration of the various parts towards a sense of wholeness. Hence, it can be described as a series of disconnections and reconnections. Although this quest for wholeness is usually reserved for the second half of life, the experience of receiving an HIV-positive diagnosis appears to shatter these women's previous conceptions of self and create a premature need for these women to reintegrate their sense of themselves.

Mudd (1990) suggests that Jung's persona, and its fraternal twin, the shadow, and Freud's constructed conscience, the superego, are all symbolic of the ego's struggle with the paradoxical nature of the self and the light and dark of life and death. Mudd (1990) suggests that the balance of the psyche, or Jung's transcendent function is based on the archetypal experience of living through the threat of physical death. Manganyi (1981) supports the notion that at its core the experience of the divided self is related to confrontation with our own mortality:

> …alienation as a contemporary reality is being recognized increasingly as a fundamental problem of human existence. This insight, in its psychological form at least, recognizes the profound divisions in the personality of modern man and takes the divided self as the starting point of any significant study of the human condition. The divided self is a product of the human condition. The divided self is a product of the human need for repression and in its most recent and radical formulation, this insight says that repression is in service of the ego and its terror at the prospect of death (p. 122).

Jung saw the individuation 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). The participants' description of a sense of disconnection from themselves, others and life after receiving their HIV positive diagnoses could be understood in terms of this statement as a sudden separation from their unconscious experience of life. This separation, according to Campbell (1972) in his 'Hero's Journey', is:

> the 'awakening' of the self no matter what the stage or grade of life, the call rings up the curtain, always on a mystery of transfiguration – a rite or moment, of spiritual passage, which

> when complete, amounts to a dying and a birth. The familiar life horizon has been outgrown; the old concepts, ideals and emotional patterns no longer fit; the time for the passing of a threshold is at hand (p. 51).

Thus, in terms of Campbell's (1972) 'Hero's Journey', the participants' need to confront death through the realization of their own mortality that an HIV-positive diagnosis entails, is represented by a crossing of the threshold and symbolizes facing all that is feared in order to live again.

7.2.3. Initiation: Anger, bargaining and depression

The next phase of the journey is Initiation, which is described by Campbell (1972) as follows:

> Once having traversed the threshold, the hero moves in a dream landscape of curiously fluid, ambiguous forms, where he must survive a succession of trials. This is a favourite phase of the myth-adventure. It has produced a world of literature of miraculous tests and ordeals. The hero is covertly aided by the advice, amulets, and secret agents of the supernatural helper whom he met before his entrance into this region (p. 97).

To achieve wholeness, the conscious decision to cross the threshold needs to be made (Johnson, 1997). This crossing of the threshold in the lives of these women can be seen to be the decision that is made to 'really know and understand' (Bion, 1959) their experience. Instead of remaining in denial, these women begin to confront the overwhelmingly painful feelings associated with their diagnosis. The coping styles of behavioral and mental disengagement (Carver et al, 1989) that were utilized in the earlier stages of coping are gradually given up and the women begin to confront their feelings.

As the initial shock and disbelief begin to pass, many of the women describe a time of ruminating over the diagnosis, a time when they "think too much". While much of this ruminating is filled with thoughts of fear around their own possible deaths, these thoughts seem to be accompanied by feelings of intense anxiety and anger towards partners and God for letting this happen to them. This time is also filled with emotions like regret and guilt towards children and partners. Hence, this stage of the Hero's Journey appears to be one where these women oscillate between the paranoid-schizoid and depressive positions (Klein, 1946), in a slow progression from a state of unintegration toward a more continuous experience in the depressive position.

It is important to note that Jung's (1933) process of individuation in adulthood starts during early adulthood, during which time the child is transformed into an adult through separation from their family as an independent person. This initial process involves finding a place for oneself in society and accepting some social role or collective identity. "This defensive, yet adaptive, role of the individual is called their persona" (Battista, 1979, p. 116). Jung (1933) uses the metaphor of morning and afternoon to describe the first and second stages of his individuation process, which he relegated to the early and late stages of adulthood respectively: "The significance of morning 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" (p. 112).

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. Through the stories of the women, it can be seen that they were already engaged in this stage of individuation. All of them had established roles for themselves as adults that involved work of some kind, roles as wives or partners, roles as mothers and roles relating to their families of origin. For many of them these roles within their families, according to cultural norms, involved care-taking. According to Jung (1933) there is then normally a gradual movement into the second stage of individuation, however, for these women, the movement into this

second stage of individuation tended to be rapid, due to the shock of their HIV-positive diagnosis.

In the second stage of individuation the process reverses. 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). This stage involves confronting one's persona or adaptation to life and becoming ready to give up one's protection and relate more as themselves. "When this confrontation is successful, these persons will feel more natural in their social functioning" (Battista, 1979, p. 117).

Writing about this stage of individuation from a Western perspective, Battista (1979) states: "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). He explains Jung's (1933) idea that the second stage of individuation entails the opposite of the first stage. While in the first stage the individual initially separates from family, establishing herself as separate and independent and rather connects to a larger framework of expectations, finding a role within society, the second stage involves a separating from society's views and an inward-turning that allows for connection with the self and with humanity as a whole, on a more collective level. However, when applying the notion that the second stage involves a reversal of the first stage to African culture, there are significant differences that need to be taken into consideration. Individuation from families does not seem to follow the same process in African culture, which suggests that for these women the first stage of Jung's (1933) individuation process, the establishment of a place for themselves in society, would involve them taking on a culturally prescribed care-taking role in their families, such as caring for parents, siblings and other extended family. Hence, for these women, the reversal of this in the second stage of individuation, seems to be an emphasis on separation and on themselves as separate. This idea will be explored throughout this discussion.

According to Kubler-Ross (1970) when denial ceases, it is replaced with anger, rage, envy and resentment. Once the initial shock of the diagnosis had worn off, many of the women interviewed reported a difficult time, where feelings of anger and shame were present. Kubler-Ross (1970) states that during the anger phase of mourning the individual's God is often a target of feelings of rage and many people feel that they have been unfairly treated and/or abandoned. Many of the women in this study reported these feelings towards God and while some reported praying for help with their feelings, others reported a time where they no longer went to church.

In many cases, the anger that these individuals feel is directly linked to their suffering and the perceived unfairness of their situations, however in some cases, it may be linked to previous unresolved anger and resentment from their lives (Kubler-Ross, 1970). The feelings of anger that the women reported feeling towards partners and other family members can be viewed within the context of Jung's individuation process as the beginnings of the confrontation with the persona. For many of these women, the HIV-positive diagnosis that they receive jolts them from their mostly 'unconscious experience of life' (Battista, 1979) and the anger and rage that they feel could be seen to be part of a process of re-negotiation of relationships, and the self in relation to these relationships. Moore (1992) states that anger as an emotion is useful in helping to define and redefine boundaries between ourselves and others. The anger that these women feel causes them to begin to re-evaluate their relationships and the roles that they play within these relationships. According to Winstead, Derlega, Barbee, Sachdev, Antle & Greene (2002) "individuals living with HIV, besides having many personal concerns…grapple with concerns about the state of their relationship with families of origin, children, friends and intimate partners" (p. 180). Many of the women in this study reported a new emphasis in their minds as to how much they give to others and how much they receive. Many reported feelings of anger at a perceived sense of unfairness in many of their relationships and a time of needing to re-evaluate their caretaker roles, due to the increased pressure they now felt to take care of themselves and their children. Hence, this questioning of their culturally prescribed roles can be viewed as a confrontation with their individual personas. In the study conducted by Koopman et al. (2000) that found a relationship

between attachment style and perceived levels of emotional distress in HIV positive people, it was stated that interventions aimed at assisting HIV positive people to examine their attachment styles could assist in alleviating levels of distress:

> For example, an HIV positive woman who realizes that she has a highly anxious attachment style may then be able to identify situations in which she is trying too hard to please other people in order to feel lovable. Such insights could help her experience less stress. Her stress could be alleviated due to realizing that she is investing unduly in relationships with rejecting or overly critical individuals who do not provide validation of her worth. She could also reduce her stress in interpersonal relationships by reinterpreting social distance more positively as providing opportunities to rely on her own sense of self-worth, rather than as a sign of rejection. Also, by becoming more selective about pursuing closeness to other persons, she may experience less stress as a result of avoiding situations in which other persons react negatively to her intrusive attempts to achieve and maintain undue closeness (Koopman et al., 2000, p. 670).

It appears that the women in this study, through confronting their feelings about themselves and their feelings about their relationships with others, begin to gain greater levels of awareness about their own attachment styles and begin to renegotiate their ideas about relationships, as suggested by Koopman et al. (2000).

However, it is also important to note that feelings of anger towards the self and others are also strongly correlated with feelings of shame. Lewis' (1987) model of shame relates shame to helplessness, anger at others, anger at self, feelings of inferiority and self-consciousness. The feelings of anger that many of the women report seems also to be the beginnings of their confrontation with their sense of shame around being HIV-positive. This confrontation seems to be an important step in the process of coping with HIV due

to the fact that studies have found that shame is also associated with a reduced sense of self-efficacy (Baldwin et al., 2006). These women's attempts to grapple with self-efficacy or a sense of regaining mastery and control over their lives can be seen in Kubler-Ross' (1970) next stage of mourning, namely bargaining.

Bargaining was evident in the stories of these women and while bargaining can be seen as an attempt to deny the reality of their HIV-positive status, it can also be viewed as an attempt to hang onto life, or in the case of these women, as the beginnings of the will to reconnect to and participate in life once again. The bargaining phase seems to be a part of these women's processes of re-negotiating their relationships with God and Life. According to Kubler-Ross (1970) bargaining usually involves a promise of 'good behaviour' in return for more time and is really an attempt to postpone. Many of the women reported praying to God to let them survive long enough to raise their children, which despite being an indication of one of the biggest worries for these women, could also be construed as striking a bargain with God: 'if you give me more time, I will be a devoted mother'. The fact that many of the women related their request to the welfare of their children suggests that this attempt to bargain may also be related to feelings of guilt that these women experience towards their children. According to Kubler-Ross (1970) it is important to understand that sometimes, underlying a bargain that is made is guilt or irrational fear.

Bargaining can also be viewed as an attempt by these women to re-negotiate their sense of control over their lives. Being given an HIV-positive diagnosis was described by many of the women as shocking, leaving them with a sense of helplessness and lack of control over their lives. The consequences of living with HIV, such as the loss of their previous sense of self and security in life, the loss of partners, children and other family members, the loss of financial stability and, in some cases, the loss of their own health also seemed to contribute to these women's sense that their lives were no longer under their control. According to Rabkin, Williams, Negebauer, Remien, & Goetz (1990) in their study on coping in HIV positive men, a sense of perceived control is associated with an improved quality of life. 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 and according to Ryan and Deci (2000) perceived control could even be considered to be an innate need. While this lack of perceived control may have contributed to these women's feelings of sadness, despair and depression, a part of the process of coping for many of these women was re-establishing a sense of control over their lives.

Rotter's (in Compton, 2005) idea of an internal versus an external locus of control is useful when considering the situation of these women and can be linked to the aspect of the Jungian individuation process which entails confronting one's shadow. Throughout the stories of these women, many of them seemed to take pride in their strength, in their ability to survive hardship, in their resourcefulness and in their ability to look after others and manage family situations. While we might speculate that this may have resulted from the stories of extreme hardship and deprivation that characterize many of the women's early childhoods, in which they were required defensively to become precociously responsible 'parental children', this pride in their strength implies a strongly internally located locus of control. This suggests that the shadow for many of these women is a sense of themselves as vulnerable, needy, dependent and having no control over what happens to them in their lives. The HIV-positive diagnosis seems to be the crisis that requires these women to confront the more vulnerable aspects of themselves.

For many of these women, the beginnings of the confrontation with their own vulnerability is prompted by physical illness. According to Manganyi (1981):

> The fear of death is experientially and symbolically tied up to the reality of the body. It is for this reason that the denial of death is first and foremost a denial of the body and through symbolic elaboration, man's body has come to stand for death and finitude. The 'curse', therefore is…man's creatureliness – man's body (p. 121).

The vulnerability of their bodies seems to leave many of the women no choice but to confront their HIV-positive status and the implications this has for their lives. Many of the women reported becoming ill as having been an extremely frightening experience, where they experienced a sense of having no control over what happens to them. This lack of control over their bodies seems to bring the issue of control, generally in their lives, into focus.

For these women, the tension between the opposing poles of strength and vulnerability in relation to control is difficult to manage. While maintaining an internal locus of control in relation to having contracted HIV resonates with these women's worldviews or internal structures and allows for a sense of predictability and security in their lives, it also entails self-blame, shame, guilt and a sense of being punished for having done something in order to deserve the HIV. In contrast, shifting to an external locus of control in relation to their HIV allows for the blame to be apportioned elsewhere, namely on a partner or God, however, this then entails confronting feelings of betrayal, abandonment and rejection in relation to the other.

This process, initially, is reminiscent of Klein's (1946) description of healthy splitting that is utilized to keep the good object safe. These women seem to oscillate between experiencing the 'badness within' in order to avoid having to attribute it to others and confront their subsequent feelings towards them, and then experiencing the 'badness without' through the projection of their rage and aggression onto others, resulting in a sense of a persecutory relationship. This is evident in the women's reports of feeling punished by God. C's comment: "…in the first I was not strong…I was crying all the time and I was asking God why he make my husband sick…" shows how her initial feelings were that of helplessness and a sense of being punished, but her later feelings: "…I give it all to God and now sometimes I am happy…sometimes you got the worry…but sometimes not…God he help me…in my life…the church first gives me hope…I am strong in the church" seem to reflect a sense of being cared for and a more balanced, integrated view.

Later in the process, having considered and experienced both an internal and external locus of control, these women manage to find a balance between them, negotiating the sense of vulnerability it leaves them feeling when they attribute negative events externally, and the sense of responsibility they feel when internal attributions are made. These seem to link to Winnicott's (1960b) notion of object relating, which is said to happen later in the holding stage between mother and infant, and Klein's (1946) description of the integration of good and bad in one whole object that is required to reach the depressive position. It appears as though these women, in the process of moving from a vulnerable, temporary paranoid-schizoid position, toward a more integrated depressive position employ normal splitting to ward off destructive impulses and perceived threats to their relationships, in order to preserve their relationships (or the good objects contained therein) and the gradually, as the ego strengthens, they become more able to tolerate ambivalence.

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, in Compton, 2005). 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). Hence, the feelings of guilt and regret that many of these women report, which appear to represent a more internal locus of control, may also be an indication of a shift towards the depressive position.

Rothbaum, Weisz and Snyder (in Compton, 2005) studied religious beliefs and found that a belief that God holds control over people's lives is a form of secondary control rather than an example of an external locus of control, which is why religious beliefs have been found to be associated with more positive outcomes. 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).

Thus, when considering C's comments on the previous page, the fact that these women are able to integrate their negative and positive feelings toward God allows them to have a relationship with a being whom they feel can protect and assist them.

Thompson, Nanni and Levine (1994) also found that in coping with HIV, it is especially important for people to distinguish between areas of their lives that are under their control and the areas that are not. Thompson et al. (1994) found that individuals who were able to distinguish between these areas and who felt that they could cope with the consequences of HIV, which represents consequence-related control, rather than feel they could control the HIV itself, which represents central control, had higher levels of psychological well-being. This ability to distinguish the limits of one's control represents an important acknowledgement of areas of vulnerability and a coming to terms with this.

As described above, these women's confrontation with the more vulnerable parts of themselves represents another crucial stage in the second stage of Jung's individuation process, which is the confronting of the shadow or rejected, unconscious aspects of the self. The process of confronting these aspects of the self which have been split off and rejected from consciousness is often facilitated by realizing that these aspects are often projected onto people or institutions around one. It could be viewed, in part, that the care-taking role that many of these women fulfill, is due to their projection of their own vulnerability, which they experience as unbearable, onto others whom they then perceive as weak and dependent and for whom they then care. The process of dealing with their

own HIV-positive status entails a confrontation with their own sense of vulnerability and their need for support and care. This confrontation then allows for an integration of this shadow aspect of themselves and a balancing of their roles as care-giver and care-receiver.

"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). This process is evident in many of the women's new-found emphasis on caring for themselves both physically and psychologically. Many of the women related stress to poor health and spoke about the need to look after themselves. In this way, they seemed to be able to legitimize and integrate their own vulnerability.

It is important to note though, that the process of individuation is seldom simple and that Jung (1933) regarded it as a life-long process, believing that the tension moving between various polarities or aspects of the self continues for as long as the individual exists. As mentioned previously, Jung considered a mature personality to be one that is in the process of development, not one that is in perfect balance (Mattoon, 1981). Hence, certain aspects of the self are integrated more easily than others and for these women, there will always exist certain aspects of their shadows that are not integrated. An example of this in many of the women is their sense of shame. For many of them it remains a painful part of their experience of themselves that they need to defend strongly against feeling. Defenses like splitting and projection are used by many of the participants in order to avoid fully experiencing their own sense of shame. As mentioned by Rohleder and Gibson (2006) the projection of difficult feelings associated with being HIV-positive are often projected into those people who do not yet know their status. This was also evident in this study, with some of the women commenting that when at the clinic, in order to defend against the shame that they feel while waiting in the "HIV" queue, a great deal of the conversation deals with those who shame them, namely those in the non-HIV queue. These people are spoken about in derogatory and devaluing ways, as

being people who are ignorant about HIV and people who are more at risk because they don't know their status. While this is clearly a projection of their own vulnerability and sense of shame, including the rejection that accompanies this shame, these women seem to regard those that don't know their status as 'not belonging' to the group that do know. This process can also be understood in terms of Lyubomirsky and Ross' (in Compton, 2005) studies on comparing the self to others, which showed that people who tend to use downward comparisons more often tend to be happier. However, while the need to defend against such unbearable feelings is understandable, the process highlights Jung's (1933) emphasis on the importance of heightening the awareness of the personal 'shadow' or darkness, as it can help people 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, the relevance of confronting the shadow becomes one that needs to happen on a societal level. Manganyi's (1981) views on stigma and discrimination also highlight the relationship between a split sense of self and 'othering' and oppression: "We need to recognize that oppression breeds insecurity and a dissipated sense of self-hood, and leaves psychological scars of varying degrees of chronicity" (p. 102).

According to Jung (1933) 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 (1933), the process of confronting the anima or animus is about discovering and integrating characteristics of the opposite sex that were formerly repressed" (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. While Jung (1933) described that the majority of men and women tend to be confronted with their anima or animus through the process of aging,

where bodily changes start to reflect a loss of masculinity or femininity, for the women in this study, the confrontation with their animus tended to happen in different ways.

It is important to note that Jung's (1933) concepts of anima and animus are thought to represent the collective cultural notions of masculinity and femininity, hence it is important to consider the African notion of animus within the cultural representations of masculinity, namely authority, dominance, control, provision and protection of family, and the right to speak out. These women's confrontation with their animus can be seen to be starting in many of the women's stories in the form of their shirking traditional female traits, such as submission. For many of the women, speaking out or being 'cheeky' was regarded as extremely important. Jung (1933) speaks about the confrontation with the animus as a transformation in that women become more masculine in their thinking and being in the world: "…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). The taking up of the traditionally masculine role of providing for and protecting their families is evident in many of the women. For some this is a choice and they are even able to relate how the HIV-positive diagnosis 'saved their lives' as it motivated them to stand on their own two feet and rely on themselves. For others, the taking up of this role is through necessity due to the loss of their spouse. However, as Jung (1933) states, it is often through the failure of the partner or husband to live up to the individual's expectations that prompts an awareness of the animus that the individual projected onto them.

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 a part of society, conforming to society's expectations, the second half involves individuating from these expectations and moving toward a paradoxically more separate sense of self that is connected to a larger sense of collective meaning. Jung (1933) felt that this 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). During the second stage of Jung's (1933) individuation process "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). Thus, in order to achieve a new integration of self, painful aspects of these women's experiences need to be confronted and felt and the losses that this entails need to be mourned. This process can be likened to an ongoing series of conscious voluntary psychological deaths (Mudd, 1990). Thus, the experience of 'going underground' that is associated with Initiation, the second stage of the 'Hero's Journey', could be likened to the confrontation with death, where the denial lessens and the internal conflict or confrontation with the persona and shadow is faced.

The beginnings of the final stage of Jung's individuation process can be seen in Kubler-Ross' (1970) stage of grieving, depression. According to Kubler-Ross (1970) when denial of the gravity of their situation is no longer possible, the numbness, anger and rage are eventually replaced by a sense of great loss. This loss may take many forms according to the circumstances of the individual's life and their illness, for example, many may mourn the loss of their beauty, their physical strength, their job, their ability to care for their children etc. This mourning could be viewed as the beginnings of the confrontation with Jung's (1933) concept of the Self. These women are confronted with the challenge of mourning and letting go of the self that was and embracing a new sense of self that holds new meaning.

Kubler-Ross (1970) writes about two distinct forms that this depression takes. The first is a reactive depression that involves past and recent losses that are normally accompanied by guilt and shame, and the second form of depression is more related to a

sense of sadness and acceptance. These two forms of depression can also be understood in terms of the paranoid-schizoid and depressive positions. According to Winnicott (1954) trauma and other life experiences can evoke a reworking of the depressive position (Winnicott, 1954) and this then influences how mourning is managed:

> 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 (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 these and other ways mourning is experienced, and worked through, and grief can be felt as such" (Winnicott, 1954, p. 275). Hence the working through of Kubler-Ross' (1970) depressive stage of mourning seems to facilitate the movement of these women towards the depressive position.

While the HIV-positive diagnosis seems to be the catalyst for many of these women to embark on this Hero's Journey, ill-health, lowered CD-4 counts and hospitalizations seem to mark this final confrontation with the ultimate separation. The role of the body in the confrontation with death is explained by Manganyi (1981):

> In considering the problem of man's alienation and the character of the 'divided self' (Laing, 1959), one needs to bring into prominence the extent to which man's body is an eternal problem

> to him…the body, by being an important axis of the existential dualism, creates tensions in the life of individuals. Self-consciousness incubates terror and dread, specifically in respect of a full recognition of the cynical reality of the human body. It is the body, together with the symbolic elaborations related to it which makes death such an immediate and excruciating human reality…the givenness of the individual's life involves the contradictory realities of the finitude of the body and the limitless horizons of self-consciousness and man's capacity for symbolization (p. 107).

The psychic 'death' experienced during the 'Hero's Journey', spoken of by Campbell (1972) is a theme explored by many theorists. Freud first spoke of it as the 'death instinct'. Since then it has been implicated in pathology as well as in the process of individuation, where its motivating role is vital. Jung (1912) touched on the fear of death as an interfering factor in the process of individuation stating that neurotic individuals who cannot leave their mothers have good reasons for not doing so and it is ultimately the fear of death that holds them there. However, it has also been considered an essential motivating factor in the individuation process. In Campbell's 'Hero's Journey', the protagonist must face the ultimate fear in order to transform. Mudd (1990) explains the process in which death is a transforming factor:

> Our commonplace, everyday anxieties concerning any form of risk, failure, need or limitation, all of which inhabit the darker reaches of the self, can be traced ultimately to the ego's most dreaded fantasy: its own extinction…Despite the ego's horror in the face of its own mortality, death has tremendous psychological utility. It is in reality the primary catalyst for individuation and offers us the opportunity to enter our own destinies by passing through the ego's illusions into the ineffable essence of human

> life… (p. 25).

This confrontation with death is a theme that runs throughout these women's Hero's Journeys. The confrontation begins with feelings of horror and shock, which seem to prompt a temporary regression into the paranoid-schizoid position. Splitting and projection are evident and Kubler-Ross (1970) writes about the fact that dying is almost always perceived as an attack from the outside of the self and that "…death in itself is associated with a bad act, a frightening happening, something that in itself calls for retribution and punishment" (p. 3). Many of the participants described thinking that they were going to die accompanied by intense feelings of fear soon after diagnosis. They also reported that their initial attempts to make meaning of this included a sense of being punished. There is a loneliness experienced in this initial stage of the confrontation with death that is described by Moustakas (1996) as loneliness anxiety, which is the loneliness of self-alienation and self-rejection. Moustakas (1996) considers this to be a vague and disturbing anxiety: "…in loneliness anxiety man is separated from himself as a feeling and knowing person" (p 24). Hence, this could be considered the loneliness associated with the paranoid-schizoid position.

Hence, throughout the course of life individuals experience separations and loss that in essence mirror the loss associated with their own eventual death. How these separations and losses are managed and integrated into a new sense of self could be said to be determined by the degree of resilience that the individual innately possesses. However, according to Folkman and Lazarus' (1988) concept of positive coping, how the separations and losses are managed throughout life could also be said to develop an individual's capacity to cope with further losses. Kubler-Ross' (1970) study on terminally ill patients supported this notion. She also found that how people managed their grief depended on how they had managed previous hardships in their lives:

> Since in our unconscious mind we are all immortal, it is almost inconceivable for us to acknowledge that we too have to face death. Depending very much on how a patient is told, how much

> time he has to acknowledge the inevitable happening, and how he has been prepared throughout his life to cope with stressful situations, he will gradually drop his denial and use less radical defense mechanisms (p. 37).

Hence, as can be seen in the above statement, as the Hero's Journey progresses, the need for the more primitive defenses of splitting, denial and projection gradually decreases. As the experience of loss is mourned and processed, integration occurs and there is a move towards the depressive position. This seems to be essential in order for the last stage of Jung's (1933) individuation process, the confrontation with the Self, to occur. 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 an individual begin to contemplate the true meaning of death and the separation that it entails. The loneliness experienced by the individual in this stage is considered to be existential loneliness, which is necessary for a person to become fully aware of himself as an isolated and solitary individual (Moustakas, 1996). Existential loneliness is considered to be an unavoidable and even valuable element of being human. 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.

Facing death or dying is essentially a process that is done alone. Despite support from others, the thought of one's own death is a frightening, lonely experience. Hence, a part of these women's process of truly confronting their own mortality is the ability to endure the feeling of being alone in the world. According to Winnicott (1958) the capacity to be alone is a highly sophisticated phenomenon of early life, which "is the foundation on which sophisticated aloneness is built" (p. 30). Winnicott (1958) states that the capacity to be alone is founded on a paradox, which is that the capacity to be alone develops in the presence of another. According to Winnicott (1958):

> 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).

Winnicott's (1958) concept of the capacity to be alone can be extrapolated and it can be said that only if there has been good-enough parenting can the capacity to be alone develop, and further, if there has been good enough parenting then it can be said that there exists a self that can fully understand death and who is ready to die.

As mentioned previously, in the literature review, Silverman (1999) regards grief as occurring within a relationship. Mudd (1990) echoes this sentiment stating: "It is human relationship which provides the sacred space within which we learn to die and which enables the transcendent function to evolve into operational psychological reality" (Mudd, 1990, p. 127). According to Mudd (1990) birth is the initial separation or first 'death' that we experience in human relationship. Battista (1979) writes that according to Jung the interplay between the mother's body and the infant's needs is "deepened and made more complex by the advent of birth and the physical separation of mother and child" (p. 115) and according to Jung (1933), when the initial stage of union between the mother and child is broken by birth the infant is forced to become gradually conscious of itself as separate.

Winnicott's (1960b) theory of early infant development explains in more detail Mudd's (1990) notion that birth and the subsequent initial realization of separation are the first 'death' that we experience in human relationship. According to Winnicott (1960b) when interruptions are experienced in the holding environment that the mother creates for the child, the child experiences interruptions in their developing 'continuity of being' which slowly allows for the infant to begin to see itself as separate from the other. As mentioned previously, the disconnects that the participants experience in their sense of

self and their relationships post diagnosis is reminiscent of Winnicott's (1960b) description of the initial separation between mother and child, where the child now has to begin to integrate a new and more separate sense of self, much like the participants in this study.

According to Winnicott (1960b) this is a crucial stage in the development from dependence to independence. "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, 1960b, p. 45). In the case of these women, they could be seen to be merged with a certain understanding of themselves, others and life and the separation we see is from this particular understanding. The HIV-positive diagnosis causes the separation and they are now faced with finding a new 'continuity of being' and re-integrating a new and more separate sense of self. According to Winnicott (1960b) this development is related to the phase of 'living with'. While the concept of 'living with' is easily evident in the relationship that these women have with the HIV in their bodies i.e. they have to learn to live with their positive status, according to Winnicott (1960b) the notion of 'living with' others entails a sense of the self as separate from others but with them. This can be conceived of as being these women's negotiation of themselves and their relationships with others in terms of separateness and togetherness.

The tension between these two polarities makes space for thinking about Winnicott's (1958) paradoxical notion that being alone in the presence of the mother allows for the development of the capacity to be alone and the capacity for relatedness. Winnicott (1958) refers to the relationship between the mother and the infant as being significant for the development of ego-relatedness. 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.

This negotiation seems to be much like Jung's (1933) final stage of individuation, in that what is required is the ability to see one's self as both separate and connected to a greater

collective unconscious. Hence, it can be seen that the capacity to truly confront death requires an achievement of the depressive position, with its ability to tolerate ambivalence.

For the infant, the mother represents life itself and the initial separation evokes a great deal of anxiety. During adulthood, the prospect of separation from life itself could still be construed to be the source of humanity's greatest anxiety. Jung's (1933) theory of adult development describes individuation as a movement towards wholeness that entails a number of disconnections and reconnections, with the last disconnection being from life itself towards a reconnection with the ultimate Self, or all that is. The HIV-positive diagnosis received by the participants in this study catapults them suddenly into the second stage of life where, according to Jung (1933), nearing death calls into question the meaning of society and family and the existence of the self. The aim is to find this meaning, which entails acknowledging and reintegrating all aspects of the self that are lost during the first stage (Jung, 1933). This process is also reminiscent of Winnicott's (1960a) description of the development of a false self in order to protect the true self. According to Winnicott (1960a) when certain of the child's feelings are overwhelming for the caregiver, the child learns that these feelings are unacceptable and they are repressed or relegated to what Jung (1933) terms the shadow. Instead a false self (Winnicott, 1960a) or persona (Jung, 1933) that is perceived to be more acceptable to others develops. In other words there is a "substitution of the gestures of the other for the gestures of the self" (Fonagy, 2001, p. 102). According to Winnicott (1960a) this false self appears real and complies, but is essentially "fragile, vulnerable, and phenomenologically empty" (Fonagy, 2001, p. 102). Winnicott (1960a) theorizes that the purpose of a false self is defense as the false self serves to hide and protect the true self.

Hence, it can be seen that the Hero's Journey is essentially a journey into the self and the monsters that are met are the aspects of the self that are considered unacceptable and shameful. The exploration of these aspects of the self, the recognition that they do in fact hold value and the subsequent integration of these aspects into the self is the purpose of the journey, thus it can be seen that coping with HIV/AIDS for these women is a process

of separation, self-discovery and eventual reconnection with life. Through successful mourning of the losses involved with being HIV-positive, these women are able to reach a place of realization that their Self is in fact Life and connected to all that is. This realization allows them to find new meaning in their situation and the will to reconnect with others and once again, participate in life.

Battista (1979) states: "This confrontation of ego with the self marks the final, deepest and most intriguing aspect of the individuation process. The ego must consciously realise the wholeness of the 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). This experience of 'participation mystique' or sense of connection to God and life and meaning is the prize for having survived the Hero's Journey and this new sense of self is what is taken back when these women return.

Hence, the process of coping with HIV/AIDS seems to entail a negotiation of the self as individual or separate from others and the self as connected to others. The Initiation stage of the Hero's Journey seems to be the time when denial decreases and the women choose to know their experience. The process of going through the painful feelings of anger and depression seems to be what Jung spoke of as confronting the aspects of the self that were formerly repressed. For the women in this study, this seemed to entail a re-negotiation of their sense of self to incorporate into their previously strong, care-taking, self-sufficient ideas of themselves, elements of vulnerability and shame. This necessarily entails a shift in identity, which is what is to be discussed in the next section.

7.2.4. Return: Acceptance and hope

Campbell (1949) describes the stage of Return:

> When the hero-quest has been accomplished, through penetration to the source, or through the grace of some male or female, human or animal, personification, the adventurer must still return with his life-transmuting trophy. The full round, the norm of the mono-myth, requires that the hero shall now begin the labour of bringing the runes of wisdom, the Golden Fleece, or his sleeping princess, back into the kingdom of humanity, where the boon may rebound to the renewing of the community, the nation, the planet, or the ten thousand words (p. 193).

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). This stage symbolically represents the integration of what has been learned into the self and their lives. It represents the process of integration of the self and others, the emergence of a new identity and essentially a new way of being in the world that is more aware and more connected.

This new sense of self is based on the successful resolution of mourning, which according to Freud (1917) allows the individual to take back energy that was invested into the lost object and re-invest it elsewhere. Klein's (1946) notion of the achievement of the depressive position and the mourning and separation entailed in this process can be likened to Kubler-Ross' (1970) final stage of grieving, namely acceptance. According to Kubler-Ross (1970): "We should be aware of the monumental task which is required to reach this stage of acceptance, leading towards a gradual separation (decathexis)" (p. 105). Hence, acceptance can both be viewed as these women's acceptance of the losses that they have suffered and their acceptance of the necessity for a new integration of self.

The stage of return is when these women begin to re-invest this energy back into life. Having confronted unimaginable fear relating to their own potential death and overwhelming emotion associated with this, they have found a way to reconnect to themselves differently, and they are now able once again to engage in relationships and a future for themselves and their children. This discussion will firstly attempt to explore the changes in identity that this process has involved for these women and then the focus will shift to how the energy freed up through the process of mourning is re-invested back into life.

Jung's (1933) process 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 (1956) 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.

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).

This attempt to find the Self can be viewed as an attempt to know one's own experience (Bion, 1962) and is a painful process. It can also be equated with Klein's (1946) move towards the achievement of the depressive position, which is associated with an increasing integration of the self and object relations, in essence, a greater wholeness of the self. However, it is important to note that there is a necessary mourning that has to occur during the achievement of the depressive position and that this is related to separation or differentiation (Winnicott, 1954).

According to the stories of the women interviewed for this study, this separation is different from the initial withdrawal seen in the earlier stages of coping with HIV. While the initial separation could be seen as a denial of loss and attempt to evade 'knowing' their experience (Bion, 1962), this separation seems to be a confrontation with reality and an acceptance of a degree of 'existential loneliness' (Moustakas, 1996).

The confrontation with themselves and their feelings and experiences during the Initiation phase of the Hero's Journey (Campbell, 1972) seemed to cause a re-evaluation or a thinking about themselves and others. According to Fordham (1953) it is the reconciliation of opposites that constitutes Jungian individuation, hence, the Initiation phase of the Hero's Journey entailed for these women an integration of aspects of the self formerly 'unknown' or relegated to the shadow. For these women, this included a process of confronting their true feelings and negotiating dependence and independence.

The confrontation with their true feelings was a painful process for these women and once accomplished resulted in a stronger and more integrated ego. In other words, having survived the difficult process of confronting their painful experiences, many of the women felt stronger and more able to cope with life. 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 this 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). According to Turner-Cobb, Gore-Felton, Marouf, Koopman, Kim, Israelski and Spiegel (2002) "…for people with HIV/AIDS, those individuals who are more satisfied with their relationships, securely engaged with others, and more directly engaged with their illness are more likely to experience positive adjustment" (p. 337). Hence, it appears that the ability to confront difficult feelings and remain engaged contributes towards better adjustment.

With regards to the negotiation of dependence versus independence, dependence on society and culture for guidance and ways to think about things was called into question for these women by the stigma held by society around HIV/AIDS. For many of the women, this seemed to start the second part of Jung's individuation process, which entails moving away from a sense of belonging in society to finding their own meanings, which according to Jung (1933) paradoxically connects one to a greater collective.

For many of the women, coping with their HIV-positive status had re-evoked a number of feelings related to their experiences of childhood and many of the stories told related situations of deprivation and sometimes even abuse and neglect, which evoked feelings of fear, persecution, unfairness and loss. Manganyi (1981) writing on the black consciousness movement of the 1970s, has interesting notions that could apply to the resilience exhibited by these HIV-positive women. His statements reflect a sense of overcoming hardship in order to emerge more connected to an authentic self and flourishing. He writes about the need "to outgrow the victim status and offer in its place a consciousness and ethic of hope" (p. 168). He states:

> Now to outgrow the pariah status, the status of being a victim, is to become the rebel who understands his situation more fully for the first time…for us the purgation that accompanies authentic self-knowledge was instrumental in getting us out of the trance of being pariahs and victims…Those with adequate inner resources could now snap out of the trance of the false consciousness and become, through much pain and anguish, the rebels who understand history…[who know]…that self-reliance is the bed-rock upon which psychological liberation is founded – the painful transition from being a victim to being a rebel who understands history…The present and the future are full of challenges to be met and certainly one of these is our responsibility now not to collude in our own victimization…Self-reliance, an inner sense of personal freedom,

> constitutes the crest of the wave of creative awareness…We often fail to understand the intricacy of this transformation, this flowering of the self-reliant spirit…a new majesty of spirit invades the rebel's self-hood and urges him on to confirm and validate himself…he invests his energies in resources both within himself and his community and moves out into the social world to create. His rhetoric becomes strident and since the new language is evolved in the interests of clarification, it is part of the total ritual of rebirth…This rhetoric, this new language for new meanings, new truths and experiences, is an important element of the elaborate ritual in the birth of a rebel. It consolidates his psychological and spiritual gains to the extent of enhancing his sense of identity (p. 170 -172).

This shift in identity was evident in many of the women's stories as although many of them continued to meet some of the culturally accepted norms, such as financially supporting their parents and siblings and respecting the wishes of their elders and husbands, many of them spoke about a new-found sense of independence and autonomy and a balancing of the wishes and needs of others with their own. The self-sacrifice encouraged in African culture seemed to be mediated by a need to protect and look after themselves and many of the women related making different decisions based on this shift. Hence these women seem to have found a way to balance their own and others needs within the bounds of their culture. According to Manganyi (1981): "Culture as metaphor, as language, as communication, flourishes only in a climate of freedom – in a climate within which, paradoxically, individual identity is cherished more than collective or group identity" (p. 70).

Autonomy as a concept refers to the ability to make independent decisions about areas which the individual deems to be important (Ryan & Deci, 2000) and has been related to a sense of mastery or competence. Throughout these women's stories, a sense of pride in their independence and autonomy was evident. This could be related to the achievement

of the separation required for depressive position functioning and it is interesting to note that a study conducted by 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, which is considered an important characteristic of the depressive position.

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 and the second method of comparison is that of social comparison, in which one compares oneself to others. This separation or independence achieved by these women seemed to assist them through the process of coping with HIV/AIDS as it allowed them to regain a healthy sense of self-esteem. Through the process of individuation they were able to evaluate themselves according to their own standards as opposed to those of their culture.

Ryan and Deci (2000) developed a self-determination theory which suggests 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. 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). It is interesting to note that both autonomy and relatedness are mentioned as these seem to mirror the challenge of negotiating independence and dependence that these women faced. This negotiation is also reminiscent of Winnicott's (1958) paradoxical notion that out of the capacity to be alone comes the capacity for relatedness. Through separation and isolation, these women were able to connect to themselves, and this then seems to allow for the ability to authentically relate to others.

For many of these women, surviving their childhoods entailed developing a false self that was invested in hiding a true self that felt vulnerable and dependent. The process of

coping with their HIV status meant that these women were faced with their own vulnerability and need for others in an extreme sense, and the integration of these aspects of themselves into their sense of self was difficult. Although according to Compton (2005) women are more likely to seek social support than men, the acknowledgement of their need for support entailed a significant shift for some of these women.

Speaking about the process of achieving the depressive position, Steiner (1990) comments: "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). Many of the women related fantasies about whom they imagined would look after them when they developed AIDS and for many of these women this person was their mother or an aunt. It is interesting to note, though, that although these women knew that they would eventually have to tell their mothers their status, they felt reluctant to do so for fear of causing their mother pain and physical harm. A motivating factor to tell their families for many of the women was the health and well-being of their children. For many of the women acknowledgement of their own vulnerability and dependence on others grew out of a state of concern for their own and their children's survival.

The role of mother in the lives of these women seemed to be a motivating factor in accessing social support, as it also seemed to play an important role in motivating the women to remain alive for their children and this seemed to be a part of the motivation to remain connected to others. Many of the women seemed to have intuitive knowledge regarding links between mind and body, and as the vulnerability of their bodies became increasingly evident as they faced the reality of HIV/AIDS, many of the women began to focus energies on caring for their bodies. Psychoeducation at the clinics they attended around the importance of looking after themselves and reducing their stress levels also prompted many of these women to begin to pay attention to their mental well-being. Cohen, Tyrell and Smith (1991) found that the greater a person's social support network, the less likely they were to become ill. Other 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 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). Many of the women reported knowing that the support they received from those they had disclosed their status to and the support that they felt that they received at the clinics helped them to cope. The benefits of having acknowledged their vulnerability could be seen in that many of the women spoke about reaching a place where they feel the HIV diagnosis improved their lives, as it caused them to review their priorities and invest more energy into their relationships with themselves, their partners and with God. Many of the women also reported feeling that the need to cope with their HIV status had also improved their relationships as they now experienced their spouse or partner as more supportive towards them.

Many of the women related the importance of social support in their lives to a sense of feeling normal again. Spending time with others seemed to be associated with an ability to feel positive emotions again. 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. This seems to suggest that as the women in the study began to re-invest energy into their social relationships they were able to continue their journey of self-discovery through relationships.

Steiner's (1990) comment regarding the development of an awareness of one's dependence upon others and a subsequent concern for their well-being as a part of the process of achieving the depressive position can also be understood in terms of the shifts made around the care-taking roles that many of the women took on. While initially for many of the women, these roles could have been perceived as attempts to manage anxiety, in that by projecting their own vulnerability into others they were able to maintain the 'strong' role, the integration of their own vulnerability and need for support

allowed many of the women to re-evaluate these roles and look at their relationships in terms of mutuality. For some of the women this constituted painful realizations of feelings of abandonment and unfairness. However, for the most part, many of the women were able to find a balance between their own needs and the needs of others. Many of the women made the decision to not tell their parents their status ever, deciding that their parents would feel too sad and too worried and that their parents might not be able to cope with or survive the news. While this can be seen as an example of a culturally appropriate avoidance goal (Diener, Oshi & Lucas, in Compton, 2005) or as a result of a fear of damaging the object, it is also an acknowledgement of the limits of support that their parents are able to provide. Choosing to keep their status a secret from their parents seems to be for many of the women an attempt to remain connected to a part of themselves that is strong for others, that looks after, that does not disappoint and who is a good daughter. These women were then able to find the necessary support from other relationships. Interestingly, a study conducted by Werner (1995) found that resilient children were the ones able to acknowledge the limits of certain attachments and form other relationships with more healthy attachment figures.

For many, the care-taking roles that they continue to fulfill provide a sense of purpose and belonging. Given the cultural prescriptions for children to take care of their parents, for many of these women the fact that they were able to provide for their parents gave them a sense of pride. A study conducted by Cantor & Sanderson (1999) found that goals valued by one's culture also tended to influence well-being. 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. Having goals has also been linked to a sense of meaning. 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).

It is important to note, that for goals to bring a sense of happiness they need to be perceived as having been freely chosen. According to Ryan and Deci (2000) 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. This is significant in that for many of the women the fact that they had thought about their care-taking roles and chosen to pursue various forms of them, meant that they had been chosen. 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. Many of the women in this study, especially the women who had found a way to help other HIV-positive people, expressed a sense of personal satisfaction with their care-taking role.

The goal of becoming financially independent was also seen as important and many of the women related this to a sense of gaining mastery and independence. However, it was also viewed as an important means of re-engaging with life. This was supported by M's reflection on the difference between her and her sister when it came to starting to cope with an HIV positive diagnosis. While she continued working and interacting with people, her sister chose to withdraw and stay at home, becoming more and more disconnected from life.

Overall, for these women, participation in life took the form of involvement in relationships, especially those that are mutually fulfilling. These relationships fill innate needs (Ryan & Deci, 2000) and seemed to meet the women's needs for social support.
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. This is supported by the fact that in the initial stages of coping many of the women reported going through a stage of feeling that they did not want an intimate relationship. The reasons for this ranged from a fear of being rejected to fearing that the new partner would not treat their children well. However, for the women that had moved from this stage toward an engaging with their needs for intimacy, it seemed to indicate a shift toward a more integrated view of themselves i.e. the fact they are HIV-positive does not make them unlovable.

Overall though, these women's struggle to negotiate the tension between their dependency needs and their need for independence seemed to result in relationships that were more considered and a relationship with themselves that was more tolerant and nurturing. Their needs for self-reliance were balanced with their need for support from others and their need to be a care-taker was balanced with a need for caring from others. Ultimately, their ability to re-engage with relationships and once again actively pursue goals and participate in life seems to signal a maturity of the personality that Freud (1920) related as the ability to work and to love. Their need to give back to the community through helping other HIV-positive people seems to be related to Jung's (1933) idea of needing to give back to humankind during the second stage of his individuation process. He related this to the acts of raising children and contributing through work and relationships to the growth of collective consciousness.

The fact that these women were able to re-engage with life suggests a future outlook and experiencing life as having a sense of meaning. Associated with this future outlook for many of these women was a sense of optimism and hope. Optimism is associated with 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).

According to Compton (2005) people who have high levels of hope tend to experience more positive emotions. In addition to this, high levels of hope have also been associated with the anticipation of greater well-being in the future, higher levels of confidence, more success when dealing with stress, more flexibility in goal-planning and higher levels of social support (Snyder, Rand & Sigmon, 2002). Kubler-Ross (1970) also emphasizes the role of hope in the resolution of grieving:

> The one thing that usually persists through all these stages is hope…in listening to our terminally ill patients we were always impressed that even the most accepting, the most realistic patients left the possibility open for some cure, for the discovery of a new drug or the 'last minute success in the research project'…it is this glimpse of hope which maintains them through the days, weeks, or months of suffering (p. 122 - 123).

This hope manifested in these women's lives in a variety of ways. For some it manifested as a hope that meaning would emerge from their experience. For others it was the faith they maintained in the belief that God would protect them and their children. For others it was the ever-present wish that a cure would be discovered. Kubler-Ross (1970) explains the importance of hope in her statement that the patients who stopped hoping usually died within 24 hours of having given it up.

While the hope for a cure could be said to be unrealistic, 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.

It is also significant that the majority of the women interviewed were found to have a ready sense of humour. 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 (2002) 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.

Another of the processes associated with Jung's process of individuation is that of reconnecting to God. Jung (1933) regards religion of any sort to be the fulfilling of an innate 'religious function'. Although no opinion was written about by Jung (1933), his theories on religion and life after death imply that he may have considered death to be merely another transition, rebirth or individuation (Battista, 1979). 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; and increased self-esteem through self-verification. For these women, their sense of faith in God seemed to provide both a sense of protection and social support from the church. Jung (1933) associated this experience of connecting to a belief in something bigger than oneself to be an important part of the individuation process as it implies a preparing for death as well as a connection to a greater collective sense of the Self.

Jung (1933) describes how it is the task of the second half of life to find meaning and share wisdom. For many of the participants in this study, finding a sense of meaning in their HIV-positive status was also an important part of the process of coping. For most of the women, the sense of having survived the process of coping was a source of much meaning in that they now felt stronger as individuals. Some even reported a sense of having been saved by HIV, explaining that it encouraged them to find a new self-awareness and new ways of being in the world. Many felt that their HIV-positive diagnosis had allowed them to really appreciate certain relationships in their lives and find meaning in them. This ability to find meaning is associated with emotional intelligence, which 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). 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.

Battista (1979) comments on the difficulties associated with the last stage of Jung's (1933) stage of individuation:

> 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… Instead, the individual must submit to the Self, to be contained by it, and thus transformed… (p. 120).

The process of submitting to the Self, being contained by it and being thus transformed, in the cases of these women, seems to refer to the acceptance of self that they seem to achieve once the various difficult aspects of their emotional experience has been confronted, which is captured by Jung's description of his process of individuation. This move toward a greater sense of wholeness and integration allows for an embracing of strength and vulnerability, dependence and independence, joy and sadness, loss and gain. Mudd (1990) speaks about facing death as a challenge "to surrender to inevitable fate and embrace the dark self in order to gain true selfhood. It exhorts us, long before actual physical death, to undergo a process that will release the ego from the slavery of the self-preservational instinct into a far fuller life" (p. 126). Yalom (1996) refers to this as a "heightened existential awareness" (p. 7), which is gained through facing mortality. This awareness incorporates a "new appreciation for the preciousness of life" (Yalom, 1996, p. 7).

These women's capacities for strength that they, in their own words, attributed to having survived previous hardship, is supported by a study done by Campbell-Sills (in Arehart – Treichel, 2005). This study found that individuals endorsing high levels of childhood neglect with low levels of resilience manifested high levels of psychiatric symptoms, and that individuals with high levels of childhood neglect and high levels of resilience manifested low levels of psychiatric symptoms. Most interestingly though, they found that individuals with high levels of childhood neglect and high resilience reported fewer psychiatric symptoms than those reporting low levels of childhood neglect and scoring high on resilience. According to Campbell-Sills (in Arehart –Treichel, 2005):

> …the finding is consistent with [the] contention that resilience constitutes not just recovery but growth and strengthening from adversity. Individuals who suffered from adversity in their home environments yet coped effectively may have experienced additional personal growth beyond that which characterized the young adults who came from more nurturing environments. The result also may be explained in the context of stress-inoculation theory, where a psychological and physiological 'toughening' occurs through exposure to moderate levels of stress (p. 14).

This strengthening of the ego through surviving previous hardship could be likened to Mudd's (1990) suggestion that Jung's transcendent function is built upon the experience of having lived through the threat of physical death, and is "nothing short of the ego's achieved capacity to die repeatedly an ongoing series of conscious voluntary deaths in the service of individuation" (p. 127).

Ironically, this psychological 'toughening' associated with resilience seems to involve a greater awareness of vulnerability and for the women in this study, this integration of the opposing aspects of themselves seems to allow a freedom of expression and an openness to experience, which allows for connection to themselves, others and for an ability to participate in life fully. Thus, coping with HIV/AIDS seems to entail a rebirth in that

beneath the wings of Aidos (Goddess of Shame), these women confront their shame and find a self that they can be proud of.

The move toward the depressive position (Klein, 1946; Winnicott, 1954) entails a greater degree of integration and an increasing ability to tolerate ambivalent feelings toward the object. Hence, Jung's resolution of the individuation process, which is the knowledge that we are separate and alone and yet connected to all that is – the greater collective – seems to represent the ultimate depressive position – the capacity to tolerate ambivalence towards life itself. The human relationship to life seems to represent the ultimate ambivalence in that we know it is to end and we hate life for this, because we love life.

7.3. CONCLUSION

This section attempted to integrate the themes that emerged from the interviews with the women who participated in this study. It also attempted to combine three theories, namely analytical psychology, object relations theory and positive psychology, and integrate them into the themes that emerged in order to create an in-depth understanding of these women's experiences of coping with an HIV/AIDS in a way that was culturally sensitive. The interplay between disconnection and reconnection was interpreted as reaction to loss and a part of the process of mourning. This was then linked to the process of individuation as related to the development of the self and a movement toward the depressive position and greater independence and paradoxically, a greater capacity for relatedness to themselves, others and life itself.

CHAPTER EIGHT

CONCLUSIONS AND RECOMMENDATIONS

Death belongs to life as birth does.
The walk is in the raising of the foot as in the laying of it down.

Rabindrath Tagore

8.1. INTRODUCTION

This chapter presents the broad conclusions that can be drawn from this study. A brief discussion on the limitations of the study is provided in addition to avenues for further study. A few recommendations are also made with regards to the mental health treatment of HIV-positive women.

8.2. CONCLUSIONS DRAWN FROM THIS STUDY

- Coping is a process of disconnection and reconnection

The findings of this study suggest that coping is not static, but rather a shifting process that entails an acceptance of the fact that there will be times of not coping and times of coping. It also emerged that this process entails disconnection and reconnection, which was evident in these women's descriptions of the re-negotiation of closeness or distance from their own emotional experience and in all their relationships. An urge to disconnect in order to protect themselves from loss was described, as was an urge to re-connect in order to feel comfort, love, acceptance, belonging, a sense of being 'a part of', and a sense of being alive. This process of disconnection and reconnection was also evident in these women's attempts to renegotiate their dependency needs with their need for a sense of self-sufficiency and independence and was interpreted in this study as being a part of the process of individuation or moving toward a greater sense of integration or wholeness.

- Coping entails the ability to know one's own experience

As mentioned previously in this study, Bion (1962) saw the primary struggle of life as being the tension between having the desire to know and understand the truth about one's own experience, but also experiencing a fear or aversion to that knowing and understanding on the other. The success of this quest for knowledge about the truth of

one's experience is found in the capacity to actually have the experience, in the sense of really going through it and suffering it, rather than seeking to avoid or dismiss it. While it was evident in this study that defenses are employed initially to mediate the overwhelming emotional experiences associated with receiving an HIV-positive diagnosis, an integral aspect of these women's descriptions of coping included a sense of being able to open themselves to their emotional reactions. This is necessary for the process of mourning and for the process of self-discovery that individuation, which is associated with the development of the self, entails. Both these processes seem to be important for coping.

- Coping is mourning loss effectively

HIV/AIDS entails a number of losses in a variety of spheres of life, such as, partners, family members, children, financial stability, the ability to feel happy, a previous sense of self, etc. What emerged from this study is that in order to recover from these losses and traumas and in order to re-engage with themselves and others, to once again participate in life and find meaning in their suffering, the process of mourning needs to occur. While resolution of mourning is unique to each individual and tends to be an abstract concept, in that mourning is a process that can continue for years with losses re-evoking previous experiences of loss with an end to the process that is unclear, what emerged from the study as important is that acknowledgement of loss occurs so that necessary adaptations for continuing can be made. Hence, the resilience observed in these women seems to be the ability to mourn effectively and once again re-invest energy into life.

- Coping is acceptance and integration

While many of the women in this study referred to 'just having to accept' their status, which could be construed as an attempt to evade the real emotional implications of this, the interviews revealed a significant period of pain and suffering before this acceptance, where these women confronted the losses, vulnerability, shame and anxiety resulting from HIV-infection. For many of them the confrontation with death implied by a

diagnosis with an incurable illness was both physical and psychological. Serious illness caused many of the women to face their physical vulnerability and through this their emotional pain. Coping with the loss, shame and vulnerability entailed a change in their view of themselves, their relationships and their sense of purpose. The integration of their more vulnerable parts enabled them to re-connect with aspects of the self that were stronger and more able to experience life fully. They described being able to feel normal and happy again. Fredrickson's (1998) broaden and build model suggests that the broadening of awareness that positive emotions encourage, allows for learning and the building of future emotional and intellectual resources. Hence, thriving was seen, in that these women, through their confrontation with the difficulties, managed to emerge stronger, more integrated and better equipped to deal with further losses.

- Coping can be understood through theoretical integration

Lastly, an indirect aim of the study was to integrate three theoretical approaches, namely positive psychology, object relations and analytical psychology. This was achieved through using Jung's theory of individuation and Campbell's (1972) interpretation of it, namely The Hero's Journey, as an overarching frame for the theoretical discussion. Within this frame, Kubler-Ross' (1970) stages of mourning were integrated with relevant object relations concepts. The initial separation that occurred after diagnosis from themselves and others and the gradual reconnection to themselves, others and life was discussed in relation to Jung's (1933) description of confronting the persona, shadow, animus and Self, Kubler-Ross' (1970) initial stages of mourning, Winnicott's (1960b) description of separation and the role it plays in the move from dependence to independence, Winnicott's (1958) capacity to be alone, Klein's (1935) description of the move from the paranoid-schizoid to the depressive position and Bion's (1959) quest to fully know one's experience. A number of concepts from positive psychology were also found to be relevant to these women's experience of coping, such as: coping styles, social support, participation in life, positive goals, autonomy and resilience. Jung's theory was the glue that integrated these approaches into a sense of theoretical coherence and the core of Jung's theory, which is always the integration of both polarities, allowed for

space to explore both distress and coping, both of which are entailed in the process of coping. The use of analytical psychology, object relations theory and positive psychology seemed to allow for a more holistic approach to understanding these women's experiences.

8.3. LIMITATIONS OF THE STUDY

- The first limitation of this study is the small number of participants used. However, while a greater number of participants may have yielded more categories, the fact that categories did begin to repeat after 10 interviews, suggests that the number of interviews would most likely have needed to be exponentially greater in order to yield fewer and fewer categories. Lastly, it is important to bear in mind that this study aimed to create an in-depth understanding of these women's experiences and is not meant for generalization to a greater population.

- The fact that these women were recruited from an urban hospital may have influenced the findings of the study regarding sense of self. The fact that these women live in an urban area may have contributed to the sense that these women straddle two cultures – a traditional African culture and a more Western urban culture. While interviews with rural women may have yielded a very different set of findings, it is thought that the fact that many rural people move to the city specifically in order to gain better access to treatment for HIV/AIDS, that a study in an urban setting was appropriate.

- The fact that only women who could speak English or Afrikaans were interviewed may also have skewed the results slightly, in that women who are unable to speak English or Afrikaans living in the city may have had different experiences with regards to access to treatment and the need for assistance from others in order to survive.

- The fact that participation in the study was on a voluntary basis may have affected the results found in this study in that women who are coping with their status but chose not to participate may have yielded a different set of personality dynamics, especially with regards to the category regarding coping as being able to talk about your status. However, the fact that this theme repeated throughout all the interviews and that the women who agreed to participate expressed a desire to help others through their participation, it is likely that this theme is indeed an integral part of the process of coping.

- Lastly, the fact that this study focused on recruiting participants who felt that they were coping may have influenced the results, in that as the study revealed, coping is a process, and women who felt that they were not coping and were therefore excluded from the study, may have provided valuable information on the initial stages of the process where not coping is an integral part of the experience.

8.4. RECOMMENDATIONS

8.4.1. Recommendations for the mental health treatment of HIV positive women

- Coping is a process and it vital for those intervening to respect this. Attempts to assist these women to cope prematurely may lead to them missing essential experiences related to aspects of themselves that are painful to confront, but essential to experience and integrate. Winnicott's (1958) notion that the true self can only evolve in the presence of an unobtrusive other who will not interrupt the continuity of its experience of itself is relevant in this regard. What seems to be called for in the initial stages of coping is a therapist who can effectively mirror and hold the individual's experience of themselves.

- In the initial stages of coping, primitive defences are likely to be employed and it is important to be able to recognise the use of healthy or normal splitting and

projection. Excessive or extended use of these defences may call for a greater degree of intervention, but for the most part what is required from the therapist seems to be an ability to be present and the ability to contain the patient's overwhelming emotional experiences, but also their own reactions to the overwhelming emotions and at times, frightening experiences of the world that these women report. According to Winnicott's (1958) theory, the self can develop when the holding environment (provided by the therapist) does not unnecessarily impinge on the other. In other words, in order for the therapist to avoid 'substituting her own impulses' in the therapy situation, it is necessary for her to maintain or restore her own sense of well-being before she can act as a tension regulator for the patient.

- It is also important to recognise that coping seems to be a process of mourning and that this seems to entail a number of stages. Although the experiences of most of the women seemed to conform to these stages, there was a sense that each women's experience of them and progression through them was unique. In this regard the therapist needs to be aware of differences in experience that occur and of the influence of previous losses on an individual's capacity to mourn. According to psychoanalytic attachment theorists the degree of attunement that the mother achieves in the mother-child relationship contributes to the development of symbolic thought in the infant (Fonagy, 2004). In other words, the ability of the therapist to match her patient's progression through the stages of mourning may contribute to the effectiveness of the therapy to assist the patient to 'think' about and find meaning in their experience.

- This study revealed that the process of coping with HIV/AIDS entails a number of significant shifts in identity, relationships with others, relationship with God, and ultimately with life itself. The magnitude of these shifts needs to be recognised by intervening health professionals. Winnicott (1960) referred to the analytic relationship as a transitional space. According to Knight (2004) this "transitional area of human experience is a specific developmental phase of 'intermediate

experience', neither fantasy not reality but illusion, a blend of both spheres" (p. 88). Using Winnicott's idea of therapy as transitional space, Summers (2000) suggests that the therapist's task is to provide sufficient space in the therapeutic relationship:

> There is no illusion here of a blank screen, but the analyst's role includes the provision of a certain 'formlessness' in the setting. That is, the analyst's task is to be flexible enough to adapt to the experience the patient needs to create. Too much form or structure restricts the space the patient can make use of in order to realize the yet unborn self (p. 92)

This realization of the yet 'unborn self' is reminiscent of Jung's (1933) concept of rebirth. Summers (2000) states that the aim of psychoanalytic therapy is to facilitate potential ways of being that relate to authentic experience and that the therapist's task is to find the 'not yet fully developed' self beneath the surface of social adaptation. Thus it appears that the discovery of the true self (Winnicott, 1960) or authentic self, or of Jung's (1933) Self entails a process of confronting defensive ways of being in the world, i.e. Jung's (1933) persona or Winnicott's (1960) false self, and integrating the aspects of the self that have been relegated to the shadow or split off in order to achieve a greater sense of wholeness or integration and the ability to relate authentically.

- It is important to recognize that themes around dependency versus independence seem to play a vital role in this process of coping and it is likely that these might play out in a therapeutic relationship. The ability of the therapist to recognize and understand the processes behind this negotiation of needs would most likely assist HIV-positive women to find their own resolutions.

- The experience of shame as a result of the stigma surrounding HIV/AIDS was evident in this study and seemed to play a fairly significant role in the

participants' changing sense of self. It also emerged as one of the most painful experiences for the women in the study to manage and the need to defend strongly against the experience of shame emerged. Studies have explored the relationship of non-disclosure to shame in psychotherapy (Hook & Andrews, 2005; Macdonald & Morley, 2001). Both studies found strong support for the relationship between non-disclosure and shame in psychotherapy. In other words, shameful experiences tend to be avoided by patients in therapy as there is a tendency to either judge aspects of themselves as unacceptable or have expectations that others (the therapists) would blame or judge them. Hence, sensitivity in this regard is required. This study found that being able to talk about their HIV-positive status was regarded by the participants as an important part of the coping process, which suggests that patients should be encouraged to talk about their status and the shameful feelings related to it, however, it should be held in mind that these individuals are especially sensitive to any judgment that they may perceive is being made about them. Hook and Andrews (2005) found that non-disclosure of shameful feelings was related to depression-related symptoms and behaviour and that the results indicated that the disclosure of shame-related issues demonstrated a positive response in the recovery of depressive symptomatology. This finding supports the findings of this study and highlights the importance of identifying patients' shame and using empathy and validation to manage shame.

- Lastly, it appears that the role of the therapist is a dual one, which seems to entail preparing the patient for death and simultaneously preparing them to continue living. Winnicott's (1958) theory around the development of the capacity to be alone and the associated development of the capacity for relatedness is useful in this regard. According to Fonagy (2001) Winnicott's capacity to be alone is developed through three qualities of the holding environment, namely: that it allows for safety when experiencing the internal world, that it understands that ego-relatedness develops slowly through gradual exposure to external events, and that the holding environment allows for the opportunity to generate spontaneous

creative gestures and that the goalorientedness of the individual is acknowledged. Winnicott (1958) believed that if the holding environment could provide these qualities then "…concerns with mind and meaning can override his preoccupation with his physical needs" (p. 99). Translated into therapy, if the therapist is patient and able to create enough space for the individual to explore their inner worlds with safety and freedom of expression, the individual can internalize a good enough object that allows for the ability to be alone and the ability to relate fully to others and find meaning in experience. Mudd (1990) also speaks about the analytic space and states that "the analyst's fundamental task then is to keep the patient 'alive' while simultaneously helping the patient to learn how to die…herein lies the possibility of the emergence of the transcendent function and with it the hope of personal authenticity" (p. 138).

8.4.2. Recommendations for further research

While this study attempted an initial in-depth exploration of African women's experiences of coping with HIV/AIDS, further understanding is required in a number of areas:

- This study found that the role of gender is a significant factor in the process of coping with HIV, hence exploration into the experiences of HIV-positive men is recommended.

- This study examined the process of coping from the perspective of women who feel that they are coping. This study included a number of women who have lived with HIV for a long time, some in excess of 15 years. As revealed by this study, time to fully process the experience and the implications of HIV for their lives is important in the process of coping. Therefore, an exploration of the experiences of women who are not coping or who have more recently discovered their HIV

positive status may reveal important information with regards to obstacles to coping that occur within the process.

- Further research on the experiences of children with HIV-positive parents is recommended. This study revealed that coping with HIV/AIDS is a process of mourning that entails stages of not coping, which may impair parents' abilities to be emotionally available to their children. An exploration of these children's experiences may provide significant information with regards to the impact of a parent's emotional struggle on the development of the child.

- Lastly, further research is recommended with regards to the experiences of HIV-positive children. This study revealed that an HIV-positive diagnosis entails a shift into later stages of individuation or development and while these women were found to eventually cope with this, children, due to incomplete development, will most likely have an entirely different experience.

8.5. CONCLUSION

Although limited in scope, this study aimed to present a theoretically integrated understanding of 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. Further study in this area is recommended due to growing numbers of HIV infections and transmissions and the implications of this for the future mental health of our population.

The living spirit grows and even outgrows its earlier forms of expression; it freely chooses the men in whom it lives and who proclaim it. The living spirit is eternally renewed and pursues its goal in manifold and inconceivable ways throughout the history of mankind. Measured against it, the names and forms which men have given it mean little enough; they are only the changing leaves and the blossoms on the stem of the eternal tree.

C.G. Jung – Modern man in search of a soul