

UNIVERSITY OF PRETORIA

RE-AUTHROING NARRATIVES OF TRAUMA SURVIVORS IN KWAZULU-NATAL

SPIRITUAL PERSPECTIVE

CHARLES BESTER MANDA

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*SPIRITUAL PERSPECTIVE***

By

CHARLES BESTER MANDA

28614063

**A THESIS SUBMITTED IN FULFILLMENT OF THE REQUIREMENTS FOR THE
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2013


DECLARATION

I declare that the thesis on Re-authoring narratives of trauma survivors in KwaZulu-Natal: Spiritual perspective is my own work in conception and execution and all the relevant sources that I have used or quoted have been indicated and acknowledged by means of complete reference.

I, Charles Bester Manda declare that

- a) The research reported in this thesis, except where otherwise indicated, is my original work.
- b) This thesis has not been submitted for any degree or examination at any other university.
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ABSTRACT

In his thesis, *Re-authoring life narratives of trauma survivors in KwaZulu-Natal: Spiritual perspective*, the researcher investigates a holistic understanding of the effects of trauma on surviving individuals and communities historically affected by political violence in KwaZulu-Natal, South Africa. Traditionally, the exploration of the impact of trauma on survivors in South Africa has been focused mainly on the bio-psycho-social aspects. The Bio-psycho-social approach recognises that trauma affects people on several dimensions- biological, social and psychological. However, Nevid (et al 2006:19) and Kaminer (et al 2012) acknowledge that these bio-psychosocial factors are incomplete for us to understand the effects of trauma on the individual and call for consideration of all possible pathways and account for multiple factors, influences, and interactions.

Using qualitative and narrative approach, personal life narratives were listened to with the aim of looking in depth at the effects of traumatic experiences on the research participants, and specifically investigate whether, and how trauma affected their spirituality. The findings show that the research participants sustained psychological, *moral* and *spiritual* injuries during and after traumatic experiences. The results concur with Buckenham's (1999:7-8) argument that trauma wreaks its toll in the life of a person emotionally, psychologically, spiritually, in our relationships with ourselves, others and with God. The study also established that regardless of religious affiliation, research participants turned to spiritual resources for answers, healing and recovery in traumatic situations.

Therefore, the study recommends the integration of the spiritual perspective to reach a holistic model of understanding and treating traumatized individuals and communities. Although the study is localised in the South African context, the results have a much wider relevance in understanding the role of 'posttraumatic spirituality' in the re-authoring of life narratives shattered by trauma.

KEY TERMS

Narrative

Spirituality

Trauma

Post-traumatic

Post-traumatic spirituality

Social constructionist

Socially constructed

Postmodernism

Healing

God-images

Assumptive world

Assumptions

Spiritual injury

Moral Injury

Theodicy

Ubuntu

Xenophobia

Death

Complicate grief

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CHAPTER 1: RESEARCH ROAD MAP

“The trauma stories of the survivor and their healers need to be collected and archived for all to read without censorship. Since the beginning of our humanity, these stories present an evolving history of survival and healing, teaching all of us how to cope with the tragic events of everyday life. The failure to collect and archive these stories denies us the opportunity to prevent a future generation of violence” (Mollica 2007).

1. Introduction

Traditionally, the exploration of the impact of trauma on trauma survivors in South Africa has been focused mainly on the bio-psychosocial aspects. While this is one of the aspects of the topic it does not give a complete picture of the effects of trauma on the spirituality of the survivor. For example, Edwards (2005) and Bean (2008) demonstrate through a review of specific clinical and epidemiological literature that posttraumatic stress disorder (PTSD) and its related conditions are a significant public health dilemma in South Africa and Africa at large. Research at a primary health care clinic in Khayelitsha, revealed that ninety four percent of adult respondents, ranging in age from fifteen to eighty one years, had experienced at least one severely traumatic event in their lifetime (Carey, Stein, Zungu-Dirwayi, & Seedat, 2003). Another research conducted among Pretoria Technikon students, showed a significant number of students had been exposed to traumatising events such as unwanted sexual activity (ten percent of the female students), witnessing serious injury or death (nineteen percent), being victim to violent robbery (thirteen and half percent), and physical assault (eight percent). Of those who were exposed to trauma, a high proportion reported PTSD symptoms (Hoffman, 2002).

Edwards (2005b) concludes that PTSD is a significant public health concern, based not only on the prolific occurrence of PTSD in South Africa, but also on its debilitating effects which have a marked impact on different areas of human functioning.

The impact of natural disasters in our past and their threat in the future has made a tremendous impact on our evolutionary and developmental trajectories (Landau, Mittal, and Wieling 2008:196). On the other hand, human-made disasters, such as war and organised violence, are some of the historical and current realities that shape our experience. Irrespective of the type of disaster, adds Landau, Mittal and Wieling (2008:198), “the magnitude of these events often leads to mass traumatic consequences for the afflicted populations.”

It is evident that mass trauma poses a challenge to the integrity of a society and our global community at multiple levels and exposes us to the bare bones as we struggle to survive, heal, and rebuild, which often takes several generations (2008:196). Adding insult to the injury, Buckenham (1999:7-8) states, “trauma wreaks its toll in the life of a person emotionally, psychologically, spiritually, in our relationships with ourselves, others and with God.” The scope of damage to the family mass trauma causes is often underestimated. Landau, Mittal and Wieling (2008:194) observe that we tally the number of people killed or injured, number of homes lost, dollars [or Rands] spent on emergency aid. But seldom do we measure the more subtle costs, such as the increase in depression and anxiety, substance abuse and addiction, risky sexual behaviour, child abuse and couple violence. They also argue that rarely do we mention the impact of these factors across extended families as their neighbourhoods and urban setting suffer an increase in poverty, street and orphaned children, crime such as bank robberies, rapes, armed assaults, and car robberies.

In exploring how individuals and families face trauma, in 2009, I set up a Trauma Healing Project at Pietermaritzburg Agency for Christian Social Awareness (PACSA), an organisation I worked for. The main purpose of this qualitative research, utilising a narrative approach, was to join with trauma survivors in Pietermaritzburg, both South African citizens as well as foreigners,

to explore the individual and community narratives they have about their lives and relationships, their effects, their meanings and the context in which they have been formed and authored (Morgan 2000:10). Morgan adds that as humans, we are interpreting beings. We all have daily experiences of events that we seek to make meaningful. The stories we have about our lives are created through linking certain events together in a particular sequence across a time period, and finding a way of explaining or making sense of them. This meaning forms the plot of the story. She adds, “We give meanings to our experiences constantly as we live our lives.” Thus to Morgan a *narrative* is like a thread that weaves the events together, forming a story. Another dimension to this study was to explore the influence of trauma on the development of spirituality or what Louw (2005:112) calls “God Images” in the re-authoring of life narratives of survivors shattered by trauma in Pietermaritzburg.

Pietermaritzburg, the capital of KwaZulu-Natal Province of South Africa, was chosen because I am familiar with the context because that is where I live and I experienced xenophobic trauma. Another reason is that Pietermaritzburg was mostly affected by political violence in the late 1980s to early 1990s culminating to the Seven Day War in 1990 between the African National Congress and Inkatha Freedom Party in Pietermaritzburg. The Seven Days War is the collective name given to the events which occurred in the Greater Edendale Valley in the seven days from Sunday 25 March to 31 March 1990 (Levine 1999:12). Although many isolated incidents were happening during the time of political unrest, the Seven Days War was an event of enormous public significance. “Over one hundred people were killed, a large number of houses were destroyed by fire and approximately twenty thousand people fled their homes as a result of the violence.” According to Levine (1999:12) many local residents were internally displaced and became refugees in their own communities. They experienced losses, and many suffered multiple traumatic experiences. For those who were forced to flee their homes and communities, separation from spouses, children, and other family members was common. Even after the democratic government in 1994, some people never returned to their original homes for fear of victimisation.

Buckenham (1999:7-8) is correct when stating, “South African society is a deeply traumatised community of women, men and children. Each person has a story to tell about themselves, their friends, their family.” She adds, “In the struggle for survival and liberation, there was (and, for many, is) little energy, space or time to pay attention to these wounds. Daily survival in an increasingly difficult economic environment is frequently added to already present emotional and psychological trauma and rage.” The above effects of trauma are not limited to South African citizens only but also refugees living in Pietermaritzburg.

The study involved thirty eight men and women aged between twenty and forty five. They voluntarily participated in the study. They completed a Harvard Trauma Questionnaire to assess the bio-psychosocial aspects of survivors. Using the narrative approach as a way of working through trauma and to facilitate the telling of the “unstoried” parts of the narratives of trauma survivors concerning their experiences of trauma, those who experienced one or multiple traumatic events in their childhood, adolescence, young adulthood and as adults were asked to participate in the trauma healing project. Most of the research participants have experienced one or multiple forms of violence. For example, some have experienced torture first-hand or witnessed the torture or killing of family, friends, and rape of loved ones (Berman et al 2006:32-53). Other co-researchers were living with HIV and AIDS at the time of the study. Living with AIDS can also be traumatic especially soon after receiving the results that one is HIV positive. Leon Klein (2003:94) in his article *Pastoral therapeutic work with people infected and affected by HIV/AIDS: A narrative approach* states, “A diagnosis of HIV causes many people to experience acute crisis- a human crisis with devastating ramifications on the infected, affected, as well as caregiver as a phenomenon or a crisis for which they are totally unprepared” (2003:94).

After a longitudinal study, which covered the period from October 2009 to March 2013, re-authored life narratives of five co-researchers/ trauma survivors were captured as data for this study. Although the study is localised in the South African context, the results have a much wider relevance in the role of spirituality in re-authoring of life narratives shattered by trauma.

1.2. Research Aim

The main aim of this participatory action research (PAR), utilising the narrative approach, was to reach a holistic understanding of the untold stories of trauma survivors from communities historically (Muller 2004:1030) affected by political violence and specifically about their experiences of spirituality in traumatic situations. I wanted to find out what role did the spirituality of trauma survivors play in the re-authoring of their life narratives shattered by trauma (posttraumatic spirituality). The term “posttraumatic spirituality” needs to be thoroughly defined and developed, but for the sake of this study, the operational definition of post-traumatic spirituality refers to the personal or individual understanding and experience of God after the invasion of trauma in his or her life. By researching the influence of spirituality on trauma survivors, “is not a forced effort by the researcher to bring God into the research, but rather an honest effort to listen to and understand the co-researchers’ religious and spiritual understanding and experiences of God’s presence” (Muller 2004:303).

1.2.1. Specific research objectives

In order to achieve this aim, I developed several specific research objectives to guide my investigation. The *first* objective was to facilitate the telling of the “unstoried” specific parts of the narratives of trauma survivors concerning their experiences of trauma.

The *second* objective was to facilitate the process of regaining control over the events of their lives through the search for meaning to determine what these might say about their “landscape of identity”. According to Carey and Russell (2003:63) landscape of identity questions encourage people to explore a different territory. They relate to the implications that this alternative story-line has in terms of the person’s understanding of their identity. They add, “Landscape of identity questions invite people to reflect differently on their own identities and the identities of others.”

The *third* objective, as a group of narrative researchers, I wanted to be part of the story development process through which different alternative, more holistic stories of trauma can be explored and re-authored.

Carey (et al 2003:68) points out that, re-authoring conversations seek to create the possibility for the generation of alternative, preferred stories of identity. Once these have been co-created (between the researcher and co-researcher) then the person concerned will have a foundation to continue to link events and meanings around this new story.

1.3. The Inspiration for the Study

1.3.1. The Context/Action Field of the Trauma Survivors in South Africa

During the Truth and Reconciliation Commission hearings, in the month prior to the hearing, large numbers of Pietermaritzburg residents made statements to the Commission concerning the Seven Day War which was fought in Pietermaritzburg between period 25-31 March 1990. From the analysis of the evidence given at the hearing, Sunday 25th and Monday 26th there was an armed incursion from the Vulindela area, into some lower areas of the Greater Edendale Valley by Inkatha following provocative events such as youth stoning buses carrying Inkatha members. On 27th March, about three thousand armed men, members of the Inkatha Freedom Party, attacked Caluza (a non-Inkatha area). Some counter attacks were launched by residents of affected areas. Early in the morning, on Wednesday 28th Inkatha members from the settlements along the main road in Vulindlela began to muster. According to Levine, some marched, others were picked up by trucks and unmarked lorries. This total force was estimated to be twelve strong men. Attacks took place which saw many people shot dead, homesteads were destroyed, property looted and livestock driven off. Even to this day, according to witnesses, the police made no attempt to break up the groups of men or disarm the attackers (Levine 1999:14). On Thursday 29th, says Levine, a concerted attack by Inkatha members on kwaNyandu took place. "People were killed and wounded, and more houses were looted and destroyed by fire. A large group of Inkatha supporters also attacked Mpophomeni, another community where a co-researchers for this study, came from, and the evening of Thursday was riddled with attacks in Imbali township as well. 30th March was accompanied by sporadic shooting which continued to take place. On the 31st, attacks continued in Imbali and also Mpophomeni.

These attacks saw a number of people killed and wounded, and houses burned. Although calls were made to the police to intervene, the police did nothing, they even refused the army permission to deploy in these areas. The police did very little to stop the violence (1999:14).

During his address “In memory of the heroes of the Seven Day War” Blade Nzimande (2010) said,

The impact of this attack left an indelible imprint on the physical and social geography and history of Edendale, and of Pietermaritzburg as a whole. The Seven Day War was an attack on greater Edendale by a combined force of marauding gangs led by the IFP warlords and the apartheid regime's police force on the people of Edendale as part of destroying the UDF, COSATU and fledgling ANC structures in the area.

Levine (1999:9), in his book *Faith in Turmoil-The Seven Days War*, points out that, “The attacks of this week devastated a community, causing many to live as refugees, uprooted, bereaved and destitute. The widows, orphans and other survivors struggled to rebuild their lives.” Levine adds that, “many have never returned to live in the lands they were born and raised on.” The Seven Days War was fought in the Greater Edendale Valley alongside Pietermaritzburg, from 25-31 March 1990. Nzimande said that “As soon as the ANC and the SACP were unbanned, apartheid-sponsored violence in KZN was intensified. This soon spread to Gauteng and other areas. According to Nzimande, the primary aim of these attacks was to prevent the ANC from rebuilding its structures inside the country and the Seven Day War was part of this offensive. However, he notes, “the Seven Day War must also be understood within the specificities of apartheid's counter-revolutionary warfare in KwaZulu Natal in general and Pietermaritzburg in particular (Nzimande 2010).” Pietermaritzburg, and especially Edendale, acted as a bulwark against the extension of the apartheid regime's tentacles, through the then KwaZulu Bantustan, as it became a centre of resistance against apartheid in the 1980s. The Seven Day war was therefore targeted at initially removing the ANC (and UDF/Cosatu) influence from areas controlled by the IFP in the north of Edendale (known as 'Ngaphezulu'), and seeking to turn these areas into a springboard to destroy our movement structures in Edendale.

It was therefore of no surprise that the Seven Day War started in some of these areas north of Edendale where there was some UDF and later ANC presence, especially in Gezubuso, Taylor's Halt, KwaShange, KwaMnyandu and Enadi. Thousands of people fled this area and most of them settled at KwaDambuza, which had long become a UDF and ANC dominated territory.

In expressing the magnitude of the trauma, Nzimande asserts that,

At the time both the IFP and the police openly declared their intention to destroy the structures of our movement in Edendale and claim the area as an IFP territory. Under the pretext that buses to IFP dominated areas were being stoned along the Edendale Road, amabutho targeted our activists' houses, burning some, hacking and shooting at their targets. What was striking about the Seven Day War was that most of the attacks, often on whole communities perceived to be ANC, happened in broad daylight in full view of the police, yet it was our comrades who were being arrested.

During his speech delivery, Nzimande lamented the current political situation in the area,

It is a sad and cruel irony of history that at the time that we should be erecting a monument to the heroes of the Seven Day War, our Umsunduzi City is bleeding from unnecessary internal factionalist battles from inside our own movement. It should otherwise be a time when our focus should be on fixing the 'black hole' of Pietermaritzburg - Edendale - a settlement that should be rid of the smelly pit latrines, gravel roads and mud houses.

Nzimande uses the narrative metaphor of “fixing the ‘black hole’” of Pietermaritzburg-Edendale. This shows that the black hole still remains in the area which is affecting the victims or survivors rather of past trauma. This is the exact area where the study took place. The study covered several communities and co-researchers came from within and without areas surrounding Pietermaritzburg, or Greater Edendale Valley as it is called in this study.

If the black hole still exists then ways must be found to “fix it”. Thus this study was an attempt to fix the black hole in the Greater Edendale Valley by taking a group of co-researchers from surrounding communities like Howick West, Mpophomeni, Pietermaritzburg, Greater Edendale Valley and Sobantu where the conflict was rife culminating in the Seven Day War. The study sought to open safe spaces, where survivors could tell their stories in a reflective and therapeutic way.

Buckenham (1999:7-8) asserts that, violence and abuse, be it inflicted by the government in social policies of apartheid and their outworking, or whether inflicted by beliefs of male domination and the outworking of husband and boyfriends beating their wives and girlfriends, or parents beating their children, all have the same aims and consequences- to exert power and control over another human being. For Buckenham (1999:7-8), the conclusion of this violence is the same- denial of a person’s human dignity and worth, denial of their sacredness, desecration of the image of God. Buckenham says something very significant for the aim of this study: the impact of trauma on spirituality of a survivor. She says, “When the abuse is systemic and ongoing, and there is little information or encouragement to see the *imago dei* within oneself, the desecration is internalised and no outside force is needed to make a person feel like human garbage. This is anguish. Such anguish drives violence.” It is no surprise then that South Africa is known by many people to be a violent society. When one looks back into history all forms of abuse of human rights have been rife. For example, Buckenham says that the history of South Africa is a litany of violent interactions amongst groups and domination, including colonial domination, indentured labour, collusion of business and government for black labour for the mines each of these relationships relying on coercion, violence and domination of one group over another to ensure its own survival and establish supremacy. This breeding ground for violence and trauma does not only lurk in the history, but even in recent years, apartheid with its dispossession, creation of poverty, unemployment and human degradation, conscription and army service, revolutionary training and the armed struggle, third force activity and hit squads, structural corruption and torture, and political faction fighting have all characterised life in South Africa. South Africa continues to struggle with this brutal legacy.

The Crime, Violence and Injury Research Unit (CVI), which is co-directed by the University of South Africa (UNISA) and the South African Medical Research Council (MRC) asserts that currently, between sixty thousand to seventy thousand injury deaths occur each year, making South Africa one of the highest ranking countries in the world with respect to death due to injury. Injury is the fourth major source of death for South Africans. CVI adds that, it is estimated that for each violence fatality there are twenty non-fatal incidents that result in some disability. For example, study shows that in 2007 the major contributors to the injury burden comprised homicide (thirty six percent), transport-related incidents (thirty two percent), suicide (ten percent) and other unintentional injuries such as burns and poisoning (thirteen percent). This injury burden is concentrated amongst low-income communities where a disproportionate share of this injury risk is located.

Another form of injury that continues to devastate South Africa is rape. South Africa is known to have the highest rape cases in the world. Although legal and medical definitions vary, The Merck Manual for Healthcare Professionals typically defines rape as oral, anal, or vaginal penetration that involves threats or force against an unwilling person. Such penetration, whether wanted or not, is considered statutory rape if victims are younger than the age of consent. Sexual assault is rape or any other sexual contact that results from coercion, including seduction of a child through offers of affection or bribes; it also includes being touched, grabbed, kissed, or shown genitals. According to a news article that appeared on the BBC News in 1999, a survey carried out by CIET Africa, non-governmental organisation, in the South African city of Johannesburg revealed an alarming picture of sexual violence. This report said, "One in three of the four thousand women interviewed, said they had been raped in the past year [1998]. The study, by the country's Medical Research Council, shows that one in four South African men questioned in a survey said they had raped someone, and nearly half of them admitted more than one attack. MRC also found three out of four who admitted rape, had attacked for the first time during their teens. Current statistics show that in every twenty six seconds a female gets raped in South Africa. This statistic is based on reported cases leave alone those who suffer in silence.

The Merck Manual points out some of the consequences a rape survivor may experience. For example, rape may result in the following: extra genital injury, genital injury, psychological symptoms. Among other symptoms, the Merck Manual asserts that the psychological symptoms of rape are potentially the most prominent. In the short term, most survivors experience fear, nightmares, sleep problems, anger, embarrassment, shame, guilt, or a combination. Immediately after an assault, survivor behaviour can range from talkativeness, tenseness, crying, and trembling to shock and disbelief with dispassion, quiescence, and smiling. The latter responses rarely indicate lack of concern; rather, they reflect avoidance reactions, physical exhaustion, or coping mechanisms that requires control of emotions. Eventually, most patients recover; however, long-range effects of rape may include post-traumatic stress disorder, particularly among women. PTSD is an anxiety disorder; symptoms include re-experiencing (e.g., flashbacks, intrusive upsetting thoughts or images), avoidance (e.g., of trauma-related situations, thoughts, and feelings), and hyper arousal (e.g., sleep difficulties, irritability, concentration problems). Symptoms last for one month and significantly impair social and occupational functioning.

1.3.2. Context of Refugees' Trauma

1.3.2.1. International context of refugees' trauma

Baron et al (see Article 1 section A paragraph 2 of the *Convention relating to the Status of Refugees Adopted on 28 July 1951 by the United Nations Conference of Plenipotentiaries on the Status of Refugees and Stateless Persons convened under General Assembly resolution 429 (V) of 14 December 1950*), defines a refugee as, a person who, owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his[sic] nationality and is unable, or owing to such fear, is unwilling to avail himself[sic] of the protection of that country; or who, not having a nationality and being outside the country of his[sic] former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.

In recent studies of refugees, disaster victims, prisoners of war, and other traumatised populations suggest that victims are at excess risk of displaying suicidal behaviour for several years after the traumatic event (Ferrada-Noli et al cited in Solomon 2003: 7). Because of the sheer magnitude of global conflict, the number of refugees and displaced persons throughout the world has risen exponentially (Robertson 2006). “Research has established that refugees are more prone to psychiatric illnesses than the general population.” (Tang et al 2001:507-512). Staff of Harvard Program in Refugee Trauma has listened to more than eight hundred trauma stories of mass violence, torture and earthquake over the past twenty years. And yet “In spite of the repetitive patterns of human cruelty, every story remains unique and fascinating (Mollica 2007).”

Threat and violence often overwhelms people in their societies even before they flee their countries. Thus violent conflicts disrupt communities, families, displace people internally and internationally. Robertson (2006), in her study titled: *Somali and Oromo refugee women: trauma and associated factors*, asserts that “Nearly all refugees have experienced losses, and many have suffered multiple traumatic experiences, including torture”. She adds, “Their vulnerability to isolation is exacerbated by poverty, grief, and lack of education, literacy, and skills in the language of the receiving country.” Refugees are separated from their social support networks, such as friends and family, from familiar religious frameworks and are exposed to radically different views about spirituality and religion. These experiences can be very traumatic and can challenge and alter a refugee’s religious beliefs leading to feelings of impotence and being overwhelmed.

Several studies have been conducted aimed at assessing the effects of war on the families in different countries and reports suggest that refugees are affected by traumas of war. For example, Weaver and Burns (2001: 147-164) in their article, *'I Shout with Fear at Night': Understanding the Traumatic Experiences of Refugees and Asylum Seekers* say that in recent years, the plight of refugees and asylum seekers has garnered significant public attention, yet many social workers find they have made limited preparations for meeting the needs of refugee clients. A study was conducted at the largest refugee shelter in the US where fifty-eight adult

asylum seekers staying at the shelter were interviewed about their experiences, including trauma and subsequent physical and emotional symptoms. The results showed that most respondents experienced trauma in their home country. Additionally, nightmares were often reported as psychological sequelae attributed to these traumatic events.

Tang and Fox (2001) conducted research aimed at investigating the experiences and mental health of Senegalese refugees. They focused on adult refugees (eighteen years of age and older) from the Casamance region of Senegal. A total of eighty participants (thirty nine women, forty one men) were randomly selected from refugee camps in The Gambia. The Harvard Trauma Questionnaire and the Hopkins Symptom Checklist 25 were used to assess levels of traumatisation and mental health status. In their report titled: *Traumatic experiences and the mental health of Senegalese refugees*, Tang and Fox's study (2001) revealed that research participants reported suffering a large number of various traumas. High prevalence rates of anxiety, depression, and post-traumatic stress disorder were also found in this group. In their conclusion, Tang and Fox point out that a substantial mental health problem exists within the Senegalese refugee population that may signify a potential human crisis.

Another study was done in New Zealand by Cheung (1991:1548-51) from the University of Melbourne, Australia. Cheung wanted to determine the amount of trauma, prevalence and diagnostic features of post-traumatic stress disorder (PTSD), and to study the relationship between PTSD and the demographic variables, trauma experiences, coping style and post-migration stresses among Cambodian refugees living in Dunedin, New Zealand. Data from two hundred and twenty three adult Cambodian refugees was gathered using various instruments. The results revealed that most research participants had experienced multiple, severe traumas. The prevalence of PTSD was twelve point one percent. The most frequently reported post-traumatic stress symptom was recurrent intrusive recollection of trauma.

1.3.2.2. South African Context of Refugees' Trauma

Harris (2001) asserts that South Africa, a country emerging from a past characterised by violence and repression, faces new challenges with the slow maturation of democracy. She

adds, that “Violence today is complex, dynamic and creative in form shaped by both apartheid and the mechanisms of transition itself.” According to the study conducted by Harris, corruption and xenophobic discrimination mark the institutional interface between foreigners and South African officials. These institutions include, according to the literature, the South African Police Service, the South African National Defence Force, the Department of Home Affairs, and the privately administered Lindela Repatriation Centre. Violence and hostility also form part of the process of repatriation (on trains and trucks). Harris says that xenophobia and the economic exploitation of migrants are not peculiar to South Africa. International literature shows that the South African experience is part of a worldwide phenomenon. A key global trend is that of racism underpinning xenophobia, with black foreigners representing the common victims of violence and hostility.

Xenophobia, Harris continues, is particularly predominant in countries undergoing transition. Another key global trend, especially within these countries, is a tendency for governments to conflate foreigners with crime and use them as scapegoats for social problems such as unemployment and poverty (Harris 2001). This scapegoating is seen everywhere in South Africa against foreigners culminating in May 2008 when sixty two people were killed most of whom were foreigners. The picture of a burning man refuses to leave the minds of many foreigners like myself. “Whether documented or undocumented” says Harris, “foreigners are frequently treated as a homogeneous category of 'illegal aliens'. Harris asserts that xenophobic discourse prevails around this category and forms the basis for hostility, conflict and violence between South African citizens and (predominantly black) foreigners.” Being a black foreigner myself from Malawi, I am not exempted from the above treatment and I wanted to join with other foreigners in this study to tell our stories in ways that make us strong. Unlike telling our stories in a little corner, I have often wondered what it would look like if both South Africans and black foreigners shared the same space to tell their stories. This is what happened in this study.

Thompson and Smyth (2001:183) argue that South Africa is being perceived by many refugee clients to be a developed and prosperous African country. The expectation among refugees is that once they arrive in South Africa, there will be a safe place for them and their families, far

from the conflicts that occur in the rest of Africa. This expectation leads to hopes that they will be able to settle, have a job and be free from violence and discrimination. These hopes that have sustained people and led them to enter South Africa are severely challenged on arrival. South Africa may quickly be seen as an *empty house*. While it may be a place of safety other hopes are not realised. Refugees' basic needs are not met, material support is limited and they are often placed in situations where they are exposed to violence. Furthermore, refugees have become objects of hatred and wrath within the society.

Marx (1990 as cited in Thompson et al 2001: 183) argues that our social understanding is that the world is too large and complex to be comprehended, and this sense is exacerbated when violence and trauma have entered our lives. Violence has the potential to break down our understanding and trust in the world (Herman, 1992). "In the greater political scheme", adds Thompson, "human rights are considered important and we believe that people who are violated should be supported, but the situation on the ground is different, minorities and foreigners remain unprotected." Boothby (1992) says they are often victims of past ideological tensions and present economic circumstances.

Thompson notes that some of the refugee clients are well educated and have been in high status jobs such as managers, teachers, doctors and nurses prior to displacement. Now their lives have turned upside down, they have no jobs and no homes. Thus the stresses of unemployment, no food, overcrowding, and unknown status that the family face may instigate or increase domestic violence and lead to the development of mental illness within the family, further separating and isolating the individual. Or because of lack of proper housing, refugees more often than not live in impoverished communities within South Africa. Baker (1985), Eitinger and Swatz (1981), say that within such communities the pre-existing lack of social and psychological support increases their difficulty in adaptation and integration.

That refugees are impoverished facilitates xenophobia, which makes them targets of anger and disappointment within the host society. They become scapegoats and are accused of a variety

of social problems in the country. These accusations become the basis for xenophobia, the fear of foreigners that they are taking their jobs and women.

Xenophobia is perpetuated on many levels by the state, officials, employers and the person in the street. A refugee is often a target of statements, innuendoes, threats, and derogatory names such as *Mkwerekwere* (Thompson et al 2001:185). Refugees are told they deserve to die, and that they are second rate. They are victims of violent attacks such as train attacks, police abuse, prison violence, and stabbing. Thus Thompson and Smyth, citing (Melzak 1991; Rousseau 1995; Van der Veer 1992) conclude, “The refugee experience is composed of trauma and losses, circumstances that upset the family and social structure.”

1.3.3. Search for Meaning for Trauma Survivors

My *third* inspiration for this study was the search for meaning in traumatic situations. Most research indicates that finding personal meaning in a traumatic event is a critical factor in recovery from traumatic sequelae (Frankl, 1962; Herman, 1992; Solomon, 2004; Tedeschi, Park, & Calhoun, 1998). This seems reasonable, as the very nature of trauma is such that it attacks our basic beliefs and challenges our processes of accommodation and assimilation (Falsetti, Resick, & Davis, 2003; Resick & Schincke, 1993). Decker concurs that there is meaning and argues that, “there are many levels of meaning (i.e., the meaning of words, the intellectual meaning of experience, the meaning of emotions, etc.). In addition, meaning can be both negative and positive.” For example, “We can think of negative meaning as enjoying someone’s pain and of positive meaning as being inspired by someone’s sacrifice (Decker 2007:31). Decker suggests that, “Spiritual concepts and experiences can generally help in the discovery of meaning” (2007:30). Elsewhere in this chapter I made reference to Alice Morgan who views humans as interpreting beings. She says that we all have daily experiences of events that we seek to make meaningful. The stories we have about our lives are created through linking certain events together in a particular sequence across a time period, and finding a way of explaining or making sense of them. This meaning forms the plot of the story. She adds, “We give meanings to our experiences constantly as we live our lives.”

Gilchrist (n.d.) adds, “The traumatic event is unaccounted for in the collective body of assumptions about life, self, and the world that individuals hold. As it fails to make sense in terms of prior assumptions, it creates a “crisis of meaning” in how victims are to understand a number of things.” Gilchrist continues, “The sense of “meaning” that victims either possess or are missing as they attempt to understand an event is directly correspondent to the suffering they experience. As a result victims not only struggle to understand, give meaning to, the nature of the event, but also the nature of a world where such things can occur and—more— that world in relation to oneself. Because the assumptive world is at the centre of one’s being and personality, victims also tend to question their self-worth, blame themselves for the event having occurred, and feel guilt for surviving the event. And because the assumptive world is at the centre of a person’s being, when trauma ruptures, violates, or questions the validity of their assumptions, victims experience a "wounding" of their very being.

1.4. Epistemological Positioning of the Research

This qualitative participatory action research (PAR) utilised narrative approach. Narrative approach is “a social construction that aims to understand experiences in a micro-cultural context through the use of language (verbal and non-verbal), narrative and dialogue (Hoffman 2003:23).” Hoffman adds, “In doing this there is a conscious move away from an approach that seeks to define measure and categorise, towards an interpretative approach to social enquiry which aims to generate insight and understanding (2003:23).

1.4.1. Narrative Research

Andrews, Squire and Tamboukou (2008:3) give a bit of historical background to narrative research. They say the antecedents of contemporary narrative social research are commonly located in two parallel academic moves. The first move is the post-war rise of humanist approaches within the Western sociology and psychology.

These approaches, they add, posed holistic, person-centred approaches, often including attention to individual case studies, biographies and life histories, against positivist empiricism.

The second move is Russian structuralist and later, French poststructuralist, postmodern, psychoanalytic and deconstructionist approaches to narrative within humanities.

Muller (2003:7) argues that the narrative research paradigm has implications not only for the way in which we think about truth, but also for the way in which we try to be truthful in doing research. In talking about the aim of narrative research, Muller, Van Deventer and Human (2001:76) says that “for us, the aim of research is not to bring about change, but to listen to the stories and be drawn into those stories.” In their argument against a structuralistic researcher, who has objectivity in mind by trying to be an observer from outside and by trying to bring about change from the outside, Muller, Van Deventer and Human argue that the narrative researcher has subjective integrity in mind and strives for participatory observation (2001:76). Muller (2003:10) asserts, “The narrative researcher has a deconstructivist agenda.” He goes on to say, “Things need to be unpacked and alternatives have to be explored.” In the narrative approach, the researcher “put[s] the emphasis on the action and not only on the problem” (Muller 2003:10). Riessman (1993:4) concurs with Muller and says that narrative researchers attend to the ways that culture speaks itself through an individual’s story, or in other words, to the ways that private constructions mesh with “a community of life stories.” They understand language to be “deeply constitutive of reality” and not a “transparent medium, unambiguously reflecting stable, singular meanings” (1993:2). Following Muller’s argument, this study did not only focus on the problem areas of co-researchers’ lives, but every action, with a possible alternative story in mind (2003:10).

1.4.2. Social Constructionism

As a narrative researcher, I position myself within the social constructionist paradigm. Muller (2004:295) says that narrative or social constructionist approach forces us to first listen to the stories of people struggling in real situations, not merely to a description of a general context, but to be confronted with a specific and concrete situation.

This approach to practical theology, although also hermeneutical in nature, is more reflexive in its approach and method. As Muller puts it, “It takes the circular movement of *practice-theory-*

practice seriously and brings it into operation.” Thus practical theology, according to narrative or social constructionists approach, indeed becomes part of “doing theology” and takes the social-constructions, within actual contexts, seriously (Muller 2004:295). Jacobs and Manzi (2000:37) add that although encompassing a wide range of theoretical work, constructionist approaches generally entail a questioning of “common-sense” or “taken-for-granted” explanations of reality. For social constructionism, observation is an active process that takes place within the realm of language. Hence, “whatever does exist we can only know by way of our constituting it through discourse” (Grint, 1995:8). Discourse and language are therefore centrally important in understanding how we perceive and make sense of the social world.

A constructionist epistemology purports that an individual’s experience is an active process of interpretation rather than a passive material apprehension of an external physical world (Jacobs et al 2000:37). A major claim advanced by those adopting a social constructionist epistemology is that actors do not merely provide descriptions of events, but are themselves constitutive of wider policy discourses and conflicts. Viewing society and social policy as malleable and subject to power struggles, constructionists do not accept social facts as permanently “accomplished”. This emphasis on contestation is important in offsetting any tendency by actors to objectify social phenomena or reify abstractions into material realities.

Jacobs and Manzi (2000:37) advise, “Using a social constructionist approach we must be sensitive to this tendency by individuals and avoid falling into the trap of treating their accounts as concrete realities or material truths.” Social constructionism therefore offers an altogether different conception of reality from the one advanced by positivism. A common thread that links all work that draws upon social constructionism is the importance it attaches to reflexivity. In particular such research emphasises the need to acknowledge both the importance of “subjectivity” and how the act of research entails selection and pre-conceived idealisations, which, in turn, influence the research agenda (Beck et al 1994).

Social constructionism as an epistemology has its genesis in a number of theoretical developments (Jacobs et al 2000:37). Within traditional philosophy, approaches influenced by the work of the late Wittgenstein have been important in discussions of epistemology (Winch, 1958; Wittgenstein, 1976). Within the sociological tradition, symbolic interactionism (Berger and Luckman, 1966; Schutz, 1967; Strauss, 1978) and ethnography (Geertz, 1993) have been important influences. Each of these approaches, say Jacobs and Manzi, (albeit in different ways) has been concerned with those aspects of our understanding that are influenced by subjective experience and how these experiences are mediated. In social constructionism there is a deep-rooted belief that we, with our rationality, are socially constructed (Muller 2004: 299). Van Huyssteen (2006:10) argues for a construction of rationality/identity based on "own experience" which is also capable of reaching beyond. He adds that, "It is in this sense, then, that a postfoundationalist notion of rationality reveals the fact that one's own experience is always going to be rationally compelling, even as we reach out beyond personal awareness and conviction to interpersonal (and interdisciplinary) dialogue.

1.4.4. Postfoundationalist Practical Theology

Using Postfoundationalist approach of doing practical theological research, Huyssteen advocates for a "Postfoundationalist theology" as a viable third option beyond the extremes of foundationalism and nonfoundationalism. He says that Postfoundationalist theology, like science, relies on a community, a community that converses with itself but also seeks to engage in dialogue across the disciplines because of the rational resources we share (2006:14). In developing his notion of Postfoundationalist rationality, Huyssteen (2006:10) argues for the abandonment of modernist notions of rationality, typically rooted in foundationalism and in the quest for secure foundations for our various domains of knowledge." Instead he opts for a Postfoundationalist rationality which "helps us to acknowledge contextuality, the shaping role of tradition and of interpreted experience, while at the same time enabling us to reach out beyond our own groups, communities, and cultures, in plausible forms of inter-subjective, cross-contextual, and cross-disciplinary conversations." He adds that on this Postfoundationalist view embodied persons, and not abstract beliefs, should be seen as the locus of rationality.

He believes that as human beings we are always socially and contextually embedded and as such we perform rationally by making informed and responsible judgments in very specific personal, communal, but also disciplinary and interdisciplinary contexts (2006:10). As human beings we always interpret our experiences, our observations and perceptions are always theory-laden, and they interact with our world(s) in terms of life views to which we are already committed (2006:13). Therefore we cannot but yield a form of compelling knowledge that must seek to strike a balance between the way our beliefs are anchored in interpreted experience and the broader networks of beliefs in which our rationality compelling experiences are already embedded. As such Huyssteen presses for a public voice of theology in our complex, contemporary culture where theologians and scientists of various stripes, as he calls them, should be empowered to protect their rational integrity of their own disciplines, but also at the same time identifying overlapping issues, shared problems, and even parallel research trajectories as we cross disciplinary lines in multidisciplinary research (2006:13). Although he advocates that a theologian may join forces with the critical scientist in drawing the boundaries *vis-a-vis* all forms of scientism, Huyssteen says that a theologian has a moral obligation to resist all forms of theological imperialism and scientism which have the potential to destroy interdisciplinary dialogue (2006:14). The result is a convincing argument that only a truly accessible and philosophically credible notion of inter-disciplinarity will be able to pave the way for a plausible public theology that can play an important intellectual role in our fragmented culture today.

1.4.5. My Position as a Practical Theologian

As a practical theologian and researcher, this current study was embedded in Postfoundationalist Practical Theology. In defining practical theology, Muller (2004:297) sees practical theology as a discipline that borders on a number of disciplines. Apart from all the theological disciplines, the fields of anthropology, sociology and psychology, among others, are neighbours of practical theology. In all these fields, as in practical theology, there are signs of a development towards a narrative approach. Muller says that in practising this kind of practical theology he feels connected to both the paradigms of Postfoundationalist theology and that of

social-constructionism. He adds, "Like postfoundationalism, social-constructionism is an effort to come to a more balanced and viable epistemology after, what he calls, "the cul-de-sac that resulted from some postmodernist approaches (Muller 2004:298)."

This approach opens up the possibility of interpreting religiously the way in which some of us believe God comes to us, in and through our manifold experiences of nature, persons, ideas, emotions, places, things, and events (Huyssteen 2006:14) and specifically to this study, of traumatic events in our lives. My study is a perfect example of Postfoundationalist approach to doing research because it is by nature interdisciplinary. It is focusing on both the bio-psychosocial and spiritual aspects of trauma on a survivor. While a bio-psychosocial approach looks at the physical, psychological, and social effects of trauma on a survivor, the theological approach looks at the effects of trauma on the spirituality of a survivor. Thus I concur with Huyssteen's argument against theology's epistemic isolation in a pluralist, postmodern world, but instead argue for a Postfoundationalist notion of rationality that reveals the interdisciplinary, public nature of all theological reflection.

The epistemological point of departure for this study is Postfoundationalist practical theology, which holds a great respect for a particular and actual situation as a starting point for research, but, at the same time, accedes to the influence of tradition and trans-disciplinary concerns on understanding of knowledge (Gravett 2008:13-14, Muller 2004: 7). The assumptions and underpinning of Postfoundationalist practical theology are reflected in the study by the use of "Seven Movements" described by Muller (2004: 300), based on the work of Van Huyssteen (2004:6). It is clear that the methodology is of the utmost importance for the success of the envisioned research project (Muller 2003:6).

1.5. Seven Movements Described:

Chapters in this study have been aligned according to specific Movements within Seven Movements in doing Postfoundationalist practical theology in the *following way*:

1.5.1. A specific context is described

Chapter *one* introduces the study rationale, the context, objectives, and the epistemology positioning of the study. Chapter *two* presents existing literature on trauma and spirituality. It defines taken-for-granted terms, for example trauma, spirituality, religion and goes on to explore the psychological, social, physical, and spiritual effects of trauma before exploring different models for treatment or trauma recovery.

1.5.2. In-context experiences are listened to and described

Muller (2004:301) asserts that a team of narrative researchers do empirical research, based on narrative approach. He adds, “They listen to the stories of children, parents, grandparents, and caregivers in order to gain an understanding of the in-context experiences.” In chapter *three* issues of methodology selection of co-researchers, data collection methods, ethics and power relations that arise when one conducts research in more “marginalised” settings and data analysis are addressed.

1.5.3. Interpretations of experiences are made, described and developed in collaboration with co-researchers

In narrative research, during the phase of interpretation of experiences, researchers are not only interested in descriptions of experiences, but also and more importantly in the co-researchers’ own interpretations (Muller 2004:302). Therefore, interpretation is done in constant feedback loops and in collaboration with co-researchers (Baart cited in Muller 2004:302). Chapter four presents my story, the story of a researcher as a participant observer who gives my own interpretation of the multiple traumatic experiences I have had in my life. Chapter five present the results of the research, personal narratives of co-researchers that were captured during the participant observation, focus group meetings and interviews.

1.5.4. A Description of experiences as it is continually informed by traditions of interpretation

Muller (2004:302) points out that “there are specific discourses/traditions in certain communities that inform perceptions and behaviour.” Winslade and Monk (1998) see these discourses shaping our actions and reactions to the events of our lives. Dominant cultural

stories impose severe limits on people seeking to create change in their lives. They add, “Because people are often unaware of how discourses restrict their knowledge and motivation about how to think or act, alternative or preferable ways of living can remain hidden.” These discourses have to be deconstructed i.e. taking apart or unpacking discourses to reveal their impact on a person’s life and invite co-researchers to examine the cultural content of the dominant stories and to consider the possibility that things could be different (Winslade and Monk 1998). Deconstructing dominant cultural discourses has the potential to raise new possibilities for living. Here the researcher listens to and analyses their discourses. He also listens to the literature, the art, and other cultural phenomena (Muller 2004:303). Chapter six gives a critical analysis of the narratives by using thematic analysis. Using a process called content analysis; certain themes are generated from data.

1.5.5. A reflection on the religious and spiritual aspects, especially on God’s presence, as it is understood and experienced in a specific situation

Muller (2004:303) warns researchers that reflection on the religious and spiritual aspects of the co-researchers, especially on God’s presence, should not be forced by researchers; rather an honest effort to listen to and understand their religious and spiritual understanding and experiences of God’s presence. While I acknowledge that my own understanding of God’s presence in a given situation could have a valuable contribution, effort was made to listen for clues in trauma survivors’ narratives about experiences of God. Certain questions are asked and answers to them are clues that my co-researchers are talking about experiences of God’s presence or lack of it. Chapter six also covers the theological reflection on data to answer the question: How does trauma influence the spirituality or posttraumatic spirituality of trauma survivors?

1.5.6. A description of experience, thickened through interdisciplinary investigation

Midali (cited in Muller 2004:303) sees interdisciplinary work to be complicated and difficult. This is because “language, reasoning strategies, contexts, and ways of accounting for human experience differ greatly between the various disciplines”. Muller (2004:303) concurs with

Midali and adds, “Therefore, a one-size-fits-all methodology cannot be applied.” In this study an attempt is made by the researcher to integrate conversations with other theological disciplines and the other sciences through studying literature. These interviews will be interpreted on a social-constructionist basis as pointed out by Muller (2004:301) in his article- *Narrative practical theology, and postfoundationalism: The emergence of a new story*. The results are presented in Chapter *Seven* of the current study. Then chapter *eight* summarises the results of the study.

1.5.7. The development of alternative interpretations that point beyond the local community

As Muller (2004:304) puts it, practical theological research is not only concerned with describing and interpreting experiences but to deconstruct dominant discourses which hinder people from developing alternative interpretations and identities. Thus in this research a bold move is taken to facilitate the development of a “new story of understanding that points beyond the local community” (Muller 2004: 304) by inviting all co-researchers to be engaged in the creation of new meaning.

In order to make the results of this study available for a larger audience, a thesis and research article is published for the scientific community. For co-searchers and the community beyond, results of the study are going to be presented at workshops, conferences where stakeholders affected by the study topic are present.

1.6. Summary of the Chapter

This chapter has mainly looked at the motivation of the study and the research objectives. Several reasons underpin the choice of the topic and site of research. The main aim of this participatory action research (PAR), utilising the narrative approach, was to come to a holistic understanding of the stories of trauma survivors about their experiences; and “to explore the individual and community narratives they have about their lives and relationships, their effects, their meanings and the context in which they have been formed and authored.” Then it explored the epistemological point of departure for the study.

CHAPTER 2: RESEARCH POSITION AND METHODOLOGY

2.1. Introduction

In 2009, in response to a challenge an electoral commissioner posed to churches in terms of what role they were playing to heal Pietermaritzburg communities from the past trauma of Seven Days War, I started a trauma healing project while in the employ of PACSA. On the importance of choosing a research topic, Rubin and Rubin (1995:52-53) suggest that the researcher has to ask himself or herself several questions: Why is this topic important? To whom would it be important? How could the result be used? What are the broader concerns of which this research is a part? After considering these questions, I concluded that it would be important to investigate the people's experiences of trauma in the community that the commissioner referred to. From my Masters thesis "History of Christianity", I researched on the impact of HIV and AIDS in the same community but never considered the impact of trauma and how to heal people from it. Rubin and Rubin (1995: 52) add that one way to ensure that what you have studied in the small has broader implications is to build into your design ways of extending what you have learned to other settings. They suggest the researcher needs "to check out this broader theme, do some interviewing in other types of organisations." Following such advice, I conducted preliminary interviews with individuals from several partner organisations in the area and I also reviewed some literature that shed more light into the impact of political violence on the area under study. Some of this literature includes: Manda (2008) in his research article "*the indispensable role of Christian faith-based organisations in an HIV and AIDS era*" talks about the impact of HIV and AIDS in Pietermaritzburg area and touches on political violence as one of the social ills that pre-disposed the area to HIV and AIDS. Although he focuses on HIV and AIDS, he covers quite a bit about the context of the trauma survivors during the time of political violence. The research by John Atchison unpublished manuscript on the history of Edendale, *and Seven Day War & Political Violence*; Lou Levine in

his book *Faith in turmoil* describes the precipitating factors to the events of the Seven Day War; *Philippe Denis and Radikobo Ntsimane (eds), Oral History in a Wounded Country*. Interactive Interviewing in South Africa; and *"Indians versus Russians". An Oral History of the Political Violence in Nxamalala (1987-1992)*, in which they interviewed a group of women in surrounding communities like Sobantu, and the Greater Edendale Valley, and Nxamalala. Their studies revealed the cost of the Seven Day War and political violence of the 1980s and 1990s on the local populations. More details about the cost of political violence have already been covered in Chapter one of this thesis.

The following pages give a detailed process of the research that gave rise to this thesis. Issues of methodology, data collection techniques, and data analysis are discussed.

2.2. Research Methodology

This section discusses the methodology and methods used to gather data for the study. The research adopted both a quantitative and qualitative approach; other authors such as Paton (1990) call it mixed-method. Elliot (2005:202) defines methodology as decisions made by researchers about sampling, data collection, and analysis. While methods are specific research techniques either for collecting or analysing data, such as a telephone survey or a focus group or a particular statistical procedure (Elliot 2005:202).

To get the relevant data, triangulation was used. According to Elliot triangulation involves using different kinds of data, for example, quantitative and qualitative to answer a specific research question (2005:204). Silverman (2006:48) argues that a researcher can combine quantitative and qualitative methods of research. They can begin with a quantitative study in order to establish a sample of respondents and to establish the broad contours of the field. Then qualitative research can be used to look in depth at a key issue using some earlier samples. This is what this study did. I used a quantitative method in the form of the Harvard Trauma Questionnaire (HTQ) "to establish the broad contours of the field" of trauma, to establish who experienced trauma in their life and what kinds of traumatic events. Then I used qualitative in

the form of focus group discussions and semi-structured interviews to “look in depth at” the role of spirituality in the re-construction of life narratives of trauma survivors.

“This meant that the study was initially conceptualized in quantitative terms, using statistical methods of analysis to examine the experiences and effects of” (Silverman 2006:49) trauma on its survivors.

However, this focus on trauma experiences only made the original study one-sided by leaving out the role of spirituality in the re-construction of life narratives of trauma survivors given that almost ninety seven percent of the respondents who completed HTQ81 were members of different church denominations. Malterud (2001) supports the idea of triangulation and says, “Rather than thinking of qualitative and quantitative strategies as incompatible, they should be seen as complementary. Although procedures for textual interpretation differ from those of statistical analysis, because of the different type of data used and questions to be answered, the underlying principles are much the same.” I chose qualitative methodology because qualitative research methods involve the systematic collection, organisation, and interpretation of textual material derived from talk or observation. It is used in the exploration of meanings of social phenomena as experienced by individuals themselves, in their natural context.

2.2.1. Research Design

2.2.1.1. Narrative Approach

Narrative approach was chosen as a method to do this research. Muller (2004:301) asserts that a team of narrative researchers do empirical research, based on the narrative approach. He adds, “They listen to the stories of children, parents, grandparents, and caregivers in order to gain an understanding of the in-context experiences.” In this qualitative research, an empirical study was conducted based on the narrative approach within a participatory action research (PAR) design. Babbie and Mouton (2001: xxx) say that PAR has its roots in the special concerns and problems associated with doing research in Third World countries. They add that it aims to address issues of methodology, ethics, and power relations that arise when one conducts research in more “marginalised” settings.

Why use a narrative approach for practical theology research

Muller (2003:294-296) Muller states that “the narrative or social constructionist approach ...forces us to first listen to the stories of people struggling in real situations, not merely to a description of a general context, but to be confronted with a specific and concrete situation.” This approach to practical theology, although hermeneutical in nature, is more reflexive in its approach and method. It takes the circular movement of practice-theory-practice seriously and brings it into operation. Practical theology, according to narrative approach, indeed becomes part of “doing theology” and takes the social-constructions, within actual contexts seriously. The practical theologian in this case, is not so much concerned with abstractions and generalisations but rather with the detail of a particular person’s story. To be true to the values of practical theology, I used a narrative approach to collect data in the form of stories and chapters four and five present the very detailed narratives of the research participants.

Muller adds (2009: 296) practical theology is only possible as contextual practical theology. Practical theology cannot function in a general context. It is always local, concrete and specific. The moment it moves away from the concrete specific context, it regresses into some sort of systematic theology. The very essence of practical theology demands of it to be very focused on concrete contexts. It can be argued that theology as a whole should be practical and the theology, which is unpractical, no longer is theology.

As a narrative researcher I chose the PAR design for the following reasons: *First*, participatory action research has emerged in recent years as a significant methodology for intervention, development and change within communities and groups. *Second*, Wadsworth (1998) in *what is Participatory Action Research*, sees Participatory Action Research (PAR) as research which involves all relevant parties in actively examining together current action (which they experience as problematic) in order to change and improve it. It aims to be active co-research, by and for those to be helped; and it tries to be a genuinely democratic or non-coercive process whereby those to be helped, determine the purposes and outcomes of their own inquiry."

Third, Reason (1994) describes participative research as “research with people rather than research on people”. This then frees the researcher from an objectivist-approach of science to research. *Fourth*, Reason (1994) points out that PAR brings people together with a common problem to (1) identify knowledge and action that are directly useful to a community and (2) support people to engage with this knowledge and action to make necessary changes in their lives, relationships, and communities. In this study all co-researchers had a common problem-experience of trauma in their lives and we came together to find ways and processes “to make necessary changes in” our “lives, relationships, and communities.” The *fifth* reason for choosing PAR was, as Park (1999:141-157) has rightly put it, “PAR design incorporates personal reflections as research data.” Thus co-researchers’ reflections and stories were incorporated as research data in this study.

2.2.1.1. Longitudinal design

Although it was not my original research design to do a longitudinal study, it emerged in one of the supervision meetings I had with my supervisor that I could be a participant observer for a year then after that select a small group of co-researchers, interview them and document their experiences of the healing process. As participants’ objectives were met, new objectives emerged. It was like I was playing soccer and each time I got close to score, someone moved the goal post farther away. However, I could not object to their new objective because Participatory Action Research tries to be genuinely democratic or a non-coercive process whereby those to be helped, determine the purposes and outcomes of their own enquiry (Wadsworth 1998). As such, the study took about four years to “score”. Thus longitudinal research design emerged naturally. Harris (1998) says that longitudinal research examines features of the same individuals at least within two different points in time.

HTQ which was administered to research participants as a pre-test before the intervention or at the beginning of the study was administered again to participants one year later as post-test questionnaire to examine the “features of the same individuals” (Harris 1998) to see whether there were changes that might have taken place in the participants’ lives and trauma symptoms between these two times.

Written evaluations, guided by four open-ended questions, were retrieved from participants. Harris (1998) and Paton (1990) assert that longitudinal design allows the researcher to gain detailed insight into the process underlying and individual's way of thinking, feeling, acting and reacting both at a certain stage of the life process, as well as over a period of time. Helwig (1998) adds that the use of a longitudinal design reduces the variability that can be expected when cross-sectional samples are used.

2.2.2. Population

Babbie and Mouton (2001:174) define population as the aggregation of elements from which a sample is actually selected. Since the need for healing the Pietermaritzburg community from past trauma was enormous, it was fitting to carry out this trauma healing project in Pietermaritzburg, and its surrounding areas. Given the pool of traumatised communities, it was virtually impossible to invite everyone to attend the Trauma healing project. The recruitment of participants was done through several organisations that were working with PACSA in 2009. Research participants came from areas like Mpophomeni, Edendale, Sobantu, Pietermaritzburg CBD, Mpumuza, and Escourt. The participant from Escourt moved to Escourt after he had already enrolled in the study. That is why Escourt is mentioned here although it is far from Pietermaritzburg. Participants of other nationalities, who were living in Pietermaritzburg at the time of the study, were also included. They came from Malawi; Democratic Republic of Congo (DRC) and Zimbabwe. Those from DRC and Zimbabwe had refugee status.

The study did not categorise people according to their ethnic or national groups neither did it segregate participants on the basis of religious affiliation. All participants came from different church denominations except for one participant who was a *rasta* (*rasta* or Rastafarianism is a spiritual movement).

Thirty eight participants aged between twenty and forty five years, were selected by recruiting organisations and attended the trauma healing workshop Level 1. Of the thirty eight participants fifteen were men and twenty three were women.

There was no scientific method used by the researcher for selecting the initial research participants except that the recruiting organisations sent them to the workshop. Although they

were not informed prior to attending the workshop that they would be asked to volunteer in the study project, I informed them about the project during the workshop and asked if they would be willing to participate. All the 38 gave a verbal consent. By this time I had not printed out written consent forms because I was not sure how many people would attend the workshop leave alone willing to participate in the study. Thus all the thirty eight became initial research participants. The research process took the form of research participants attending three (two- and –half) days workshops plus occasional one day debriefing sessions, focus group and individual interviews.

2.2.3. Research Instruments

2.2.3.1. Participant Observation

My study spanned an entire three years and two months during which I spent many hours in workshops and debriefing sessions while engaged in active participant observation. As Bell (2003:100) puts it, “The great value of this method was the sense of continuity and embodied intimacy for which it allowed. My intent was to ground my discussion and reflections in the intricacies and complexities of a personally experienced (and thus personally meaningful) trauma healing project.

When choosing the research site I was looking not for an “average” or “typical” or “representative” programme (as would be more characteristic of an objectivist approach), but rather as Bell (2003:100) says, “a programme congruent with my desire to investigate the *potential*” of trauma healing process to trauma survivors’ restoration. I had hoped to take my research in a particular direction, and my research questionnaire, from the beginning, “set the broad contours of my research story.”

As a narrative researcher, my great curiosity was the development of quality relationships between me and the other research participants (Bell 2003:100). I agree with Paul Hart (2002:150) who argues that the “way in which we know” is tied up in our relationships with our

research participants. I wanted not only to develop an insider's perspective on healing trauma survivors, but also to work towards the sort of research relationship described by Connelly and Clandinin (1990:4) where participants "feel cared for and have a voice with which to tell their stories". This worked for me because by the end of the study, participants and I had together come up with completed narratives that were life-giving in the context of caring and supportive relationships.

2.2.3.2. Self-Administered Questionnaire

A self-administered questionnaire was adapted and used because it allows respondents to complete the instrument themselves (Borque et al 1995:1). Busha and Harter (1980:62) add that the self-administered questionnaire allows one to collect large amounts of data within a short period of time. Bourque and Fielder (1995:1) recommend that self-administered questionnaires must be closed-ended ones. In close-ended or structured questions, respondents are provided with fixed responses from which they are supposed to choose. A series of alternative responses are given, from which respondents are allowed to choose (Busha and Harter 1980:70). These types of questions are less demanding for the respondent and much easier to code and analyse, as opposed to open-ended questions. They argue that respondents of self-administered questionnaires dominated by open-ended questions are not always highly motivated to answer the questions. As a result the researcher finds out that returned questionnaires "will frequently have substantial amounts of missing or irrelevant data" (1995:1). Powell (1997:94) concurs with Bourque and Fielder and states that close-ended questions are "standardisable", easy to administer and more easily understood by respondents, in terms of the dimensions along which the answers are sought. Nevertheless Powell acknowledges the limitation of closed-ended questionnaires.

He says, "The shortcoming of such kind of responses is that they sometimes force a statement of opinion on an issue about which the respondent has no opinion. Respondents may also be forced to choose inaccurate answers." To minimise this problem, the Harvard Trauma

Questionnaire was used in the current study which is semi-structured, that is both open-ended and close-ended questions are included in the questionnaire.

Why Using Harvard Trauma Questionnaire (HTQ)

The main variable upon which participative sampling was based was the experience of a traumatic event or possible symptoms of trauma. To make sure that this criterion is met, participants were going to complete the Harvard Trauma Questionnaire (HTQ) as an entry point into the study. Mollica (2004:12) says the HTQ has been designed to assess the mental health functioning of individuals who have experienced traumatic life events. The adaptation of the Harvard Trauma Questionnaire (HTQ) to this study in Pietermaritzburg contributed greatly in selecting research participants. Initially HTQ was developed more than one decade ago. Since then the instrument has been translated and used in refugee and traumatised civilian populations throughout the world and now appear routinely in scientific articles (Mollica et al 2004:1). The instrument fitted the current study perfectly because the team of research participants comprised of refugees and traumatised civilian populations in Pietermaritzburg. Another advantage is that the instrument did not need to be pre-tested. Powell (1997:105) says a pre-test allows the researcher to “learn how well their questions or instructions are understood and how comprehensive the response categories are.” He adds, “A pre-test also allows the researcher to identify questionnaire items that tend to be misunderstood by the respondents and hence fail to yield the information that is needed. I know a lot more about the reliability, validity and psychometric properties of this important tool that has contributed to modest revisions in the original instrument and greater insight into its scientific advantages and limitations (2004:1). Although the instrument has been widely used throughout the world, it has never been used on the current study population and I was curious to find out what results it would bring from the participants.

Categories of information in HTQ

The HTQ is composed of five parts, including: 1) trauma events; 2) personal description; 3) brain Injury; 4) post-traumatic symptoms; and 5) scoring of the instrument.

Trauma Events (Part I)

The earliest version of the HTQ contained a list of seventeen trauma events derived from the core war-related experiences of Indochinese populations. The list of trauma events in the original version of HTQ emerged from a systematic, qualitative approach in which a profile of experiences was compiled from various sources that included clinical information derived by IPC staff over time and interviews undertaken with key community informants, individually and in focus groups (Mollica et al 2004:14).

Personal Description (Part II)

This section allows respondents to record in an open-ended manner the worst event that they had experienced during the period of exposure to mass violence and persecution. It provides the clinician or researcher with insight into the respondents' own subjective experiences and the relative weight that is assigned to a particular event (Mollica et al 2004:14).

Brain Injury (Part III)

This section inquires about direct injury to the head as well as experiences that may lead to brain damage, for example, suffocation, near drowning, starvation. Evidence indicates that head trauma is frequent among populations who have experienced extensive violence (Goldfeld, Mollica, Pesavento, & Faraone, 1988).

Other studies cited by Mollica are Kwentus, Hart, Peck, & Kornstein, (1985); and Lishman (1973), who show that brain injury is often associated with psychiatric symptoms, neuropsychological deficits (Stuss & Benson, 1986; Levin, Eisenberg, & Benton, 1991), and impaired social functioning (Wrightson & Gronwall, 1981; Rimel, Giordani, Boll, & Jane, 1981; Edna, 1987). The role of starvation and severe weight loss in producing cognitive deficits has been documented in a number of studies of prisoners of war (Sutker, Galina, West, & Allain, 1990; Sutker, Allain, Johnson, & Butters, 1992).

Post-traumatic Symptoms (Part IV)

The HTQ includes thirty symptom items and the first sixteen were derived from the *Diagnostic and Statistical Manual of Mental Disorders, Third Edition—Revised* (DSM-III-R) and later *Diagnostic and Statistical Manual, Fourth Edition* (DSM-IV) criteria for PTSD using the stipulated three sub-domains: re-experiencing traumatic events; avoidance and numbing; and psychological arousal. One physiologic item from the DSM-IV for arousal was not included since it would not be measured in a self-report (2004:15)

Scoring (Part IV)

Part V gives directions for scoring of the instrument. Parts I, II, and III of the HTQ were not primarily designed to derive numerical scores, although summation of trauma events or examination of the underlying factorial structure of trauma dimensions may be useful in research studies. Mollica (2004:17) adds that a comparison of the responses to Part I and Part II may be especially interesting since it may add personalised information about the salience of a particular trauma in each respondent.

1. For the responses to each item, assign the following numbers:

1 = "Not at all"

2 = "A little"

3 = "Quite a bit"; and

4 = "Extremely"

2. Add up the items 1–16 and divide by 16 to get the DSM-IV PTSD score:

DSM-IV PTSD Score: = item 1 + item 2 + ... item 16

16

The higher the scores on the DSM-IV PTSD item and total item scales, the more likely it is that the respondent has symptoms specifically associated with trauma. An interview with a PTSD score and/or a total score of ≥ 2.5 is generally considered "*checklist positive*" for PTSD in an Indochinese population. To be *checklist positive* means that the respondent's score of ≥ 2.5 is

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comparable to the scores of Indochinese refugee patients at a psychiatric clinic who have been given the clinical diagnosis of PTSD.

For example, respondent code number H1 scored: items 1-16 totalled: $\frac{40}{16} = 2.5$

16

This means that respondent code H1 with scores on DSM-IV and/or total of 2.5 is considered symptomatic for PTSD; or had symptoms specifically associated with trauma by the time he was entering the study.

2.2.3.3. Focus Groups

The third research instrument was a focus group. Given (2008:352) sees focus groups as a form of qualitative interviewing that uses a researcher-led group discussion to generate data. Since their reintroduction to social science research in the mid-1980s, focus groups have become a popular method because, like individual interviews, they can be modified in a wide variety of ways to suit an equally wide range of purposes. Given (2008:352) adds that focus groups can thus be used for exploratory research, where the participants are relatively free to discuss the topic as they see fit, or they can be used in a more structured fashion, where the interviewer or moderator takes a more active role in controlling the issues to be discussed.

Kitzinger (1995:299) sees focus groups as “a form of group interview that capitalises on communication between research participants in order to generate data. Although group interviews are often used simply as a quick and convenient way to collect data from several people simultaneously, focus groups explicitly use group interaction as part of the method”. She adds that focus groups have advantages for researchers in the field of health and medicine: “They do not discriminate against people who cannot read or write and they can encourage participation from people reluctant to be interviewed on their own or who feel they have nothing to say.” By bringing together people who share a similar background, focus groups create the opportunity for participants to engage in meaningful conversations about the topics that researchers wish to understand. This ability to learn about participants’ perspectives by

listening to their conversations makes focus groups especially useful for hearing from groups whose voices are often marginalised within the larger society (Given 2008:352).

The main purpose of focus group meetings in the current study was to document reconstructed life narratives shattered by trauma. Besides narrating our stories as a process of healing, participants requested to document their own stories to help the reader to find healing through identification. Ernst van Alphen, (in van der Merwe et al 2008: ix) asserts that trauma is “characterized by a loss of plot, the traumatic experience cannot be immediately ‘translated’ into the narrative structures of our mental memory; therefore, trauma signifies a ‘failed experience’”. When this happens, Van der Merwe and Gobodo-Madikizela (2008: ix) see the necessity of writing down the narratives to unearth or surface the lost plots. They argue, “Literally narratives can help us to confront our traumas, to bring to light what has been suppressed; it also imagines new possibilities of living meaningfully in a changed world. They add that the healing potential of literary narratives can be seen from the point of the writer, who could find a catharsis through the (indirect) expression of suppressed pain, or from the viewpoint of the reader, who could find some kind of healing through discovering points of identification residing in the narrative. Literary writing invents new narratives through which the traumatic memory readers can be vicariously expressed, so that they can experience a catharsis. Thus participants were trained to document their own stories which have formed part of the data for this study. This in a way has benefited research participants to confront their traumas, “to bring to light what has been suppressed” and “imagine new possibilities of living meaningfully in a changed world” (van der Merwe 2008: ix).

2.2.3.4. Interviews

Interviewing is central to narrative research. Elliot (2005:19) says, “Texts on the use of qualitative interviewing in social research routinely begin from the premise that semi-structured and in-depth interviews provide the ideal method for discovering more about individual’s lives and intimate experiences. Weiss (1994:1) adds,

Interviewing can inform us about the nature of social life. We can learn about the work of occupations and how people fashion careers, about cultures and the values they sponsor, and about the challenges people confront as they live their lives. We can also, through interviewing about people's interior experiences learn the meaning for them of their relationships, their families, their work, and their selves. We can learn about all the experiences, from joy through grief, that together constitute the human condition.

I aimed to probe and work towards an in-depth understanding of patterns of meaning-making among a relatively small group of people involved in trauma healing project. As Bell (2003:102) puts it, interview created opportunities to pause and reflect with participants about what they remembered, valued, liked, and disliked about their involvement in the trauma healing project. Among other things, interviewing allowed participants to make explicit certain feelings, beliefs, and opinions which might otherwise have been left unsaid and/or passed unnoticed (Bell 2003:102). This allowed participants to "feel freer to express themselves in their own words and attend to what was most important to them" (Bell 2003:102). I opted for semi-structured interviews based on open-ended questions. Because the interviews were grounded in shared experiences, they unfolded like comfortable conversations (Bell 2003:102). As a result, there was a considerable degree of variation among the interviews, with comments sparking unanticipated questions and leading, at times, into lengthy digressions (e.g., about politics, social interactions, church, marriage).

There was also a reflective dimension to the interviews, as participants took advantage of a rare moment's stillness to gather their thoughts and share insight and stories about the matters at hand (Bell 2003:102).

Bell continues that apart from producing a better response rate, face-to-face interviews provided a greater capacity for the correction of misunderstandings by respondents. Interviews allowed me to probe further for elaboration or clarity on respondents' answers. Busha and Harter (1980:78) point out that verbal response often provides valuable original data. The interview with trauma survivors elicited some background information that could not have been elicited from the group storytelling or focus group meeting.

2.2.4. Administering the Research Instruments

In this section, the procedures that were followed in administering the research instruments are discussed. The research instruments administered in this study were: participant observation, questionnaire, focus group, and the semi-structured interviews.

2.2.4.1. Administering the HTQ during Trauma Healing Workshop Level 1

The first trauma healing workshop Level 1 (refer to Appendix 1 for Level 1 Programme) took place from 30 October to 1 November 2009. Thirty eight participants attended of which fifteen were men and twenty three were women. This level focused on moving a participant from a victim to a survivor and covered the following themes: defining stress and trauma; establishing safety and trust; drawing and sharing of stories; looking at the effects of stress and trauma in our lives; naming and mourning the losses, effective ways of coping and encouraging healthy relationships. On the last day, during verbal evaluation, many people said they felt relieved and others felt their shoulders were lighter than before as they offloaded their burdens.

Access to respondents was easy because they were all together in one place at Kenosis Retreat Centre where we had the first Trauma healing workshop. The self-administered questionnaire was deemed appropriate, to allow the participants to complete it at their own convenience. Some completed it during the workshop time others during tea and lunch breaks and others in their rooms in the evening.

All thirty eight completed the questionnaire and returned it to me during the workshop representing a hundred percent response rate. After data cleaning, of the thirty eight questionnaires that were completed, thirty three of them were actually usable representing eighty six point eight four percent rate. Although not statistically analysed at the time, preliminary results showed that of the thirty three who completed their questionnaires and were usable, twenty six of them had either experienced or witnessed at least one or multiple traumatic events in their life. For example, some participants both male and female experienced rape, others witnessed murder of close relatives, were shot at but survived, involved in car accidents, kidnapped, sustained serious injuries to the head, robbed at gun point, imprisoned, being close to death, suffocated, nearly drowned, tested HIV positive, and

others were victims of other forms of violence. Thus by the end of the Level 1 workshop, I had obtained a team of co-researchers that were going to proceed with the trauma healing project. During this workshop both instruments were at work, one was HTQ81 and the other one was participant observation. The questionnaire revealed that twenty six out of thirty three whose questionnaire was usable experienced a traumatic event or multiple events while the rest did not. Therefore, the study proceeded with the twenty six while leaving out the rest who did not experience traumatic event.

2.2.4.2. Participant Observation

In April 2010, four months after Level 1, the twenty six participants were invited to attend Trauma healing workshop Level 2 (refer to Appendix 3 for Level 2 workshop programme). This level continued the healing process by focusing on helping survivors to become wounded healers. The process comprised themes like: understanding yourself as a healer; explore why you want to become a healer; how to take care of yourself as a caregiver and how to heal and inspire your community with faith and hope. This went on very well and by the end of the workshop participants received certificates from Diakonia, a sister organisation to PACSA which facilitated the stress and trauma workshops Levels 1 and 2 for PACSA.

As the process was going on two processes emerged. The first process was the research that sought to bring healing to the participants for their own traumatic experiences. There was already remarkable progress for many of them.

The second process that emerged as a surprise to me was that the participants requested to be trained as trauma facilitators- people who would in turn facilitate the very trauma healing Levels 1 and 2 they passed through. They said the process was so helpful to them that they wanted to facilitate healing in their own communities and churches and in languages they would be comfortable with. I wondered what direction the study was going to take now, but as a narrative researcher I did not want to use my power to impose things on them instead as Muller puts it, I allowed myself to be led by research participants. So I decided to move along

with them and see what developed. As a participant observer I was keen to see how the trauma healing process was going to help us heal. I also needed healing from the xenophobia trauma I experienced in May 2008 (my full story is covered in Chapter four of this thesis).

I carried on with participant observation during Trauma healing Level 3. Level 3 was geared at training the facilitators. Besides participants requesting training PACSA, which was involved in funding the project, saw the need to train facilitators who would run workshops to heal the communities from past trauma of political violence. There as a general feeling to increase the pool of trauma facilitators who would extend the healing work beyond PACSA's reach. Thus twenty six participants who attended levels 1 and 2 were invited to attend level 3 training in June 2010. However, only twenty three facilitators were trained from the different communities that PACSA was working with including the refugee community. Of the twenty three facilitators three were from DRC, two were from Zimbabwe and one was from Malawi. The rest were South Africans. I really enjoyed my participatory action research as I continued to benefit from it as well through healing and also training in how I can facilitate trauma healing workshops.

After facilitators were trained, we agreed as a research team that we would begin to facilitate the workshops in our communities. We adapted another organisation's material *Sinani*, on trauma awareness. I accompanied facilitators in their own communities and joined them in facilitating the programme for their community members. Although I was actively participating in facilitation, I never forgot my task as a researcher to take notes.

Thus the time between June and December 2010 we were busy with debriefing sessions as care for the caregivers and conducted four Trauma awareness workshops in four communities of: Mpophomeni, Howick West, Sobantu, and Refugee community in Pietermaritzburg Central Business District (CBD).

During the trauma awareness campaigns some people who realised that they were living with trauma and wanted to end their relationship with it submitted their names to local facilitators

in their community. Then the facilitators gave me the names and I organised a level 1 stress and trauma healing workshop for them which was facilitated by trained facilitators from 10-12 December 2010. There was remarkable evidence that facilitators had moved many miles away from the pools of pain they drained during their level 1 workshop. They became wounded healers who actually facilitated the telling of traumatic stories by other level 1 workshop participants. I was impressed to see trained facilitators in action. This was the overall purpose of the Trauma healing project- to heal a group from the communities who would then begin using their wounds to heal their communities in their context.

2.2.4.3. Focus Group

Given (2008:352) acknowledges that qualitative researchers often face a choice between using focus groups or individual interviews. However, according to her, the underlying similarities between these two methods are at least as important as their differences. Given argues that most important, they both have a strong tendency to base the content of the interview on the researcher's interests, and they both give the researcher a potentially large role in determining how the conversation will proceed. A third surprise for me was that some facilitators requested to document their life narratives and publish them into a book. "We want to use our wounds to heal others," they said. A project within a project was born, that of re-authoring narratives shattered by trauma. However, we experienced attrition. Elliot (2005:199) defines attrition as "the decrease in sample size over time in longitudinal prospective panel studies resulting from respondent refusal, failure to trace all respondents for repeated data collection, emigration, and death." From twenty three trained facilitators, the number dropped to thirteen who willing to re-construct their narratives through writing.

As a process of learning to write stories worthy of publishing, we attended two (one-day) story writing workshops in Durban at Diakonia Council of Churches facilitated by Professor Dorian Haarhoff. We experienced further attrition and four participants dropped from the race of publishing life stories. So nine of us continued with the process of documenting our own stories. This group met four times in 2012 to debrief, write and edit the stories.

2.2.4.3.1. Selecting Co-Researchers for Individual Interviews

Out of nine participants I selected a sample of five co-researchers whose stories I would use as data for this study. To get these five I used a purposeful sampling method. Babbie and Mouton (2001:288) say that sampling in the interpretive paradigm is often purposeful and directed at certain inclusive criteria, rather than random. They add that sampling in studies where qualitative methods are used, are almost always by means of purposeful sampling. Babbie (2004:183) defines purposive sampling as “a type of non-probability sampling in which you select the units to be observed on the basis of your own judgement about which ones will be the most useful or representative.” (Bailey (1982:96) adds that in purposive or judgmental sampling the investigator uses his or her own judgment about which respondent to choose, and pick only those who best meet the purpose of the study. Another advantage of purposive sampling is that the researchers can use their research skill and prior knowledge to choose respondents. Indeed I used prior knowledge of their traumatic experiences to select the five. Also I asked them if I could use their stories as data for my doctoral study and they were willing and even signed consent forms. In order to involve myself in “the action and action fields” (Muller 2003: 11), I used purposeful participative sampling. “In this manner of participative sampling,” adds Muller (2003: 11), “the identification of the relatively and absolutely marginalised is of vital importance.”

2.2.4.4. Individual Interviews

Moen (2006) in his reflections of the narrative approach says, “To understand a human being, her or his actions, thoughts, and reflections, you have to look at the environment, or the social, cultural, and institutional context in which the particular individual operates.” While focus group did not afford me this opportunity to engage all participants in their context because a central venue that is accessible to participants had to be decided upon, I opted for individual interviews. Given (2008:352) argues that choosing between focus groups and individual interviews is often not a matter of using either one or the other, because the two often work well in combination. She suggests one common option is to use one method as a first step,

followed by further data collection with the other. I decided to use focus group first, to generate whatever data I could retrieve in a group. The focus group typically provided access to a greater number of participants, while the in-depth interviews typically provided more detail about each participant (Given 2008:352). I conducted individual interviews with four of the five participants and each interview took anything between one and two hours and conversations were digitally recorded plus I made some field notes. I managed to interview one participant in the context in which he operates. I interviewed the other three in my office in Pietermaritzburg because that was the only convenient place the participants had chosen. Nevertheless I can say that all four were interviewed in their context because the three live within Pietermaritzburg area.

The main purpose of these in-depth interviews was to help participants to come up with a thick description of their life narratives. 'Thick description' in narrative studies means that the narrative presents both the context and the web of social relationships (Denzin 1989). Rich, thick description means that the researcher describes in detail the participants and the settings of the study (Denzin 1989). Seeing that they were struggling to document their own stories, I took them through semi-structured interviews where I asked guiding questions in some issues where they needed more description. Eventually all the five participants came up with full life narratives. Two of the five participants documented their own narratives with minimum support from the researcher (Chapter five presents life narratives of co-researchers).

2.2.5. Data Analysis

Data analysis involves categorising, ordering, manipulating and summarising data to find answers to the research questions (Kerlinger 1986, Ngulube 2005:138). According to Ngulube (2005:138) "data analysis may aid a researcher to arrive at a better understanding of the operation of the social processes". Once data is collected it should be checked for completeness, comprehensibility, consistency and reliability. This process is referred to as data cleaning. Powell (1997:63) states that data cleaning involves "everything from simply reading the results, looking for surprising responses and unexpected patterns, to verifying or checking

the coding of the data.” Data cleaning is done both after data collection and after data entry into the computer.

In order to begin the process of analysing qualitative data, the data collected was prepared and transcribed from digital audio files and placed in computer files and text units were created. The raw data and field notes were reviewed. These notes provided context-specific as well as observational data that assisted me in more accurately understanding and describing the cases (Gonzalez et al. 2012). The data was then reduced from the life narratives to several salient themes through a process called thematic analysis (Gonzalez et al. 2012).

2.2.5.1. Thematic Analysis

Braun and Clarke (n.d.) define thematic analysis as a method of identifying, analysing, and reporting patterns (themes) within data. It minimally organises and describes your data set in (rich) detail. However, it also often goes further than this, and interprets various aspects of the research topic (Boyatzis, 1998). I chose to use thematic analysis approach to analyse qualitative data because, as Braun and Clarke put it, “Thematic analysis is a flexible approach that can be used across a range of epistemologies and research questions.”

Braun and Clarke (n.d.) see this approach as having other advantages as well. *First*, it is a useful method for working within a participatory research paradigm, with participants as collaborators. It is an appropriate approach for the current study as it falls under PAR design.

Second, it can usefully summarise key features of a large body of data, and/or offer a ‘thick description’ of the data set. *Third*, it allows for social as well as psychological interpretations of data. *Fourth*, it is accessible to researchers with little or no experience of qualitative research. *Fifth*, results are generally accessible to an educated general public. *Sixth*, it can generate unanticipated insights. *Seventh*, it can be useful for producing qualitative analyses suited to informing policy development.

An alternative use of thematic analysis, add Braun and Clarke, is to provide a more detailed and nuanced account of one particular theme, or group of themes, within the data. This might relate to a specific question or area of interest within the data (a semantic approach), or to a

particular 'latent' theme across the whole or majority of the data set. They define concepts semantic and latent approaches in the following way: With a semantic approach, the themes are identified within the explicit or surface meanings of the data and the analyst is not looking for anything *beyond* what a participant has said or what has been written. While latent thematic analysis, the development of the themes themselves involves interpretative work, and the analysis that is produced is not just description, but is already theorised. Analysis within this latent tradition tends to come from a constructionist paradigm. From a constructionist perspective, meaning and experience is socially produced and reproduced, rather than inhering within individuals (Burr 1995). Therefore, thematic analysis conducted within a constructionist framework cannot and does not seek to focus on motivation or individual psychologies, but instead seeks to theorise the socio-cultural contexts, and structural conditions, that enable the individual accounts that are provided. Thematic analysis that focuses on 'latent' themes tends to be more constructionist, and it also tends to start to overlap with thematic discourse analysis at this point.

The current study is qualitative, participatory action research utilising a narrative approach. Since narrative approach believes that participants' narratives are socially constructed, it seemed appropriate to me to use latent thematic analysis to analyse data collected since it has a constructionist paradigm. Jacobs and Manzi (2000:37) argue that for social science, constructionist epistemology has radical implications for the conduct of research. What constitutes "knowledge" is dependent upon definitional concepts and categories established by researchers.

Steps of Thematic Analysis

The following phases were used to analyse this study based on the work of Virginia Braun & Victoria Clarke.

Table 1: Phases of Thematic Analysis

Phase	Activity	Description of the process
1	Familiarising myself with my data:	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
2	Generating initial codes:	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3	Searching for themes:	Collating codes into potential themes, gathering all data relevant to each potential theme.
4	Reviewing themes:	Checking if the themes work in relation to the coded extracts and the entire data set, generating a thematic 'map' of the analysis.
5	Defining and naming themes:	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells; generating clear definitions and names for each theme.
6	Producing the report:	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back the analysis to the research question and literature, producing a scholarly report of the analysis.

2.2.6. Evaluation of the Research Method

Ngulube (cf. Mawindo 2005:49) contends that evaluation of a research method is necessary to find out if it measured what it intended to. Evaluation requires assessing the reliability and validity of the research method, as well as the instrumentation. Gay (1996, cf. Mawindo 2005:49) defines reliability as “the degree to which a test consistently measures what it sets out to measure, while at the same time yielding the same results.” According to Weisberg, Krosnick and Bowen (cf. Mawindo 2005:49) validity refers to “the degree to which a test measures what it is supposed to measure.” In other words, a valid research method measures the concepts it is intended to measure. All surveys have certain methodological limitations in common. Additional limitations are imposed by constraints in time and money and by other factors unique to a particular object (Doyle, James K. 2001). They add that It is not good for researchers to give readers the impression that their research was perfect. Errors and limitations need to be acknowledged.

One limitation in this study was the use of the Harvard Trauma Questionnaire to develop the research participants. The questionnaire produced results for other populations like the Indochinese who have different geo-political and social context. To use the same scale to measure trauma symptoms among Africans living in South Africa with a different social and geo-political environment may have certain unforeseen limitations

CHAPTER 3: UNDERSTANDING TRAUMA

3.1. Introduction

People who experience traumatic events in their lives often have symptoms and complications afterwards. Carson and Ruzek (n.d.) argue that how serious the symptoms and problems are depends on many things including a person's life experiences before the trauma, a person's own natural ability to cope with stress, how serious the trauma was, and what kind of help and support a person gets from family, friends, and professionals immediately following the trauma. They add that because most trauma survivors are not familiar with how trauma affects people, they often have trouble understanding what is happening to them. They may think the trauma is their fault, that they are going crazy, or that there is something wrong with them because other people who experienced the trauma don't appear to have the same problems. Survivors may turn to drugs or alcohol to make themselves feel better. They may turn away from friends and family who don't seem to understand. They may not know what to do to get better (Carson et al n.d.).

Trauma exposure occurs along a continuum of “complexity,” from the less complex single, adult-onset incident (e.g., a car accident) where all else is stable in a person’s life, to the repeated and intrusive trauma “frequently of an interpersonal nature, often involving a significant amount of stigma or shame” and where an individual may be more vulnerable, due to a variety of factors, to its effects (Briere et al 2005: 401). Recent trauma studies have deepened our understanding of trauma and its impact. Briere & Spinazzola (2005: 401) describe a complex range of post-trauma symptoms and identify the interactions of multiple factors as contributing to their seriousness. For example, more serious symptoms are associated with histories of multiple victimisations, often beginning in childhood and resulting in disruptions of parent-child relationships (Ford & Kidd, 1998; Turner, Finkelhor & Ormrod, 2006). More profound impacts are also associated with co-occurring behavioural health problems, like substance abuse disorders, (Acierno, Resnick, Kilpatrick, Saunders, & best, 1991) and with a range of other issues, like limited social support, lower socioeconomic status, and stigma

associated with particular traumatic events (Brierer et al 2005). This chapter reviews some of the literature and studies that have been conducted in the field of trauma and spirituality. It looks at the effects of trauma on the survivor's spirit, soul and body. While some effects affect the individual only, some authors argue for systemic impact. Particular attention is drawn to the effect of trauma on the spiritual development of the trauma survivor.

This chapter reviews existing literature on what trauma is, bio-psychosocial effects of trauma on individuals, family, communities and other systems that surround the survivor. Of particular interest is the role that trauma plays on the development of spirituality or 'God Images' of the person during and after experiencing trauma (post-traumatic spirituality). The chapter ends with some models for treating trauma survivors and systems that support them.

3.2.1. Understanding Trauma

Kaminer and Eagle (2010:2) in their book *Traumatic Stress in South Africa*, trace the origin of the word trauma from a Greek word meaning 'to tear' or 'to rupture'. In the case of psychological trauma, they add, "this understanding is reflected in a notion of psychological wounding and the penetration of unwanted thoughts, emotions and experiences into the psyche or being of the person." Traumatic experiences are usually unanticipated and by definition place excessive demands on people's existing coping strategies. Thus traumatic events create severe disruption to many aspects of psychological functioning (2010:2).

American Psychiatric Association [APA], (2000) in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*, 4th edition, Text Revision; specifically defines trauma as,

Direct experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (Criterion A1) (2000:463).

When defining trauma Nelson-Pechota (2004) finds it important to clarify words so that the reader does not get confused. She says, first, it is very important to separate a traumatic *event*

from an individual's *reaction* to that event. A traumatic experience is a potentially terrifying situation in which an individual fears a severe personal injury to him/her or witnesses a threat to another individual. The key word is "potentially." Two individuals can be in the exact same frightening situation and one will react with little or no discomfort while others might experience high levels of distress. Likewise, some situations are more likely to be traumatising than others. For example, soldiers who experience severe combat or exposure to atrocities are more likely to react with fear and horror than soldiers who never see combat or who participate in minor skirmishes.

3.3. Psychological Responses to Trauma

Nelson-Pechota is right that no two people may react or respond to the same traumatic event in the same way. However, the American Psychiatric Association (APA) (2000:463) in describing the response to trauma, argue that, "The person's response to the event must involve intense fear, helplessness, or horror (in children, the response must involve disorganised or agitated behaviour) (Criterion A2)." The characteristic symptoms resulting from the exposure to extreme trauma includes persistent re-experiencing of the traumatic event (Criterion B), persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (Criterion C), and persistent symptoms of increased arousal (Criterion D) (APA 2000:463). Meintjes (n.d.) argues that there are many experiences which are negative and painful, which affect us in different ways as we continue with life's journey, but not all experiences can be called traumatic. APA in DSM-IV-TR (2000:463-464) give examples of the events that would be considered traumatic and are experienced directly, but are not limited to, military combat, violent personal assault (sexual assault, physical attack, robbery, mugging), being kidnapped, being taken hostage, terrorist attack, such as the 9/11 attack on twin towers in New York City, America, torture, incarceration as a prisoner of war or in a concentration camp, natural or man-made disasters, severe motor vehicle accidents, or being diagnosed with a life-threatening illness. Meintjes (n.d.) adds the following events to the DSM-IV list: physical abuse, domestic violence, rape, armed robbery, floods. While events listed by DSM-IV are generic, Meintjes list is very important because it relates to the context of research participants (South Africa) in this

study. (You will note in Chapter four a list of traumatic events experienced by participants in this study).

Carson and Rukez (n.d.) say that when people find themselves suddenly in danger, sometimes they are overcome with feelings of fear, helplessness, or horror. However, in cases of children, argues APA (2000:464) “sexually traumatic events may include developmentally inappropriate sexual experiences without threatened or actual violence or injury. Carson and Ruzek point out that after traumatic experiences, people may have problems that they didn't have before the event. If these problems are severe and the survivor does not get help for them, they can begin to cause problems in the survivor's family.

Meintjes (n.d.:8) says because traumatic experiences are frightening and shocking, almost all people are affected for some time afterwards. Meintjes mentions two responses to any traumatic experience: *avoidance* or *re-experiencing*. She says a survivor will respond by avoiding facing what happened. This avoidance takes the form of trying not to think about what happened or avoid places and things associated with the event; While others avoid talking about aspects of the experience that were particularly awful. In order to cope or numb the pain some will take substances such as alcohol or drugs to block out the feelings and memories. The survivor tries all he or she can to avoid thinking about the traumatic event because to think about it is like going back and experiencing it again, which is very frightening and painful. The second response is re-experiencing. Meintjes (n.d.:8) says that an individual can re-experience trauma. This happens because the event did happen and is now part of our memory, it tends to keep coming back into our minds. This is when we experience nightmares, flashbacks or thinking about the event even when we are trying not to.

Caruth (1995:142) adds that, “sometimes a response to an overwhelming event or set of events may be delayed. When this happens, the survivor may experience repeated, intrusive hallucinations, dreams, thoughts or behaviour.” Caruth (1995:142) asserts that the pathology of trauma consists solely in the structure of the experience or reception: the event is not

assimilated or experienced fully at the time, but only belatedly in its repeated possession of the one who experiences it. Thus, according to Caruth, to be traumatised means “precisely to be possessed by an image or event.”

Van der Kolk and Van der Hart (n.d.:158-82) see trauma as a special form of memory and the traumatic experience has affect only, not meaning. It produces emotions such as terror, fear, shock, and above all disruption of the normal feeling of comfort. The sensation factor sector of the brain is active during trauma but the meaning-making faculty, the rational thought and cognitive processing, namely, the cerebral cortex- remains shut down because the affect is too much to be registered cognitively in the brain. Since experience has not been given meaning, the person experiencing it is continually haunted by it in dreams, flashbacks and hallucinations. In their comments Kaplan and Wang (2004:5) say that in this theory, then, trauma is a debilitating kind of memory. “It is engraved on the body, precisely because the original experience was too overwhelming to be processed by the mind.” Thus trauma is viewed as a special form of bodily memory. To be repressed, a memory would have to be cognitively processed, and then forgotten (2004:5). But because it has not been processed, the memory tries to find a way into consciousness, but ends up only leaking its disturbing and ambivalent traces in a typical traumatic symptom of flashbacks, hallucinations, phobias, and nightmares (Kaplan et al 2004:5).

Carson and Ruzek (n.d.) say that during a trauma, survivors often become overwhelmed with fear. Soon after the traumatic experience, they may re-experience the trauma mentally and physically. Because this can be uncomfortable and sometimes painful, survivors tend to avoid reminders of the trauma. These symptoms create a problem that is called Post-traumatic Stress Disorder (PTSD). PTSD is a specific set of problems resulting from a traumatic experience and is recognised by medical and mental-health professionals.

3.3.1. Table 2: Post-traumatic Stress Disorder (PTSD) Symptoms:

A: The person has been exposed to a traumatic event in which both of the following were present:

- (1) The person experienced, witnessed, or was confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of self or others
- (2) The person's response involved intense fear, helplessness, or horror. (Note that in children this may be expressed instead by disorganised or agitated behaviour).

B: The traumatic event is persistently re-experienced in one (or more) of the following ways:

- (1) Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: in young children, repetitive play may occur in which themes or aspects of trauma are expressed.
- (2) Recurrent distressing dreams of the event. Note: in children, there may be frightening dreams without recognisable content.
- (3) Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated). Note: in young children, traumatic specific re-enactment may occur.
- (4) Intense psychological distress at exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event
- (5) Physiological reactivity on exposure to internal and external cues that symbolise or resembles an aspect of the traumatic event.

C: Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the

following:

- (1) Efforts to avoid thoughts, feelings, or conversations associated with the trauma
- (2) Efforts to avoid activities, places, or people that arouse recollections of the trauma
- (3) Inability to recall an important aspect of the trauma
- (4) Markedly diminished interest in participation in significant activities
- (5) Feeling of detachment or estrangement from others
- (6) Restricted range of affects (for example, unable to have loving feelings)
- (7) Sense of a foreshortened future (for example, does not expect to have a career, marriage, children, or a normal life span)

D: Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

- (1) Difficult falling or staying asleep
- (2) Irritability or outbursts of anger
- (3) Difficulty concentrating
- (4) Hyper vigilance
- (5) Exaggerated startle response

E: Duration of the disturbance (symptoms in criteria B, C, and D) is more than 1 month

F: The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if:

Acute: if duration of symptoms is less than 3 months

Chronic: if duration of symptoms is 3 months or more

Specify if:

With Delayed Onset: if onset of symptoms is at least 6 months after the stressor.

Source: American Psychiatric Association [APA], 2000. *The Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR (2000:467-468), 4th edition, Text Revision (*DSM-IV-TR*)).

The table below summarises the common effects of exposure to traumatic experience:

Table 3: Common Signs after Exposure to Trauma or Loss

Physical	Cognitive/Mental	Emotional	Behavioural
<ul style="list-style-type: none"> • Chest pain • Chills • Difficulty breathing • Dizziness • Elevated blood pressure • Fainting • Fatigue • Grinding teeth • Headaches • Muscle tremors • Nausea • Profuse sweating • Rapid heart rate • Shock symptoms 	<ul style="list-style-type: none"> • Blaming someone • Change in alertness • Confusion • Difficulty identifying familiar objects or people • Hyper-vigilance • Increased or decreased awareness of surroundings • Intrusive images • Loss of orientation to time, place, person • Memory problems • Nightmares • Poor abstract thinking 	<ul style="list-style-type: none"> • Agitation • Anxiety • Apprehension • Denial • Depression • Emotional shock • Fear • Feeling overwhelmed • Grief • Guilt • Inappropriate emotional response • Irritability • Loss of emotional control 	<ul style="list-style-type: none"> • Alcohol consumption • Antisocial acts • Change in activity • Change in communication • Change in sexual functioning • Change in speech pattern • Emotional outbursts • Erratic movements • Hyper-alert to environment • Inability to rest

<ul style="list-style-type: none"> • Thirst • Twitches • Visual difficulties • Vomiting • Weakness 	<ul style="list-style-type: none"> • Poor attention • Poor concentration • Poor decisions • Poor problem solving 	<ul style="list-style-type: none"> • Severe pain • Uncertainty 	<ul style="list-style-type: none"> • Loss or increased appetite • Pacing • Somatic complaints • Startle reflex intensified • Suspiciousness • Withdrawal
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Source: The Management of Post-Traumatic Stress Working Group. Department of Veterans Affairs. Department of Defence VA/DoD *Clinical Practice Guideline for the Management of Post-Traumatic Stress Version 1.0*

3.3.2. Other Problems Associated with Exposure to a Traumatic Incident

The National Centre for PTSD says that people who go through traumatic experiences often have symptoms and problems afterwards. How serious the symptoms and problems are depends on many factors including a person's life experiences before the trauma, a person's own natural ability to cope with stress, how serious the trauma was, and what kind of help and support a person gets from family, friends, and professionals immediately following the trauma. For example, SAITS(2009) points out that repeated exposure to traumatic incidents lead to sustained high levels of adrenaline, which may lead to long term changes in behaviour and even physical strain on the body. People who are working with victims of traumatic incidences or whose jobs expose them to repeated traumas (nurses, paramedics, social workers, psychologists, mortuary workers, police) may become traumatised through their exposure to the trauma of others. This is called vicarious trauma.

Carson and Ruzek (n.d.) add that physical health symptoms and problems can happen because of long periods of physical agitation or arousal from anxiety. Trauma survivors may also avoid medical care because it reminds them of their trauma and causes anxiety, and this may lead to

poorer health. For example, a rape survivor may not visit a gynaecologist and an injured motor vehicle accident survivor may avoid doctors because they remind him or her that a trauma occurred. Habits used to cope with post-traumatic stress, like alcohol use, can also cause health problems. In addition, other things that happened at the time of the trauma may cause health problems (for example, an injury).

3.3.2.1. Changes in the Brain

Kaminer and Eagle (2010:37) reveal something very interesting. They say that the brain structure and functioning of trauma survivors who develop PTSD differ from those who do not develop PTSD. Research in the area of brain imaging shows that trauma survivors with PTSD have a significant smaller hippocampus (an area of the brain which, plays a critical role in the categorisation and storage of incoming stimuli in memory) and an excessive activated amygdala (an area of the brain that is involved in evaluating the emotional significance of incoming stimuli) (Van der Kolk 1996a). Kaminer and Eagle add that people who develop PTSD after a trauma also appear to have a different type of neurochemical response to the trauma than those trauma survivors who do not develop PTSD (2010:37). A good example is the receptors in the brain for the stress hormone, cortisol, appears to be more sensitive in people who develop PTSD after a trauma, compared with those who do not, possibly making them intensely sensitive and hyper-responsive to external events (Yehuda 1999:21-32). This suggests that the neurobiology of PTSD is qualitatively different from the neurobiology of the normal stress response that is, PTSD does not appear to be simply an extreme version of the normal stress response (Kaminer et al 2010:38).

3.3.2.2. Depression

Meintjes (n.d.:65) contends that some trauma survivors may suffer from an underlying depression. This is a clinical illness, involving sadness, hopelessness and often low self-esteem. SAITS(2009) adds that depression involves feeling down or sad more days than not, and losing interest in activities that used to be enjoyable or fun. “You may feel low in energy and be overly tired. People may feel hopelessness or despair, or feeling that things will never get better.

Depression may be especially likely when a person experiences loss such as the death of close friends. This sometimes leads a depressed person to think about hurting or killing him or herself. “

3.3.2.3. Self-Blame, Guilt and Shame

Sometimes in trying to make sense of a traumatic event, people take too much responsibility for bad things that happened, for what they did or did not do, or for surviving when others didn't (SAITS(2009). Meintjes (n.d.:31) adds that most trauma survivors also feel very guilty about what happened. This can happen even if this was clearly not their fault. They may also feel a strong sense of shame about some aspects of the trauma incident. Guilt is a powerful emotion that can haunt a person for many years. It is also a very personal emotion. Many people feel others can't really understand their guilt.

3.3.2.4. Anger or Aggressive Behaviour

Feelings of anger can be difficult to deal with after a traumatic experience. Meintjes (n.d.:27) points out that almost all trauma survivors feel extremely angry about what happened. This is justified since the person was frightened and helpless. She adds that some survivors have a strong desire for revenge, and need support during this time of extreme anger or hatred. Trauma can be connected with anger in many ways. After a trauma people often feel that the situation was unfair or unjust. They can't comprehend why the event has happened and why it has happened to them. These thoughts can result in intense anger.

Although anger is a natural and healthy emotion, intense feelings of anger and aggressive behaviour can cause relationship and job problems, and loss of friendships. If people become violent when angry, this can just make the situation worse as people can become injured and there may be legal consequences.

3.3.2.5. Alcohol/Drug Abuse

Kaplan and Wang (2004:116) argue that a post-traumatic memory is characterised by montage-like relations of intrusiveness and remoteness, of vision and blindness, of remembering and forgetting. They continue to say that PTSD is characterised by symptomological dialectic of hypermnesia and amnesia, memories are not mastered, but rather they are experienced as involuntary, hallucinatory repetitions, or, alternatively, are blocked. Thus an image of the past will repeat with a shocking literality, intruding on the present (2004:116-117). To deal with this experience some trauma survivors resort to abusing alcohol or "self-medicating" with drugs as a common way to cope with upsetting events to numb themselves and to try to deal with the difficult thoughts, feelings, and memories related to the trauma. While this may offer a quick solution, it can actually lead to more problems especially if someone begins to lose control of drinking or drug use (SAITS2009).

3.3.3. Effects of Trauma on a Survivor

3.3.3.1. Effect of Trauma on Belief Systems

Assumptive World Theory (Janoff-Bulman (1992))

Janoff-Bulman (1992:5) in her *Assumptive World Theory*, argues that traumatic events are psychologically distressing because they shatter some of survivors' fundamental assumptions about the world. She says, "Sometimes assumptions or illusions about oneself, the world and others are shattered during traumatic experiences". She adds that our fundamental assumptions are the bedrock of our conceptual system; they are the assumptions that we are least aware of and least likely to challenge. "Most generally, at the core of our assumptive world are abstract beliefs about ourselves, the external world, and the relationship between the two."

Gilchrist (n.d.:1) in his article, *A Genealogy of Suffering*, points out that when a traumatic event occurs, the effect is to "shatter" the victim's assumptive world, or to deliver "profound

invalidation” of that world. Parkes (1975:132) defines “assumptive world” as a “strongly held set of assumptions about the world and the self which is confidently maintained and used as a means of recognising, planning and acting.”

According to Janoff-Bulman, there are generally three fundamental assumptions that people hold: the world is benevolent; the world is meaningful; and the self is worthy. She sees assumptive world as a cognitive schema. Commenting on cognitive schema, Kaler (2009:1-2) writes, “as with other cognitive schemata, the assumptive world is developed and modified gradually in accord with lived experience. Once these cognitive schemata are established, however, it is thought to be held on such a basic and generally unquestioned level that it is only upon confrontation with a stimulus of seismic proportions, such as a traumatic event, that the assumptive world’s veracity is called into question.

Trauma destroys the belief that we are in control of our lives; leaving us shattered and powerless. In Bio-psychosocial assessment of trauma, the effects of trauma on the physical, psychology and social dimensions of a survivor are explored extensively.

Trauma has a devastating effect on one’s personal well-being, that of their family, friends, surrounding community and the country as a whole. For example, John Ging, the top U.N. official in Gaza commenting on the impact of war between Israel and Hamas said, "There's nowhere safe in Gaza. Everyone here is terrorized and traumatized."

3.3.4. Effect of Trauma on Spirituality

Kaminer and Eagle (2010: 49) argue that a wealth of knowledge about the impact of trauma has emerged in South Africa over the past few decades. However, there are some aspects that remain poorly understood and require further attention. One of such areas is the impact of trauma on the spirituality of the survivor. While Solomon focuses on the bio-psychosocial impact of trauma on the survivor, and Gilchrist and Janoff-Bulman focus on the impact of trauma on the cognitive systems and assumptive world, other authors like Daniel Louw (2005),

Watts (2007:507), Viktor Frankl (1984), and Meichenbaum (n.d.) focus on the impact of trauma on the spirituality of a trauma survivor.

3.3.4.1. Understanding Spirituality

Meichenbaum (n.d.) defines *spirituality* as “an attempt to seek meaning, purpose and a direction of life in relation to a higher power, universal spirit or God. Spirituality reflects a search for the sacred.” The word spirituality is derived from the Latin word *spirale* which means “to blow or to breathe”. The Hebrew word “Ruach” and the Greek word “Pneuma” convey a similar meaning. Thus, spirituality denotes giving breath and hope to individuals, families and communities.

Decker (1993:34) concurs with Meichenbaum in his understanding of *spirituality* as a search for purpose and meaning involving both the transcendent (the experience of existence beyond the physical/psychological) and immanence (the discovery of the transcendent in the physical/psychological), regardless of religious affiliation. The term *religious* denotes the part of the process when spiritual impulses are formally organised into a social/political structure designed to facilitate and interpret the spiritual search (1993:34).

Yehya and Mohan (2010:846) argue that, “religion reflects a broader cosmology, or a way of knowing that guides the values, beliefs, morals, and actions of cultural members as compared to the dominant biomedical model.” Religiosity and spirituality integrate into the way people come to make sense of their health and well-being. Despite being two separate constructs, religiosity and spirituality are connected with overlapping dimensions that relate to beliefs and practices (Thoresen et al 2002). Considering that spirituality is the private, “individual pursuit of meaning outside the world of immediate experience” (Corrigan, McCorkle, Schnell, & Kidder, 2003: 488), religiosity is the collective and public engagement in a concerted belief system. Religiousness is commonly viewed as society based participation in an institutionalised doctrine that relates to a higher power (Corrigan et. al., 2003; Egbert, et al 2004; Thoresen, Harris, et al,

2001), compared to the more personal and individual constructions of values reflected in spirituality (Decker, 1993; Yick, 2008).

3.3.4.2 Effect of trauma on spirituality

Louw (2005:112) says, “A crisis affects the spiritual realm as well. It invades spirituality due to the interconnectedness between self-understanding and different God-images.” He argues, “Different God-images are often a reflection and representation of an understanding of the most burning question in suffering: why, God? (*Theodicy*).” In what he calls, pastoral model, Louw (2007:72) says that images and conceptions of God play a decisive role for the ‘healthy’ functioning of mature faith. Louw argues that, in a pastoral assessment of health and sickness it is not so much about a correct or incorrect understanding, or a good or bad concept. It is not about the doctrine of the church or the content of specific denominational confessions. It is about the question whether the concepts are appropriate or inappropriate in terms of spiritual and life issues regarding our human quest for meaning and dignity (2007:72). The pastoral model recognises the impact of appropriate or inappropriate God images in the healing of a trauma survivor (Louw 2007:72). Louw asserts, “Inappropriate God-images can lead to pathology and ‘spiritual illness’.

In this regard fixed ideas about morals and law connected to God and his will easily leads to legalism and rigorism. Louw brings us to the second issue that Grant raises, the human quest for meaning. Both authors recognise the potential of trauma opening “the way to a deeper sense of life’s meaning”.

Writing in the context of war Nelson-Pechota (2004) comments that exposure to traumatic combat experiences often leads to a search for meaning and purpose within a personal and collective sense - seeking the answers to a myriad of questions about the painful realities of warfare, the value of personal existence, and the value of the human race. The faith that God is constantly available to respond to one’s hopes, fears, anxieties, and tragedies can be shattered (Wilson et al 1998). Individuals who are unable to resolve challenges to their moral and spiritual beliefs might find themselves in a state of spiritual alienation, which can take many forms (Nelson-Pechota 2004). For example, a person may feel abandoned by God, and in his or her

response may reject God, feeling that God was powerless to help and therefore unavailable, feeling wartime pain was punishment from God, or at its most extreme, believing that God's ultimate punishment will be eternal damnation. Giving an example of the experiences of American soldiers in Vietnam, Nelson-Pechota says,

Most American soldiers who fought in Vietnam believed at first that their cause was just. Some held firm in their belief while others became disillusioned. Some soldiers used their faith as a source of strength to help them endure their pain and suffering, while the faith of others was shattered when they came to believe that a loving God was not present to provide concern, protection, and divine assistance.

Although Nelson-Pechota (2004) describes the experiences of soldiers in combat, Louw (2007) argues that “the experience of trauma affects all the people involved, including the support systems.” According to systemic model, the impact of trauma extends beyond the individual who was directly involved in the event. Meintjes (n.d.:12) agrees with Louw, “When something bad happens, family, friends, neighbourhood, communities and even society at large may be affected. The family and friends of the trauma survivor may also go through some type of trauma which could be expressed in form of fear, horror, and feelings of helplessness to assist the person involved in the trauma. Thus family and friends may feel guilty about what happened, or angry and begin blaming themselves or the perpetrator or survivor. Somehow all the people involved in the system may feel intense guilt that they failed to protect their family member or members. Talking about guilt, Elizabeth Neuffer (in Danieli, 2002: 286) tells her story,

I left Bosnia...three years ago. What I didn't realize then is that Bosnia...will never leave me. Loud sudden noises still make me duck for cover as if there were shellfire nearby. I still dream, from time to time, about a foot clad in a tennis shoe that I saw poking from a mass grave. I now always sleep lightly, one ear cocked for danger. But most of all what stays with me is the guilt...”

Different people respond differently to traumatic experiences. For example, Victor Frankl (1984:47), talking about his experiences of the concentration camp in his book *Man's Search for Meaning, An Introduction to Logotherapy* says, "In spite of all the enforced physical and mental primitiveness of the life in a concentration camp, it was possible for spiritual life to deepen". He adds, "So when stripped of everything and made into subhuman numbered tools, this human/spiritual fact still remained alive." Frankl (1984:72-74) concludes his observations, in a parenthetical thought, that: "The consciousness of one's inner value is anchored in higher, more spiritual things, and cannot be shaken by camp life. But how many free men, let alone prisoners, possess it?" He believed that there is always a choice of action, even when all circumstances governing our life or even whether we have a life seem to be or actually are in the hands of others. A "vestige of spiritual freedom" an "independence of mind" can be preserved against all odds. According to him this is "a genuine inner achievement (1984: 75-76) and, "It is this spiritual freedom---which cannot be taken away--that makes life meaningful and purposeful."(1984:75-76).

In his article, *Trauma may open a door to spirituality*, Scheinin (1998-1999) tells a story of a psychologist by the name of Robert Grant, a student of war and its casualties.

He says that Grant visited Papua New Guinea and almost routinely met men and women bearing bullet wounds from years of civil conflict. Grant went to the bush and listened to survivors tell stories about "rebels coming in and burning a whole village down, loved ones being raped and shot in front of them." Then he [Grant] conveyed this message: Traumatic experience can break a person, destroying trust in God and the world. Or it can provide a spiritual opening - a crack that opens the way to a deeper sense of life's meaning.

3.4. Trauma and Recovery

Janoff-Bulman (1979) points out that research on cognitive processes in victimisation indicates that major changes in the individual's basic life assumptions may occur. These assumptions involve the security and meaningfulness of the world and one's sense of self-worth in relation to perception of the environment. Specifically, these assumptions are: (1) that one's

environment is physically and psychologically safe; (2) that events are predictable, meaningful and fair; (3) that one's own sense of self-worth is positive in relation to experiences with other people and events (Hunter, 1996). Janoff-Bulman (1992:5) adds that assumptions such as these are learned and confirmed by the experience of many years. However, trauma destroys or violates this bedrock of assumptions and throws meaning into disarray. When this happens Hunter (1996) recommends the need for integrated care and a successful treatment program which will address not only the emotional issues that characterise the disorder but also its psychophysiological, cognitive, and interpersonal processes and existential meanings.

Solomon (2003:7) notes that a traumatic experience can have other devastating consequences on the victims' lives, as well as on the lives of those who love them. She argues, "Over and above its impact on physical health, a traumatic experience can result in marital, occupational, and financial problems for its survivors." For example, recent studies of refugees, disaster victims, prisoners of war, and other traumatised populations suggest that victims are at an excess risk of displaying suicidal behaviour for several years after the traumatic event.

In order to heal from this wounding DePrince and Freyd (2002) propose that, within this shattered assumption framework, coping with and healing from trauma require that individuals reconcile their old set of assumptions with new modified assumptions. Gilchrist adds, "In facing a traumatic event, victims enter a process that leads them, ideally, to rebuild their assumptions by incorporating a new understanding of the event. They may thus continue to live with awareness that such events occur, yet without being overwhelmed by their existence.

The trauma literature generally supports the notion that spiritual or religious perspectives are helpful in recovery from trauma sequelae (Connor, Davidson, & Lee, 2003; Linley & Joseph, 2004; Parappully, Rosenbaum, van den Daele, and Nzewi, 2002; Pargament, Smith, Koenig, and Perez, 1998; Solomon, 2004; Witvliet, Phipps, Feldman, and Beckham, 2004). For example, in studies of war veterans, Fontana and Rosenheck (2005) argue that most recently, research has indicated that the greater the loss of meaning (defined as the loss of predictability and control), the more the veteran seeks help from both clergy and mental health professionals. However,

some researchers like Falsetti, Resick and Davis (2003) indicate that the relationship between post-trauma recovery and having spiritual beliefs is complex and not always positive.

3.4.1. Limitations of Bio-Medical Model in Trauma Recovery

According to Louw (2007:25), today's medicine enjoys a very high status in Western Society. He says that the practice of medicine is no longer based on empiricism and superstition but on advanced knowledge of the structure and function of the human body, the origin and processes of disease and of the external and internal factors that influence the course of diseases. As such a bio-medical approach to health and sickness is therefore very dominant in the process of cure and healing. The implication and danger, though, in the above bio-medical model is that human beings can be reduced to merely functional organisms. Louw notes another danger in the bio-medical as that of degrading human beings to an object by ignoring the spiritual and cultural dimensions of life. This bio-medical model comes from the dualistic approach. "The background for a dualistic approach is the separation of the human person into soul (subject) and body (object).

In many medical circles the emphasis is then on the body and not on the spiritual dimension" (2007:25). Louw adds that when one looks at Western society, one will observe that the "emphasis tends to be on the physical and material with the result that the health of the body takes precedence over the health of the 'soul'." This dualistic separation goes even further a separation between a person and his or her social context (family/culture, also between a human being and his or her environment).

3.4.2. The Role of Spirituality/Religion in Trauma Recovery

Holistic intervention to post-traumatic recovery of a survivor is very important. Generally, and scientifically to some extent, it is accepted that a human being comprises of body, soul, spirit (without considering putting the three in order of importance). And Janoff-Bulman (1992) is clear on the impact of trauma on assumptive world, therefore we cannot treat trauma dualistically. Louw (2007:26) advocates for a systems approach which takes the relational dimension such as marriage, family, culture and religion into account. Decker (2007:34) agrees

with Louw and adds that Western culture emphasises a materialism that no longer suffices to provide meaning to many trauma survivors. Giving an example of war veterans, he says,

The lack of meaning in material life forces them to face their existential limits, and religion may provide a balm for their resulting anxiety. Fundamentalists of all religions have discovered that if one believes in something literally, then existential limits, at least temporarily, diminish. Many veterans have found a greater sense of peace after the adoption of a literal, fundamentalist religious perspective.

Several major meta-analytic reviews have been conducted that demonstrate that individuals who use religious and spiritual coping efforts demonstrate greater physical and emotional well-being (Ano and Vasconcelles, 2005; Miller and Kelley, 2005; Pargament 2007). Meichenbaum observes that religious coping has been found to have a significant association with a variety of adjustment indicators including lower levels of depression and alcohol consumption,

fewer somatic complaints, fewer interpersonal problems, lower mortality, and greater levels of life satisfaction, more use of social supports and overall improved coping ability.

Research shows that spirituality can be a resource for people to cope effectively in traumatic situations. For example, a National survey conducted by Schuster (et al 2001: 1505-1512) found that after the terrorist attacks of September 11, 2001, ninety percent of Americans reported that they turned to prayer, religion or some form of spiritual activity with loved ones in an effort to cope. Another study following Hurricane Katrina revealed that ninety two percent of those who survived and who were evacuated to shelters in Houston said that their faith played an important role in helping them get through (Meichenbaum n.d.:6). A most poignant account is offered by Pargament (2007) who describes how prisoners in concentration camps secretly continued engaging in religious activities. Elie Weisel (1965) in his book *Night* describes how God was put on trial by the prisoners of a concentration camp. They found God guilty as charged, but then the prisoners went on to pray anyway.

The above trial by prisoners reveals something important- that trauma can destroy beliefs and assumptions not only about the world and people as Janoff-Bulman has put it but also about the spiritual realm. Watts (2007:507) notes that, “Severe stress can push people to extremes in their view of religion as a way of coping. Some people who are not normally religious turn to religion under severe stress to cope. Other people, under severe stress may abandon or turn against religious beliefs and forsake their spirituality.” *In his prologue*, Meichenbaum (n.d.:3) writing about Americans says, “The major way that folks in North America cope with trauma is by means of turning to prayer and religion. For many people, their spirituality and faith are central to their personal and group identity and influence the ways they cope with traumatic events”.

While many studies that show the relationship between trauma and spirituality are from America, this study is relevant as it seeks to establish what influence trauma has on the spirituality of trauma survivors and what role spirituality plays in the re-construction of life narratives shattered by trauma.

3.4.3. Models of trauma treatment

There are numerous models of treating trauma that are in circulation and it would be impossible to present all of them in this thesis.

3.4.3.1. SAITS Trauma Intervention Model

SAITS (2009) says that intervention happens at different levels. There is emergency intervention, early intervention, brief intervention, and long-term interventions.

3.4.3.1.1. Emergency Intervention

This intervention usually happens at the scene of the traumatic event. SAITS (2009) recommend that the following activities be considered:

Call Out Service

The person who receives the call should try to get as much information as possible, ascertaining the extent of the disaster and other important details. It is helpful to take the name and contact details of the person who made the call.

Arrival at the Scene

As trauma support services it is helpful to arrive as soon as possible after the event, without getting in the way of emergency services.

Safety

The first stage is to ensure physical safety of people at the scene. This part may be coordinated by the police or paramedics or fire services. Again do not get in the way of their work. When SAITS (2009) talks about safety it takes into consideration physical safety, psychological safety, safety in relation to self, and safety in relation to others.

Medical Care

One should assist anyone who has sustained injuries during the incident.

Securing the Crime Scene

SAITS (2009) cautions that trauma support workers should be careful not to get in the way of emergency services. Workers may also assist the police in securing the crime scenes.

Helping People Reconnect with Their Families

It can be very valuable to survivors to be assisted with contacting their family and friends.

Reassurance

Part of the first aspect of early intervention is offering reassurance. This may be reassurance about safety, what is going to happen next, others status.

Psycho-Education

SAITS (2009) recommends psycho-education at a later stage. This may be offered to family members of the survivor. Included in the psycho-education are explaining trauma, trauma reactions, and reassurance that some symptoms are to be expected and are normal. This is a very important stage in the treatment of trauma because some trauma survivors feel like they are going crazy when they begin to experience certain symptoms which were never there before the impact.

Assessment

Assessing how the individual is coping with the trauma and trauma responses assist with identification of at risk people who will require specialised care.

Referral

It is advisable that specialised trauma cases be referred to other professionals for specialised trauma support.

3.4.3.1.2 Early Intervention

SAITS (2009) says the aim of trauma counselling is not to make people forget, but to try and live with the memory in a way that is helpful and less distressing.

Some early intervention models focus on debriefing and emphasise the importance of debriefing within twenty hours after the incident or the disaster. However, recent studies suggest that good early intervention should happen at least forty eight hours after the initial trauma event. Trauma work at the early intervention phase includes:

Safety and Control

One of the impacts of trauma is loss of control over events because what happens during trauma elicits extreme helplessness. Such trauma survivors need to be able to feel that they are in control. Early trauma support aims to re-establish a basic sense of safety and control. The client needs assurance that this is a safe place.

Trust

Trauma destroys the trust we have in other people, in God, and even in our family members. We put our trust in the system or government of law enforcement agencies that they are going to protect us. When the traumatic event hits, the survivor may feel isolated and cut off from others. Meintjes (n.d.:18) says most trauma survivors feel very hopeless. Thus trauma work aims to restore a person's hope in the future and trust in other human beings. Hence it is very important that the trauma support worker is completely trustworthy and reliable.

Containment

Sometimes a trauma survivor may be scattered all over the place in terms of the expression of emotions. Trauma support aims to help people feel more secure and contained about their feelings.

Processing the experience

Early intervention plays a significant role in allowing for an initial processing of the experience by allowing the victim to share his experience in an empathic and supportive environment.

Restructuring understanding

Usually a trauma survivor is confused about what happened and struggles to understand the event. This is where early intervention is needed to help the survivor to organise the event. I can attest to this. One day I was called out for a trauma debriefing, seventy two hours after a twenty four year-old man shot himself and died on his bed. Some family members were in the house and they heard the gun while others members were at work. During the debriefing session I asked each one of them where they were when the young man shot himself and what did they hear. Each one of them narrated the part they knew. However, for those who were not in the house at the time of the suicide, and who might have a chance to hear details of what exactly happened, they had a chance to hear in detail what happened and who did what and who did not do what. Although it was an unpleasant situation, the fact that each one brought

their piece of the puzzle pieced the whole story together. As SAITS(2009) puts it, “the reason we ask the person to go through this painful process of uncovering the detail of the nub is to allow for the release of the worst parts of the trauma that are bothering him or her. Although it is re-experiencing the event again, the survivor this time is with someone who is safe and in control of what is happening”. I managed to contain the situation we even moved on to talk about the funeral arrangements.

3.4.3.1.3. Brief Intervention Work

SAITS (2009) and Meintjes (n.d.:20) recommend The Wits Trauma Model as a brief intervention work or a brief term integrative psychotherapy intervention used for the treatment of psychological trauma (Hajiyannis, et al 1999). The model has been conceptualised within the integrative psychotherapy paradigm, and Eagle (1998) describes the benefits implicit to an integrative approach. The model was developed by the staff of the Psychology department at the University of Witwatersrand. The model is empirical in nature in that it was formulated using case material from hundreds of clients presenting with various forms of post-traumatic stress. Methodologically, therefore, the model was developed out of an empirical multiple case study approach derived within the South African context (Hajianis et al 1999). The model integrates psychodynamic and cognitive-behavioural approaches for the treatment of psychological trauma. From this perspective, add Hajiyannis and Robertson (1999) the model provides an explanation of how psychodynamic and cognitive-behavioural processes interact to influence the development, maintenance and/or prevention of post-traumatic stress symptoms.

Hajiyannis and Robertson argue that the epistemological philosophy underpinning the Wits Trauma Model is perhaps its greatest strength as it explicitly recognises that trauma impacts on both internal and external psychological functioning, and thus requires a treatment approach which addresses both internal, psychodynamic processes, as well as intervention which is structured and problem-oriented.

3.4.3.2. The Wits Trauma Model

The model consists of five components which can be introduced interchangeably depending on the needs of the client. The authors acknowledge the use of Eagle's (1998) description of these components as follows:

1. Telling/Retelling the Story

This involves the client giving a detailed description of the traumatic incident in sequence, including facts, feelings, thoughts, sensations, as well as imagined or fantasised aspects. This allows the client to give expression to the often unexpressed feelings and fantasies connected with the trauma which are often adaptively inhibited during life-threatening situations. Within the safety of the therapeutic context, this expression is usually made possible. In telling the story, a useful question to ask the client is, "what was the worst moment for you?" This provides both the client and counsellor with more information about what was the most difficult part of the experience and often points to what needs further exploration. The benefits of telling and retelling the story are many:

The sharing of feelings and fantasies prevents repression and displacement into other symptoms. In telling the story the client is able to impose a time sequence onto the event, and thus transforms what are often sensory and episodic memories to the realm of processed thought and symbolism. By psychologically accompanying the client through the traumatic event, the therapist is able to demonstrate the ability to tolerate horrific or overwhelming aspects of the trauma, thus serving as a positive model to clients when the memory is evoked in the future. The detailed telling of the story encourages confronting rather than avoiding aversive stimuli and this serves to reduce anticipated anxiety associated with the stimulus.

2. Normalising the Symptoms

This comprises obtaining information about symptoms as well as anticipation of symptoms. The client's symptoms are discussed and empathised with, while at the same time providing

education about post-traumatic stress symptoms. Therapists make links between the traumatic event and symptoms experienced, as well as reassure clients of the normality of their experience. That is, that their symptoms/reactions are normal responses to abnormal events and that they will diminish in time. Reassuring clients that their responses are normal reactions to an abnormal event, as well as educating clients about what symptoms to expect, serves to both reduce the fear that they are going crazy, as well as to reduce the chances of a client suffering secondary traumatisation because of the fear of their reactions/symptoms.

3. Addressing Survivor Guilt or Self-Blame

In this phase, feelings of self-blame or survivor guilt need to be explored. In many cases survivor guilt may not be present but in practically every case, there are feelings of self-blame. Self-blame may represent a wish to retrospectively "undo" the trauma and restore a sense of control. Self-blame may also relate to the belief that the person could have done more to prevent what happened. Survivor guilt may emerge when someone has died in a traumatic incident. Where clients present with guilt feelings or self-blame in the counselling situation, it is imperative that the counsellor take the client through the events very carefully, while at the same time exploring alternative scenarios and how useful these would have been. During this process, clients usually discover that their guilt is irrational and that under the circumstances they did the best that they could. In cases where a client's actions did cause the situation, the counsellor needs to help the client separate outcome from intent/motive. Addressing survivor guilt or self-blame serves various functions: it reassures the client that he/she did the best he/she could under the circumstances; it helps restore self-esteem through affirming any thoughts, behaviour or strategies that were effective in the situation; it reinforces the fact that the client's actions facilitated his/her survival; it addresses concerns clients may have about how their actions affected others; it explores irrational beliefs that may have developed.

4. Encouraging Mastery

In this phase of the model the counsellor assists the client to carry on with the task of daily living and to restore the client to previous levels of coping. One of the most important aspects of coping is adequate support; therefore the counsellor encourages building and mobilising existing support. Where necessary, clients are provided with various techniques to assist with coping. These include relaxation and stress/anxiety management skills, cognitive techniques such as thought stopping, distraction and time structuring, as well as systematic desensitisation. In restoring the coping capacity of the client, anxiety is greatly reduced. Coping skills must outweigh the stress.

5. Facilitating Creation of Meaning

The final stage of the model is optional and only pursued if the client raises meaning issues. In assisting a client with establishing meaning out of a particular event, it requires the counsellor to engage with the client's belief system, be this on a cultural, political, spiritual or existential level. Work in this area is designed to be respectful of the client's existing beliefs and experience, while at the same time assisting the client in deriving some meaning from the event in a way which engenders hope and some future perspective.

In essence, this phase of the intervention model can be understood as enhancing the client's ability to understand him/herself as a survivor rather than a victim. According to Janoff-Bulman (1992), the shattered assumptions and beliefs need to be modified.

Hajjiannis and Robertson (1999) argue that although the model has not been subjected to evaluative experimental research, it has several advantages in the treatment of trauma survivors. First, Hajjiannis and Robertson (1999) assert that hundreds of clients have been counselled at the Trauma Clinic using the Wits Trauma model. Second, subjective reports from counsellors and clients demonstrate the model's efficacy in alleviating symptomatology in most clients treated using this counselling model. Third, the Wits model utilised at the Trauma Clinic

is ideally suited to the South African context there the enormous demand for such services necessitates a time limited and cost effective approach.

Although there is much success acknowledged in using this model in South Africa, some researchers find some limitations. For example, the model is applied in cases of acute stress and post-traumatic stress disorder; however, Herman (1992) argues that it is not considered appropriate for use in cases of complex post-traumatic stress. Other critiques see that it is not appropriate in cases of continuous traumatic stress (Straker & The Sanctuaries Team, 1987; Straker & Moosa, 1994), where a longer term of psychotherapeutic intervention is required. The third limitation is that the model is short term in nature, ranging from two to fifteen sessions. But Hajjiannis and Robertson contend that, in their experience, “improvement is noted after four to six sessions in the majority of cases.”

3.4.3.1.4. Long-Term Interventions

SAITS (2009) states that there are two strong traditions or schools relating to trauma work. One focuses more on behaviour (cognitive behavioural approaches) and the other focuses more on internal processes and dynamics (psychoanalytic or psychodynamic approaches. According to SAITS (2009):

Cognitive Behaviour Therapy (CBT)

CBT focuses on the reduction of symptoms. Literature on trauma treatment has shown good success rates with these approaches, because the success is measured by symptom reduction.

Psychodynamic Approaches

A lot of our understanding of trauma work comes from the psychoanalytic tradition. For example, the original concepts of repressed memories were introduced by Freud. These approaches argue that symptom reduction is not enough or is not the only way to understand healing. There is much more healing that happens at an internal level (SAITS 2009).

3.4.3.1.5. The Trauma Therapy Model: Three Stages of Treatment

This model is used by the Centre for Addiction and Mental Health. Like Egan's Model of counselling is sometimes known as 3-stage model, the Centre for Addiction and Mental Health is also a 3-stage model but the difference is the focus. Most therapy professionals agree that the standard and best approach for working with trauma survivors should follow these three stages:

1. stabilising and managing responses
2. processing and grieving traumatic memories
3. reconnecting with the world

Overview of the Trauma Therapy Model

The Centre for Addiction and Mental Health outline their model as follows:

1. First Stage: Stabilising and Managing Responses

The first stage of trauma therapy teaches the survivor about trauma and therapy. An example given by the Centre is that of an abuse survivor although the model can apply to survivors of other types of traumatic experiences. A survivor creates more effective strategies to manage the effects of trauma on his or her life (sometimes called "symptoms"). These new skills and knowledge should help the survivor to feel more stable and better able to function in his or her life. This stage of trauma treatment does not involve looking at or dealing with early experiences of abuse. However, it is important for the abuse survivor to acknowledge any experience of abuse or neglect. That way the therapist and client can begin a process of helping the client understand how the past affects the present.

The three key tasks of first stage of trauma treatment are: establishing safety, psych education and managing trauma responses.

2. Second Stage: Processing and Grieving Traumatic Memories

This second or middle stage of trauma therapy involves looking at past experiences of trauma. It explores how the trauma has affected the survivor in the past and how it continues to affect them. Then traumatic memories need to be processed and grieved by using some of the effective methods for dealing with traumatic memories such as: cognitive-behavioural therapy (CBT); eye movement desensitisation reprocessing therapy (EMDR); and body-psychotherapy and Sensorimotor Psychotherapy.

With both CBT techniques and EMDR techniques, survivors are asked to remember all aspects of the incident(s) as vividly as possible, including aspects that involve the senses (sight, smell, touch, and hearing). Many survivors instinctively avoid memories, thoughts and feeling related to the abuse or trauma they suffered, but avoiding these things prolongs the trauma responses and prevents survivors from getting over trauma-related difficulties. So a survivor is encouraged to face painful experiences instead of avoiding them. This helps the survivor to process the traumatic experience, and then the pain and anxiety will gradually lessen. Many women find that they have more intense feelings and reactions to the abuse when they are confronting their memories. However, the Centre recommends that they should not be in a constant state of crisis. If this happens, the therapy should return to the first stage of helping her feel more stable and able to manage reactions.

3. Third Stage: Reconnecting with the World

The third and last stage of trauma therapy involves addressing any remaining difficulties in the survivor's life, as well as working on ways to connect fully in his or her relationships with others. One thing with trauma is that it isolates survivors from other support systems and this model recommends, what it calls, "reconnecting with the world". This stage also looks into dealing with the issues of daily life for survivors who are doing well, but who are still struggling with certain issues. For example, a survivor may feel pretty good, but have a hard time reconnecting with friends and family, have trouble finding work they enjoy, and find it difficult to get

involved in activities they used to enjoy or struggle to maintain healthy relationships. When this happens the survivor will revert to stage two where they will continue to change the way that they look at their lives. They will continue to find new meaning and new ways to understand the past, and bring optimism, hope, spirituality and creativity to their future.

3.4.3.1.6. Exposure Therapy (ET)

The management of the post-traumatic stress working group in its *VA/DoD clinical practice guidelines for management of PTSD* recommends exposure therapy (ET). ET helps men and women with PTSD to reduce the fear associated with their experience through repetitive, therapist-guided confrontation of feared places, situations, memories, thoughts, and feelings. According to the clinical guidelines, ET usually lasts from eight to twelve sessions depending on the trauma and treatment protocol. Survivors are repeatedly exposed to their own individualised fear stimuli, until their arousal and fear responses are consistently diminished. Instead of calling it exposure therapy, SAITS(2009) calls it systemic desensitisation (SD). It is called systemic desensitisation because it systematically desensitises people from the triggers and the stimuli associated with the trauma. SAITS(2009) warns, however, that it is very important that desensitisation happens gradually (hence the term systematic) so that the person is not overwhelmed. As such it is better to start with very small steps that are conservative.

It warns also that SD or ET must be done in a very protective environment so that there is not an experience of failure or additional stress. That is why it recommends the use of manageable steps that do not create too much anxiety (n.d.:66).

The management of the post-traumatic stress working group continues that an in session exposure is often supplemented by therapist-assigned and monitored self-exposure to the memories or situations associated with traumatisation. Those who provide ET can vary the pacing and intensity of exposing the survivor to the most frightening details of their trauma based on the survivor's emotional response to the trauma and to the therapy itself. There are two ways that exposure can be accomplished. These are "imaginal" exposure or "in vivo" exposure. "Imaginal" exposure involves encouraging the survivor to revisit the experience in

imagination, recalling the experience through verbally describing the emotional details of the trauma. While in “vivo” exposure involves asking the survivor to physically confront realistically safe but still feared stimuli for example: driving a car after having been in a serious motor vehicle accident. This exposure can also be arranged in a hierarchical fashion. In the preceding example the survivor might first sit in a car in the passenger seat, and then in the driver’s seat, and then start the car. The survivor repeats each situation until a reduction in the intensity of emotional and physiological response is achieved, at which point they move on to the next item in their hierarchy.

3.4.3.1.7. Pharmacotherapy

Pharmacotherapy in the treatment of trauma aims at lessening the physical, psychological, and behavioural morbidity associated with an acute stress reaction, hasten the return to full function (duty), and diminish the likelihood of chronicity (The management of post-traumatic stress working group n.d.). Among other things stress reactions produce biologic, psychological, and behavioural changes in a trauma survivor’s life. Biologic alterations include disruptions in neurochemicals, sleep patterns, hyper-arousal, and somatic symptoms for example, pain, gastrointestinal symptoms. Psychological changes include: for example mood disturbances, emotional lability, irritability, blunting, numbing; anxiety, increased worry, ruminations; and cognitive disturbances, memory impairment, confusion, and impaired task completion (The management of post-traumatic stress working).

The management of post-traumatic stress working group recommends the provision of physical needs, normalisation, and psycho-education before beginning medication. It may be wise, when possible, to wait twenty four to forty eight hours. Pharmacotherapy may be aided by determining whether the patient suffers from excessive adrenergic arousal or symptoms of psychomotor withdrawal. If non-pharmacological treatments fail to improve symptomatology, and potential medical causes of neuropsychiatric impairment are ruled out, then medication may be considered. The use of medication for short-term treatment of targeted symptoms like insomnia may be beneficial.

3.4.3.1.8. Social Support

Research in the trauma field shows that experiencing a traumatic event does not necessarily mean that one will be traumatised. There are other internal and external factors that play a role for a survivor of a traumatic event to be traumatised. SAITS(2009) (n.d.:20) points out two factors. The first one is a protective factor and the second one is a stress factor. *Protective factors* are those that protect the person from being traumatised. In other words they reduce the survivor's stress and improve coping. For example, safety, security, coping abilities, personal resources, family strength and support, social network, future possibilities, ideological/political/ religious consciousness (SAITS(2009) n.d.:21). *Stress factors* are those that may contribute to traumatising a person or to making it difficult for a survivor to deal with the traumatic event. For example, poverty, socio-economic hardships, major changes (for example house burnt), chronic distress, prior exposure to trauma, illness, childhood adversity, poor social support. The management of post-traumatic stress working group (n.d.) stresses that Social support will be critical for helping the individual cope after a trauma has occurred. It may be necessary to identify potential sources of support and facilitate support from others (e.g., partners, family, friends, work colleagues, and work supervisors).

3.4.3.1.9. Spiritual support

Religion may provide a framework by which survivors of trauma construct a meaningful account of their experience, and may be a useful focus for intervention with trauma survivors. The terms "religious" and "spiritual" are both used in the clinical literature to refer to beliefs and practices which individuals may turn to for support following a traumatic event. Some researchers have attempted to differentiate between organised practices such as "attendance at services and other activities" and non-organised practices, including "prayer and importance of religious and spiritual beliefs" (Strawbridge et al., 1998). Because the terms are so closely related, and because researchers in this area have not consistently differentiated between the two concepts, the reader should assume that in the discussion below I refer to religion/spirituality in the general sense and not in any specific terms.

The management of the post-traumatic stress working group (n.d.) says that religion seeking is an observed post-traumatic phenomenon. There is a large body of anecdotal literature documenting the propensity of individuals who seek religious/spiritual comfort following a traumatic event. For example, the terrorist attacks of September 11, 2001 provided a recent instance of this phenomenon. Bell Meisenhelder (2002) notes “the events of September 11, 2001 triggered a widespread national response that was two-fold: a post-traumatic stress reaction and an increase in attendance at religious services and practices immediately following the tragic events.” Schuster (2001) and his colleagues performed a nationwide phone survey of five hundred and sixty-nine adults within a week of the event (2001), and found that forty four of the adults reported one or more substantial stress symptoms; ninety one had one or more symptoms at least to some degree. Respondents throughout the country reported stress syndromes. Ninety percent coped by turning to religion.

Studies demonstrate the benefits of turning to religious or spiritual care in times of traumatic events. For example, Baldacchino and Draper (2001) conducted a literature review of one hundred and eighty-seven articles on spirituality and health published between 1975 and 2001. They found that while most of the studies presented only anecdotal evidence, five studies did focus on spiritual coping strategies used in various illnesses. They conclude, “Research suggests that spiritual coping strategies, involving a relationship with self, others, ultimate other/God or nature were found to help individuals to cope with their ailments.” They add, “This may be because of finding meaning, purpose and hope, which may nurture individuals in their suffering.” They further conclude, “The onset of illness may render the individual, being a believer or non-believer to realise the lack of control over his/her life. However, the use of spiritual coping strategies may enhance self-empowerment, leading to finding meaning and purpose in illness.” While these studies did not specifically address PTSD, Baldacchino and Draper (2001) say that this condition is often characterised by a feeling of a lack of control, and thus spirituality may be seen to be an appropriate control-seeking response. Another study was done by Humphreys (et al. 2001) who surveyed a convenience sample of fifty women in a battered women’s shelter; thirty-nine of whom had been diagnosed with PTSD. They report

“when we analysed biopsychosocial variables, we saw beneficial effects of support (financial, social, and spiritual). These findings reinforce the need to enhance the resources of battered women, to help them identify existing opportunities, and to fortify self-caring strategies that give them strength.”

Calhoun (et al. 2000) designed a study to examine “the degree to which event related rumination, a quest orientation to religion, and religious involvement is related to post-traumatic growth.” In this descriptive study of fifty-four young adults who had experienced a traumatic event, Calhoun found out that “the degree of rumination soon after the event and the degree of openness to religious change were significantly related to post-traumatic growth.” Calhoun adds, that congruent with theoretical predictions, more rumination soon after the event, and greater openness to religious change were related to more post-traumatic growth.

Nixon, Schorr and Boudreaux (1999) conducted a descriptive study of three hundred and twenty-five Oklahoma City fire fighters following the bombing of the Alfred P. Murrah Federal Building. They reported that “of particular importance in this analysis was the finding that support from ‘faith’ was a primary predictor of positive outcome and positive attitude over the one-year period.” They did find, however, that the helpful effect of faith was more pronounced among younger fire fighters. Thus it remains to be seen whether religious/spiritual counselling is equally effective for all age groups.

However, not all researchers have found religiosity/spirituality to be helpful in stressful situations. For example, Strawbridge (et al 1998) and his colleagues used a large public health survey to investigate “associations between two forms of religiosity and depression as well as the extent to which religiosity buffers relationships between stressors and depression” (1998). The authors defined “non-organisational religiosity” as including prayer and spiritual beliefs, while “organisational religiosity” includes attendance at formal services and other activities. Strawbridge et al. found that “non-organisational religiosity” was not helpful in easing

depression, and it exacerbated associations with depression for child problems. “Organisational religiosity” had a weak association with worsened depression, and it too exacerbated family-related problems. The authors conclude that “religiosity may help those experiencing non-family stressors, but may worsen matters for those facing family crises.”

In its conclusion, VA/DoD (n.d.) cautions that it should be noted that none of the studies above provide direct evidence for religious/spiritual practices in reducing PTSD symptoms. The studies do, however, suggest that patients may find comfort and a sense of control resulting from religion/spirituality, and this may lead to an eventual reduction in PTSD symptoms.

3.4.3.1.10. Group Therapy or Psychotherapy Group

Kaminer and Eagle (2010:105) state that group therapy is usually offered to people suffering from the same kind of trauma, for example, rape, combat stress or terminal illness diagnosis. One challenge with groups is that individuals may be at very different stages in the processing of their experiences. However, the benefits of this approach are that treatment is economical and has particular merits. They argue that the main benefits lie in the support that such groups can offer (beyond that of the therapist and existing networks) and the degree to which they aid in the reduction of stigma by facilitating the sharing of common experiences and reactions (2010:105). They add that normalisation of trauma reactions is very powerful in group therapy, since members find that they can identify with others’ accounts. Another additional benefit in some cases is that “relational networks are created that are sustained outside of therapy.” For example, in a group for asylum seekers traumatised by the 9/11 attacks in New York City, Kaminer and Eagle (2010:106) say “participants reported that the building of social bonds with others in a similar predicament was one of the most beneficial aspects of group attendance.”

3.5. Summary of the Chapter

In this chapter I have explored the relationship between trauma and spirituality and how both constructs affect the survivor. Whether a survivor will be traumatised or not depends on other

internal and external factors that play a role. Protective factors such as safety, security, coping abilities, personal resources, family strength and support, social network, future possibilities, ideological/political/ religious consciousness protect the survivor from being traumatised. Stress factors may contribute to traumatising a person or to making it difficult for a survivor to deal with the traumatic event. For example, poverty, socio-economic hardships, major changes, chronic distress, prior exposure to trauma, illness, childhood adversity, poor social support. As such social support is critical for helping the trauma survivor to cope.

Besides social support the chapter also explored different trauma treatment models. Among other models WITS model gives treatment options from emergency intervention through brief intervention to long term. The Wits Model has proved to be very effective with brief trauma intervention while exposure therapy (ET), Cognitive Behaviour Therapy (CBT) and psychodynamic approaches can be used for long term treatment. Of particular interest for me was how effective psychotherapy groups can be in the treatment of trauma survivors. In the present study, psychotherapy group was used in the longitudinal study and the results show that it is a very effective approach to helping trauma victims to move from victims to survivors of various traumatic experiences.

CHAPTER 4: THE LIFE NARRATIVE OF CHARLES

In this chapter I expand what had motivated me to research the theme of *re-authoring life narratives shattered by trauma*. The research was motivated and weaved into the narrative of this chapter (Gravett 2008) by my own experience of trauma. Like the five trauma survivors, my story is an example of the difficulties faced by many people in South Africa attempting to reach closure; but in a broader context, it could also be seen as a metaphor for the painful legacy of South Africa's past- a past full of voices crying to be heard, of unfinished business crying for closure (Van der Merwe et al 2008:47). Although it is impossible to reach full knowledge of the past, argues Van der Merwe, and although final closure will always be out of our reach, these crying voices urge us towards the ideals of knowing and working through the past. Van der Merwe (et al 2008:47) admits the challenge the voices pose for oral and literary historians, for narrative therapists and creative writers- ultimately for all of us- to hear and tell the stories of those unheard, to give a voice to those who have been silenced. However, the Trauma Healing Project initiated what Van der Merwe (et al 2008:47) calls, 'making public spaces intimate'. By "Making public spaces intimate" they mean bringing our most intimate hurts into the public space, so that "talking about the hurts" triggers something in the audience with which they identify, which they receive and respond to (2008:47). This means that when I express my pain, I am expressing it in the name of all of those others who find a place in my heart to connect to, with my story. In this case, my story becomes the story also of others present, so my reaction, and your reaction to my story is also our reaction. So when we embrace the story, we are embracing it with a mutual feeling of connectedness. The consequence of this embrace in the Trauma Healing Project was the hope that we needed so badly, so that we could move forward after all traumas.

This chapter presents my story, which was shared with other trauma survivors in public intimate spaces. It is accompanied by five other stories presented in Chapter five of this thesis. We made a public space intimate and narrated our pain. We were surprised that in the process

of narrating our pain we finished the unfinished business of the past and re-authored our life narratives. Thus the following six life narratives presented in these two chapters (four and five) are products of a four year longitudinal study. Our experiences were the raw material which we threw into the “intimate space” and the product thereof was life narratives.

Unlike the rest of the narratives, mine is written in an unconventional manner (Gravett 2008) using a technique that Gravett (citing Ronai 1995:396) calls ‘the layered approach.’ The layered approach is an attempt to recapture one’s lived experience so that the reader can vicariously live the experience through the medium of the text. The layered account offers an impressionistic sketch, handing readers layers of experience so that they may fill in the spaces and construct an interpretation of the writer’s narrative. In this case the reader reconstructs the subject, thus projecting more of themselves into it, and taking away more from it. In recapturing the experience of trauma, I interact with my story emotionally, revealing my values and position, as well as the situational embedded contexts out of which such emotions and responses emerge (Gravett 2008).

Van der Merwe (et al 2008:1) asserts that we have a choice about the nature of the narratives into which we transform our lives. Narrating a life means becoming the author of one’s life. Although one cannot control the events in one’s life completely, they argue that one has a choice how to interpret the data of one’s life and how to act on the basis of that interpretation. They further state, “Like authors, who create narratives by selecting and structuring life’s data, we too can turn our experience into narratives.” We are the narrators of our life stories, and we also play the part of the main character in them-therefore our stories are ‘autobiographies’, unified by the actions of a main character striving towards a future and determined by a past (2008:2). It must be mentioned here that not only am I a narrator of my life and the main character of my story, but also “the reader of my life.” Van der Merwe (et al 2008:2) points out:

Like the readers of a literary story, we search for links between the different events of our lives. In reading our lives, we use techniques similar to those of a literary reader; we move from specific scenes to general themes and from the general back to the specific. Van der Merwe (et al 2008:2) finds that turning one's life into a narrative is a vital way of finding meaning: in discovering causal links between different events we create a coherent plot from our lives which leads to an understanding of how 'things fit together'. This 'emplotment' is a way of creating coherence in the seemingly confusing course of our lives. Thus discovering a plot and of recurring thematic patterns enables us to distinguish between significant and the insignificant. Significant events in our lives are those that have a strong influence on the plot and form part of fundamental patterns of the narrative. Van der Merwe (et al 2008:3) adds that the creation of a narrative from the data of our lives does not mean that we can ever completely comprehend the meaning of our lives. We are still in the midst of our stories, striving towards a desired end. We do not know what will happen to us, we do not understand why everything that has happened has happened to us; much darkness envelops us. Even at the end of our lives, a full understanding will still elude us. So, narrating our lives does not mean to come to full understanding of life, but rather to strive towards a meaningful existence and to live the best of possible lives (2008:3).

This study focused on re-authoring life narratives shattered by trauma. Van der Merwe (et al 2008:3) defines life narrative as the structure that I have consciously conferred on to my life, but it is possible that I have suppressed traumatic aspects of my life into the subconscious mind, so that the actual narrative of my life encompasses much more than the narrative I have consciously formed; it also includes the personal subconscious mind, the trauma that I have failed to confront. Thus this research, taking into consideration the definition of life narrative, was initiated with an aim to give trauma survivors an opportunity to confront the trauma that they and I have failed to confront.

I opt for the narrative approach. I acknowledge the social constructionist viewpoint, which asserts that the researcher finds it impossible to stand apart from that which she or he explores (Gravett 2008). Denzin (2001:3) concurs with Gravett and adds that in fact the researcher brings a 'gendered, historical self' to the very processes of study.

In order to tell and write my personal narrative with a certain amount of truthful, reflexive self-expression, the identity of the author/ researcher invited the first person 'I' to stand alongside it, at least, in this particular chapter, but also, in some instances, in other chapters (Gravett 2008). This does not mean that I have ceased to be the researcher, rather I am simply attempting to reveal aspects of my lived experiences as researcher for the sake of the reader, for the sake of my own understanding, and to hold on to the demands of the text in terms of the social constructionist, narrative approach (Gravett 2008). Thus as a researcher, I shall at times allow myself to speak in the first person- that is 'I'. In order to experience what Van der Merwe (et al 2008:2) calls 'emplotment,' sub-headings are used in my life narrative.

In this narrative the author uses the metaphor of 'pothole' to represent the stressful and traumatic experiences in his life. Wikipedia defines a pothole as a type of disruption in the surface of a roadway where a portion of the road material has broken away, leaving a hole. Eaton et al (1989:34) states that potholes can grow to feet in width, though they usually only become a few inches deep, at most. If they become large enough, damage to tires and vehicle suspensions occurs. Serious road accidents can occur as a direct result, especially on motorways where vehicle speeds are greater. They are frequently almost invisible to road users. Figures 1 on the left and 2 in the middle below show potholes of various sizes. Figure 3 on the far right show the process of repairing or patching the pothole. Yes there were parts of my life where disruptions resulted in brokenness leaving punctures or holes that needed repair.



Figures 1 on the left, Figure 2 in the middle and Figure 3 far right.

Thus participant observation in the Trauma Healing Project was an opportunity for him to fix the potholes of his life and re-author his life narrative.

The Pothole of losing five Siblings

I have known loss and grief from a very early age. I was born on second of March 1969 into a family of eight children in the rural village of Jere II, under Chief Kalumo, Ntchisi, Malawi. Five of the eight children were captured by a monster called death. It would walk into our house and build a nest there; at the proper time it would grab one sibling and throw him and her into the graveyard, too lonely a place for a baby to live. However, with the help of God and doctors, my father and mother fought the monster and saved three of us, Elizabeth, Esnat and me?

Their loss left me imagining other lives. Perhaps if they were still alive, I would have a brother. Perhaps one of them would have studied further and found a better job in the city. I would not have roamed the city streets to find a place to put my head and work after I finished my Form Four in 1989. I was looking for employment in Lilongwe, the capital city of Malawi. Where to stay? Friends who had brothers and sisters in the city had no such trouble. Finding work was an uphill task in Malawi if you did not have someone you knew in the front line. The loss of my siblings has left me with many questions and maybes. My mother used to say, “Had your brother not died he would have been like a Chingolomi,” one of the men in my village.

Another thing that scatters my brain is when I think of how I will identify my late brothers and sisters at the second coming of Jesus Christ when the dead shall rise first.

Pothole of losing my mother

My father and mother were married until 6 March 1999 when the Lord recalled my mother at around the age of 61. As the last born, I was close to her. Traditionally in Malawi boys are not supposed to eat with their mother especially after a certain age, but I continued to eat together with her. In our traditional setting we never ate together at a table because we never had one. Neither did we have a million plates. We ate from the same plate. We ate *nsima* (stiff pap made from mealie meal) many of us dipping our hands in the dish. At night, if we were many eating in the dim or no light at all, I had to be clever especially if there was meat in the plate. I chipped a piece and kept it in my left hand while eating with the right one.

Eating was fun and communal. We never worried about spreading germs if we all dipped our fingers in the same soup. I actually learnt about germs later in life. Esnat, mum and I would eat together. Our bond was stronger than tradition and I ate with her up to around the age of sixteen. Our dad used to have his own plate.

God gave me an opportunity to be raised by both parents and, though we lacked many things in the village, we never went to school or bed hungry. We had a farm where we cultivated and harvested food during harvest season and raised chickens, goats and cattle. We could eat and sell the remainder for cash so we can pay fees and take care of other needs. We made sure we stored enough food to last us until the next harvest. My parents understood the Biblical invitation in Proverbs 6:6-11:

Go to the ant, you sluggard; consider its ways and be wise! It has no commander, no overseer or ruler, yet it stores its provisions in summer and gathers its food at harvest. How long will you lie there, you sluggard? When will you get up from your sleep? A little sleep, a little slumber, a little folding of the hands to rest-- and poverty will come on you like a bandit and scarcity like an armed man.

We never knew poverty and communal life meant that my friends and I ate together in our homes. When I look at the privilege of being raised by both parents, I have often felt bad that my brothers and sisters had no chance to live longer. Richter (citing Carlson, 2006; Flouri & Buchanan, 2002; Richter et al., 2011; Schacht et al, 2009) points out that international research and some studies from South Africa indicate that children whose fathers are present achieve better at school, have higher self-esteem and are more secure in their relationships with partners of the opposite sex. Richter is right although I repeated standard one and two because I started junior primary school when I was five years old, from Standard three my performance picked up in an amazing way. I excelled in schools both at primary as well as secondary school. I saw how my dad supported my mother and wished I could do that when I got married.

Spiritual formation

Besides the love and support from my family, they introduced me to God and His word at an early age. I grew up in a Christian home where my parents were committed Presbyterians. I learnt the scriptures in Sunday school. I was well formed. Louw (2000:309) points out that each person thus lives within a distinctive context which is linked to a specific series of events which influence his/her life. He adds that in life stories, there is a close link between parental education and religious experience. Yes a series of events influenced my life: traumatic experiences in the past, group interests in a cultural context, interactionary patterns within family associations, faith and philosophical presuppositions, all played an important role in my religious formation. Louw (2000:309 citing McKeever) states that past religious experiences influence the way in which a person deals with problems. One of the areas that developed quickly was what Louw (2000:314) calls moral development. According to Louw as children grow older (mid-childhood), they begin to distinguish between fantasy and empirical data. They also begin to develop a moral awareness. Through moral awakening, they see God in anthropomorphic terms and interpret Him as strict, but fair.

Louw is right that during the moral development stage children do not yet understand their own internal framework or that of others. Fowler (1981) calls this stage the 'imperial self' indicating that their self-consciousness is still embedded in needs, wishes and own interest. He calls this: the 'mythic-literal' form of faith where faith is interwoven with influences from the parental milieu and employs anthropomorphic symbols. My parents really influenced me: they sent me to Sunday school at a very early age and by the age of fourteen to sixteen I preached a sermon in our local church. Yes the God image I had then was that "God is strict, but fair" and I did not hesitate to rebuke sin calling out issues that people were struggling with in the community like smoking, witchcraft and drinking. These issues were mentioned in my moral development as sins against God and the God image I had was that He hates anyone who indulges in these things. Louw (2000:321) defines God images as theological analysis of God-concepts and experiences of God. This concentrates on an analysis of God images and God concepts, which could play either a constructive role in faith behaviour (adequate/appropriate images), or could be a disturbing factor, resulting in irrational images of God (inadequate /inappropriate images). Louw cautions that theological analysis does not evaluate God's being in terms of His characteristics, but to assess the parishioner's understanding of God by determining the content of their God-concepts. God images do not reflect the essence of God in terms of an ontological paradigm, but reflect God's actions and style (His mode) as experienced by believers according to real life events. Louw adds that God images are also determined by hermeneutics: the understanding and reading of scriptural texts. As I continued reading the scriptural texts, I began discovering more characteristics of God, of which one was 'God loves the world' and I memorised John 3:16:

For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life.

I struggled to strike a balance between a strict God who hates smokers, drunkards and witches, and a God who loves the world. I agree with Bultman (1990:14-24) who asserts that it is a complicated task to evaluate people's faith behaviour and God images particularly because of a complex myriad of factors at stake:

“Obviously spiritual maturity and well-being is multiply-determined by a complex interaction of biological, cognitive, psychological, sociocultural and transcendental processes” (1990:14). I had my own unique image of God which reflected my own experience of God and what He meant to me personally. Subjective and existential factors influenced my understanding of God. Louw alludes to the fact that God-images are a complex issue, within which important roles are played by cultural concepts, ecclesiastical confessions and dogmas and questions about philosophical and anthropological concepts. He argues that this complexity means that no ‘pure’ concept or image of God exists which could communicate God credibly and meaningfully.

A skilled hunter

While I was developing morally and theologically, I did not neglect life skills. I grew up receiving lessons from the elders not in a classroom with board and chalk but sitting around the fire in the evening. Profound lessons and life skills were passed on from elders to the younger generation. Most of these lessons came through stories and parables and we had to crack our minds to deduce what the elder was talking about. On a practical note, I worked with my father in the farm and he taught me how to make ridges, plant seedlings and at times we would join other men and boys to hunt wild animals with dogs. I still remember watching my father make a bow and arrow and I did likewise. I observed almost everything he did manually. I was so skilled at hunting grasshoppers, birds and rabbits using the bow and arrows that I had made from wood and reeds. My friends, Short, Sapi and Nakutepa made *ulimbo* - a sticky stuff like adhesive glue made from tree gum - which we rolled around a stick and hung where the birds drank water. When a bird perched on the *ulimbo*, it could not fly away. Then we would run, catch it and wait at distance for other birds to perch. By the end of the day we had caught enough birds to roast or cook as a delicacy and eat with *nsima*.

We also caught mice. Mice usually live in holes which they bore with their sharp nails and teeth. During harvest season they multiply so we would go into the fields looking for holes which had mice dwelling there.

We dug them out no matter how deep into the heart of the earth they had dug themselves in. Then we roasted and ate them with *nsima* or sold some at places where locally brewed beer was sold. I raised funds to buy sweets and other unnecessary luxuries for my age.

The pothole of tribalism and nepotism

During this time I was schooled at Chalumbe Primary until 1985. Then I was selected to go to Ntchisi Secondary School as a boarder. I still remember the excitement when I heard my name announced on Malawi Broadcasting Radio Station (MBC) that I had passed Standard 8 and was selected for secondary school. In Malawi you had to write a national examination called Primary School Leaving Certificate at Standard eight and pass above your companions in order to secure a place in a secondary school. Not every Jim and Jane walked into a secondary school classroom.

My district had one secondary school and all pupils who passed the National examination had to compete for sixty places every academic year. No less than five thousand pupils sat for that Standard eight final examination each year. You can imagine the competition. I had entered Standard eight in 1984, passed the examination but was not selected. You needed to be the cream in order to be selected for Form one. I used to be number one in most of the school term tests from Standard six to Standard eight. Some pupils repeated Standard eight seven times waiting for their turn to be selected. Many who did not make it for secondary school gave up and married. I was selected after my second attempt.

No Chalumbe school pupil had been selected for the past ten years. This turned me into a celebrity. Little did I know that where I was going I was going to meet a pothole: The pothole of tribalism and nepotism? Nadler (et al n.d.) sees Nepotism as a narrower form of favouritism. Coming from the Italian word for nephew, nepotism covers favouritism towards members of the same family. One of the most basic themes in ethics is fairness, stated this way by Aristotle: "Equals should be treated equally and unequals unequally."

However, favouritism, cronyism, and nepotism all interfere with fairness because they give undue advantage to someone who does not necessarily merit this treatment. Nadler and Schulman state that “favouritism is just what it sounds like; it's favouring a person not because he or she is doing the best job but rather because of some extraneous feature; membership in a favoured group, personal likes and dislikes.” They give examples of favouritism like hiring, honouring, or awarding contracts (Nadler et al n.d.). In my country you could see nepotism and favouritism walking side by side and it seemed like no one was able to stop them. You just needed to strike the right cord, come from the Northern Region of Malawi or at least say a sentence in any of the northern languages and you could access what you were looking for. And yet this was not as easy for someone coming from the Central or Southern Region.

I had never experienced the pinch of tribalism in Malawi until I started at Ntchisi Secondary School. Wiley (1981) defines tribalism as the urban and national struggles for power in utilising ethnic and language ties as a means to aggregate power and authority (1981). Tribes from the north of Malawi also scrambled for places in local secondary schools.

Let me introduce you to my landscape of action. Malawi is divided into three regions: northern, central and southern. I come from the central region. Malawians first received education from missionaries such as Dr David Livingstone who settled in the north and established Livingstonia Synod in the nineteenth century. A positive aspect of many early missionaries was that whenever they went to evangelise new frontiers, they brought the gospel together with education. And so as the saying goes, ‘The sun shines first on those who are near it.’ Enlightenment through education and the gospel came to the northern region first, where the missionaries had their first footage on Malawian soil. Many northern Malawians received education first and some of them became school and Bible teachers. As time progressed the northerners then advanced the gospel and education to the central and southern regions. They migrated to the central and southern regions and churches and schools spread all over Malawi. Because they were more educated than their compatriots in other regions they had an upper hand over the nation’s resources.

Northern domination was not a hidden matter. In education domination was evident in most of the better schools. The then four campuses of the University of Malawi was flooded with northerners. Most of the principals and teachers in primary, secondary schools and colleges were from the north. They were well placed to access the nation's resources. As the saying goes, 'Among the blind the one eyed-man is a king,' they were kings in both the government and private workplace. Not many central and southerners could compete neck to neck for these national resources. While some enjoyed the benefits of the nation, others were deprived of them.

The day I set foot in Ntchisi Secondary my assumption was that we were all students from Ntchisi district. This secondary school served students from the local district only. I was cheating myself. I met students with other tongues. I nearly died when I saw students from Malawi north. I stood mouth agape. 'What's happening here?' I clenched my fists and gnashed my teeth. I thought of volumes of well deserving pupils who passed standard 8 in the district but could not find a place at a local secondary school. Yet students from other districts occupied their places. Young as I was at that time I was hurt and my concept of justice and fairness was confused.

Nevertheless, this anger neither helped nor made northern students disappear. What made me even angrier was that every district in the north had their own district secondary schools. Besides they also had national secondary schools where everyone in the country could go if they had passed with flying colours. Why deprive pupils from Ntchisi? No one could answer my questions. This affected my thinking, attitude and behaviour towards northern students.

Later I learnt that I was not the only one who was angry. Many of us were because this meant that locals in the Ntchisi district were deprived of their opportunity to attain secondary education. Bosses in the Ministry of Education or in the education sector from the north chose which school their sons and daughters and nieces and nephews could go to.

I had met tribalism face to face and I was like a grasshopper in its eyes. I could not fight it. I launched a verbal war and started throwing derogatory words at northern students.

Since northern students spoke a language we never understood, we never knew whether they were talking peace or war. What was more frustrating was when I tried to speak to one of the northern students, if another northerner joined in, they switched languages. Burning with anger, I had no choice but to walk away.

I started building up evidence to justify my hatred towards every northerner. Bitter root judgements set in, where you judge the whole bunch based on one sample. We have a saying in Malawi, *'Ikawola imodzi zawola zones'*, when one apple or mouse is rotten then the whole basket is rotten. To me every northerner was rotten and I was going to treat them as such. Bitterness and resentment were my daily food especially when I saw the injustice. This was an unfair distribution of resources.

If you go to villages in my district today you will find many people whose lives have been underdeveloped because they could not break through the concrete ceiling to access secondary school education. Sixty students per annum was already a small quota but including intruders reduced this number further. I wished I had magic that would swallow all northern students to create space for locals. "If wishes were horses beggars would ride."

Quota system in education

A quota system was introduced in institutions of higher learning to combat nepotism. The late President of Malawi, Dr Hastings Kamuzu Banda (a man from central region), introduced a quota system in 1988. Shortly after independence the University of Malawi opened its doors to students, starting with only ninety students in 1965. Two years later, the Institution of Public Administration, Hill College of Education and Bunda College were established as colleges affiliated to the university, increasing access to higher education for those who could not get access to the traditional university or who wanted a more professional training route. Since the late 1980s, much of the debate regarding higher education in Malawi has centred on managing the demand for higher education (Kotecha et al 2012:44).

In an attempt to balance the number of students that entered the university, the quota system was introduced on the grounds that students from the northern region were entering

institutions of higher learning in greater numbers than their compatriots from the southern and central regions. The quota system stipulated that to achieve greater equity through affirmative action, students must be selected on the basis of district or region rather than straight merit (Nyasatimes News 2010). Thus in 1988 when the criteria for admission was changed to a quota system, this ensured representation of students from all the regions. The introduction of a quota system of selection meant that the University of Malawi would accept an equal number of students from each political district in Malawi (Kotecha et al 2012).

Thus in June 1988, University World News reported that the system admitted ten students per district. But some people felt it was discriminatory because in districts where students performed well, bright youngsters failed to secure a university place while in other districts where students did not do as well, the university still accepted ten students. Students in northern Malawi were said to have been the most affected, failing to get university places even after completing with good grades. Although the University of Malawi's senate was said to be against the system, fearing that it might admit mediocre students into colleges, thereby dragging standards down but they had to comply with what the government had legislated.

Although many northerners were angered by the quota system, I felt their anger was unjustified because the system admitted ten students per district, and after the quota requirements were met, the remaining places were given to students on merit. They still had a chance to practise their nepotism.

I was very happy that at least a system was found that would distribute university and college education equitably although the northerners would still enter in large numbers after the stipulations of the quota system were met. Also I was very happy that finally our president had found a way to punish the northerners who monopolised everything. I must admit I am a product of the quota system because I would not have entered the prestigious Natural Resources College and studied veterinary science if it was not for the quota system.

My faculty of Veterinary Science selected only two students per district and I was one of the two. The system started dressing my wounds. If this had continued the education landscape of Malawi would have changed in the next ten years. Was this going to happen? Forget it.

In 1993, the quota system was abolished. After I completed my college and had just started working for the Ministry of Agriculture and Animal Industry, this quota system was overturned by a high court ruling, soon after a multiparty democratic government took office. The quota system was perceived to constitute a violation of fundamental human rights (Divala 2009). However, according to news reports the Minister of Finance insists that the quota system was abolished solely because of financial implications for the national coffers and the need to increase student tuition fees (Malawi News 2012).

The quota system was replaced by a merit system. This system means that students would gain access to university according to their academic excellence. In 2009 the government of Malawi and the funder of the University of Malawi decided to re-introduce the quota system in the selection of students to the university, but in 2012 the President of Malawi again abolished the quota system, stating that students should be accepted on the basis of merit rather than their place of origin (Kotecha et al 2012:44). The fact that the country has struggled with initiating a quota system overturning it; then bringing it back again speaks for itself about the battle over scarce educational resources in Malawi.

My surname did not buy me favour

Northern nepotism also flourished in the market place. It was easier for northerners to get work than for job seekers from the central and southern regions. Interview panels were predominantly loaded with northerners. It was easier for a panel to separate the sheep from the goats by mere surnames. Many surnames were regional and characteristic of a certain people, ethnic group or tribe. My surname 'Manda' was a tricky one. Both my paternal grandfather and grandmother were *Ngoni* from Malawi North- Nkhata Bay. The Ngonis are originally from KwaZulu-Natal, South Africa. They had run from the wars during the expansion

of Shaka's Zulu Kingdom and settled in Malawi. My maternal grandparents were *Chewa* and the Chewa tribe was originally from Katanga, Zaire, now called the Democratic Republic of Congo (DRC). Thus I was born from an Ngoni father from the North and a Chewa mother from Central Region district of Ntchisi where we spoke Chichewa. While I could have claimed allegiance in the north, I never spoke any of the northern languages neither did I have an interest in identifying with the north for I had experienced enough suffering at their hands to last me a lifetime.

Because of the hatred I bore for northerners, I vowed never to bother to learn their language. I did not want to identify with my exploiters. And who wants to learn an enemy's language unless you want to become a spy, a job I never aspired to. Many northerners used to say, "*Imwe a Manda inu ndiwakwithu,*" interpreted "you, Mr Manda, you are from home," which is the north. At times some would speak to me in Tumbuka, the main language in the north. I was not able to respond. Then they would say, "*Inu a Manda ndinu wakukhaya koma simuyowoya Chitumbuka,*" interpreted "you are from home, but why is it that you do not speak Tumbuka?"

The name, without language competency, could not secure me any job. Within a space of three months I attended seven interviews but never got a job. Stories were common that many interviews were formalities. The northern bosses had already given jobs to their own. Then I prayed about the last two applications and I was finally offered a job. God defied their boundaries.

Tribalism had reached its height. It was said that some teachers from the north were teaching with half-hearted devotion in the centre and south. Thank God our late President Dr Banda felt its impact and introduced a new policy. Teachers were to teach their own people in their own region. You should have seen the jubilation in central Malawi. We have a saying in Chichewa, '*Zachoka ndundu tiyanike inswa*' – meaning the obstacle is gone now we can flourish. Indeed *tidayanika inswa*, we flourished. This shaking coincided with my passing Form four at Ntchisi Secondary School. I found a job as a temporary school teacher in December the same year. Those of us from Ntchisi competed amongst ourselves and in one day fifty-two teachers were

employed to fill the vacuum, a thing which would never have happened before. I said yes, finally our president has acted in our favour and justice is served. However, while we had plenty of jobs now to spare, stories were heard that schools in the north were flooded with teachers and some teachers did not even have schools to teach at. It was payback time. We had felt besieged in our own country and finally the siege had been lifted. Yet this move created more bitterness and rivalry between the northerners and the centrals and southerners.

The divide was growing wider and wider. What did we need to bridge the divide so that we could cross to fellowship together? How could our relationships be restored? The old favouritism had robbed us of relationships, love for each other at work as well as in the churches. In some towns and cities people from different regions were neighbours. Some connected, while others just tolerated each other for fear if something happened in your neighbour's house lest you be accused of witchcraft. This hatred was manifest even in the churches. So we built walls with high fences only to realise that we had isolated ourselves from the support system the communities offered each other. People lived in their own ghettos. Once called *The Warm Heart of Africa*, the term that many tourists or expatriates who visit Malawi used to mean the warmth of the heart of Malawians, changed to *the bleeding heart of Africa*.

My heart was full of bitterness. There was such a pool of anger inside me that I became a breeding ground for hatred. I never knew that if the pool is not drained, the bitterness poisons on the inside. I did not deserve the best because the best was taken by those who stood near the sun. They had drunk all the beer and all we had was dregs. My life lost peace and joy. I had become a hive of demons. Although I was a Christian there were still compartments in my life that Jesus did not have Lordship over. Although I grew up well esteemed in my home, I found myself alone in the world. At times I thought I would change my identity to become a northerner, so that I could eat from the table and not pick up crumbs that fell from the master's table. I began to look down upon myself and my self-image was being eaten away a bite at a time. My prejudice level against the northerners was rising up a centimetre above sea level with each and every day that passed.

A Veterinary Assistant in a pothole of tribalism

I never stopped trying new frontiers. With the quota system still in effect, I applied for a two-year course in veterinary science, went through interviews and entered the Natural Resources College (NRC) of Malawi to train as a veterinary assistant in October 1990. I was one of the best two in my district. It was a combination of factors that enabled my selection. Yes it was a quota system; but above all, I prayed: “Lord you say in your word, ‘Ask and it shall be given to you, seek and you shall find, and knock and the door shall be opened’ [Matthew 7:7] - I asked for a job as a veterinary assistant.”

Surprise, surprise! I got a job which required two years of training first. So from 1990-1992 I studied an animal science course and qualified as a veterinary assistant. I got a three point two one (3.21) grade point average (GPA) and missed distinction by zero point three grade points. Slowly my confidence surfaced from rock bottom where it had been shipwrecked.

Although I enjoyed life at NRC, I was squeezed into a corner. The college accommodation had two students per room. Guess who my roommate was? A man from the north! Anyone who wanted to punish me would pair me up with a northerner roommate. Was this by accident, coincidence or somehow a punishment? Each time my roommate’s friends from the north visited him they spoke in their own language, Chitumbuka or Chitonga. At times my roommate and I would be having a conversation. But as soon as they came in, they changed language and I was cut out.

I now realise that they had the freedom too to express themselves in their language. But I considered it uncivilised that you could exclude someone from the conversation using language. I had little or no tolerance. Then I would just leave the room upset. During my second year I was relieved when I shared a room with a friend from Central Region who spoke my language.

Working as a veterinary assistant

I began working as a veterinary assistant. I emerged from college with very good grades and I was placed at a Quarantine Station in Lilongwe. It was a workstation where opportunities to further your studies were unquestionable. Veterinary assistants used to get scholarships to further their studies in veterinary medicine or animal production. With the good grades, I was sure beyond a shadow of doubt that it was just a matter of time before I left the country for further studies. I enjoyed the work but I witnessed friends flying out of the country pursuing scholarships given to them either because they deserved it or their names deserved it. Thus my hatred for northerners never found an exit since decision makers were mainly northerners.

After working for four years and five months I resigned and left Malawi for South Africa to pursue theological studies. My northern boss refused to pay me the last month's salary even though I worked for it. I was disappointed but what else would one expect from such people? By this time I had recommitted my life to God and wished to train as a theologian. I would later return to Malawi to teach at the Assemblies of God School of Theology. So I parted company with northerners to go to a far, far-away country, a land flowing with milk and honey where northerners will be a by-gone. Finally like a bird let out of a cage, I was freed from the northerners' tentacles.

What a surprise

I nearly died when I found northerners at my theological college in South Africa. I was not prepared for such a surprise. On arrival at the All Africa Bible College in Hillcrest, South Africa, guess who welcomed me? Students from the north of Malawi. My heart lost a beat. The people I was running away from were here too! I could see the land of milk and honey turning sour. I pinched myself to see if what I was seeing was real. Make no mistake it was.

The joy and pleasure of studying in South Africa, which I cherished from the day I was accepted to the day I arrived, walked out of me.

I was like a weak man pushed against the wall but there was no way- pure sense of helplessness. I was like a butterfly emerging from a cocoon to start flying only to be pushed back into the cocoon. Nevertheless the sight of a Malawian at the college was better than none. I tried to bracket my feelings so that I could maintain a smiley face. Besides, I convinced myself, we were only a few that formed the 'Malawian Empire'. We may as well learn to get along. Although they were not perpetrators of nepotism, but I believed the Malawi proverb: '*Inswa ikawola imodzi zawola zones*', interpreted "when one is rotten all are rotten; and to me every northerner was a perpetrator."

I wore a mask and tried to live in peace with everybody. However, I constantly clashed with one student from the north. When I said something in class he would contradict it or laugh in a mocking way. I had to stay on my toes ready to fight for what I believed. This was energy-draining. He seemed at ease, not knowing what was going on in my heart. I had to burn a lot of fuel to keep a lid over my emotional basement so that I did not burst. It is amazing the capacity God has created in human beings to hold all sorts of grudges and still wake up every day with a diminishing return.

I gossiped about the students from the north with another Malawian from the central region. This put a breather on my pent-up emotions. But instead of relief, I became more critical and judgemental. Little did I know that there was something the Lord saw I needed to work on so that I could practise a pure and undefiled Christian lifestyle. For indeed it was defiled by bitterness. Every pothole deserves a turn to be fixed or it delays progress and speed. Realising that I could not run away from my enemies forever, I began seeking an alternative lifestyle, one free from bitterness and outbursts of anger. I felt like a fly trapped in a spider web. Yet I connected with them because we formed a small community of Malawians. We shared stories and meals. It is difficult when you love and hate at the same time. Smedes (1984:21) is right, 'Sometimes hate divides our own souls; one part of us hates and the other part loves.'

My freedom Day

The 25 April 1997 is my Freedom Day. It is a day never to be forgotten in the history of mankind. That was a day when one slave was set free from oppression and suppression. I had arrived at All Africa Bible College in February and on that April day I heard that all students had to take a taxi. I jumped in not knowing where I was going. The whole college went to St Augustine Anglican Church in Kloof for a day's seminar on healing, forgiveness and reconciliation. Dr Rhiannon Lloyd (2010:1) from Wales had just returned from Rwanda where in 1994, generations of unresolved ethnic division and injustice erupted as genocide in Rwanda. Within weeks of the end of the genocide, Lloyd began a ministry for church leaders of healing the wounds of ethnic conflict, depending on the Holy Spirit to show the principles which would lead to healing the wounds and enabling the Hutu, Tutsi and Twa to begin to look at each other through new eyes.

She began the seminar by giving testimonies. She testified of how Rwandans were forgiving each other, even forgiving perpetrators who had killed their family members. This message was like a cooking stick that stirred the pot of hatred and bitterness within me towards northerners. Lloyd (2010:1) explains God's intention for creating humankind:

The God who loves infinite variety has made His Divine nature clearly visible in creation (Rom 1:20). From one man He made all the different nations (Acts 17:26) for His pleasure and for the display of His glory. He delights in mankind (Prov 8:30-31)! He desires all the ethnic groups to bring their own glory and splendour into the New Jerusalem (Ps 86:9; Rev 7:9; 21:26). God's intention was that we would enrich and bless one another through the variety of our cultural expressions. His glory is so vast that no one people group could adequately express His image. Rather we all help to form a multifaceted beautiful diamond.

It was my first time to hear a white person speak such deep revelation. Because of my experiences of being downtrodden by northerners; and also because when I entered South Africa three months ago (17 February 1997) I was caught in a web of racism;

I never thought a white person and I would both be equal before God and that God's intention was that both of us were created for each other, to enrich one another. I asked myself: 'But what went wrong?'

As if she heard my question, Lloyd took us through an exploration of what went wrong. She talked about, "God's pain as His plan from the beginning was destroyed, and ethnicity became a reason for wounding, rejection, injustice, pride, and even massacres to take place." She added, "One of the main roots of all this is prejudice, and we explore our prejudices and their consequences in our relationships (2010)."

I was familiar with what she talked about because I experienced wounding, rejection, injustice, and prejudice at the hands of the northerners and also whites. I also had such prejudice against them. I could feel the pain and anger from the injuries and injustices waking up inside of me. While I was still wondering what I am going to do with the boiling pot inside me, Lloyd took a turn. She said: "Wherever there is ethnic conflict, our identity is wounded." She added: "We need to discover a healed identity as fellow citizens of God's Holy Nation (1 Pe 2:9) (2010)." This was life changing for me to see light dawn and I began to understand God's call to be clothed with a higher identity than my ethnic identity.

She shared her own painful experiences with her father and English people. Her father never appreciated Lloyd's achievements. For example, one day she came home from school smiling from cheek to cheek because she had scored ninety-eight percent in Mathematics. She thought she had made her dad's day. She gave her dad her report, and he asked, "Where is the two percent?" He poured water over the little burning flame in Rhiannon and she was shattered. She tried to become a perfectionist to please her dad. She ended up becoming a medical doctor. As if this was not enough, she went on to specialise and qualified as a psychiatrist.

She had also sustained ethnic wounds at the hands of the English. Although a fellow British, coming from Wales, English students looked down upon her. She had to make her way through the thicket of prejudice. This made her bitter and resentful and she would not find any forgiveness anywhere in her heart for the English.

By the time she shared her stories with us, she had resigned from medicine after meeting forgiveness on the way. And now she was going from nation to nation working mainly with churches and called them to be agents of healing, forgiveness and reconciliation in the communities God placed them.

She couldn't have come to South Africa at a better time. She challenged the audience to face their pain and forgive the offender. She asserted:

“Before wounded people can be healed, they must first face and express their pain.”

Understanding real forgiveness

I understood forgiveness for the first time. She says that forgiveness is the most misunderstood concept both within the church and outside. For this reason, we can easily feel that it is unfair of God to ask us to forgive, even cruelty. She clarified that forgiveness is not condoning, is not denying our pain and anger, is not forgetting. Rather it is giving an undeserved gift to the offender, laying down our right to take revenge and choosing mercy instead of judgement. She invited us to consider the seriousness of unforgiveness:

How it blocks us from being able to receive God's free gift of forgiveness for our own sins and also blocks us from receiving our healing and living in freedom. It also gives Satan a foothold in our lives. Far from working against us, forgiveness works for us, enabling us to move forward in our lives.

Lloyd further challenged us. If we did not forgive our offenders, we would never experience the true freedom that God intended for each one of us. I understood that day that forgiveness frees us from the bondage of hatred and drains the pools of anger. At the same time I posed questions within myself: 'If Rwandans could forgive each other where the blood of their relatives was shed, what stops me from forgiving northerners who only deprived us of resources? They did not take life away.'

Through her testimony of how she forgave her father and the English, I had to face my injuries. At first I thought it was impossible for a human being to forgive offenders although I preached so many times calling people to forgive. But Lloyd's testimonies released grace for me to forgive. I was left without any excuse. 'Is this the time to remove the lid over my emotional basement? I debated the risk of confessing the injuries and injustices I had experienced. What made it harder was that northern students were with us in the hall. I realised that if I did not confess, this would continue to poison me on the inside. As I was meditating upon her message she opened up a sacred space in front and invited anyone who wanted to publicly express their pain, give and receive forgiveness.

I saw people going to the front. I remember a South African Coloured gentleman who went to the front. I was sitting in the middle pew on the left hand side of the aisle, probably the ninth row. He began speaking about how he experienced pain and prejudice at the hands white South Africans during apartheid. He even talked about the derogatory names whites used to call Coloureds. As he spoke, springs of tears flowed from his eyes and no amount of tissues would block them. Some white people went to embrace him and apologised on behalf of all white South Africans for the injuries and injustices they had perpetrated on fellow South Africans.

I watched the scene in amazement. 'What is happening?' My anger towards northerners and white people after hearing from the Coloured guy started rising above sea level. I had a choice to glue myself to the bench or to stand up and have my turn at the front. I remember standing up but do not recall how I got to the front past all the people sitting in my pew.

I began narrating how I and other Malawians from the central and southern regions suffered at the hands of fellow Malawians from the north. I still do not remember whether it was words or tears that flowed the fastest, for they competed with each other. I was drenched. Then I invited one of the students from the north to the front to represent the northerners.

Lloyd taught us the principle of standing in the gap with Identificational Confession.

She said:

For wounded people to hear someone apologise is very healing, but most ethnic crimes are committed by governments, institutions, ethnic groups etc and no-one is willing to take responsibility. Also what if the offender is dead or has no intention of repenting? Ezekiel speaks of the need for someone to stand in the gap (Ezekiel 22:30). As part of the royal priesthood we can choose, like Jesus, to be ‘numbered with the transgressors.’ (Isaiah 53:12) and confess the sins of whichever group we represent. Like it or not, we all represent someone.

She continued:

Standing in the gap has become one of our most effective tools to disarm even the hardest heart. We believe it is one of the unconventional weapons described in 2 Co 10. Thousands owe their healing to some who was willing to make themselves vulnerable and, with a broken heart, confess the sins of their group, asking for forgiveness. It cannot absolve the guilt of the past, but it can release grace in the present for the offended to be able to forgive.

Repentance is the key to reconciliation. Lloyd (et al 2010:4) argued that true repentance is a change of mind leading to changed behaviour and is God’s gracious gift. It is taking full responsibility, facing the consequences and making restitution where possible. Repentance is the only way to freedom from the torment of a guilty conscious; repentance needs to be before God and man, with a willingness to accept consequences. Repentance can give offenders hope for the future and help victims to be healed (2010:58). Such repentance is beneficial to the offender and the whole community, but lack of repentance is a slow death. There can be no reconciliation without repentance. Forgiveness may be one-sided but reconciliation always has to include repentance. I knew I needed to repent for my attitude and behaviour towards northerners or I was risking “a slow death”. I also understood her clearly that my role is that of the Royal Priesthood (1 Peter 2:9) and therefore I could stand in the gap for my ethnic group.

I told the student from the north:

‘On behalf of the Malawians from Central Region, we forgive all of you people from the north for the injustice and deprivation you committed against us; please extend our forgiveness to all northerners in Malawi.’ I went on. ‘We also confess the pain we caused to all people from the north and how we mistreated you. Please accept our apology on their behalf.’

I still remember his face. He did not know what to do and say. I gave him a hug and I cried. I turned to the white people especially the British, who were represented by Dr Lloyd. She was standing in for them. I confessed how I hated the British for atrocities they committed against Malawians during colonialism. I mentioned, in particular, two incidents: I said: ‘We Malawians forgive you, the British, for the Thangata system in Malawi where Malawians worked on British tea and coffee plantations from 6am to 6pm, without pay.’ She stood there looking into my eyes. I continued: ‘We also forgive the British for the war they waged against Malawians during the 1915 Chilembwe uprising in which many Malawians were killed by British guns.’

Lloyd, though familiar with the process, broke down in tears and she looked me in the eye and said, “We are sorry for what we did to Malawians.” Then I turned to whites in general in the hall. ‘All white people, I forgive you for the words you have spoken to us Africans, calling us ‘monkeys’.’ There was silence in the room. All you could hear was who was crying or blowing their nose. I stayed in front, releasing tears while other participants continued with the process of confessing, offering and receiving forgiveness. It was like a funeral. After I cried for a long time, it was like pain joined tears on their exit. I felt like the lead in my eyes had dropped off and the one-ton load over my shoulders fell to the ground.

For the first time in many years I felt lighter as I walked back to my pew. I felt a sense of achievement although I could not paint a picture of what exactly happened. What I had just done was to lay all my pain at the foot of the Cross of Jesus, the Lamb of God, who was crucified for our pain. The punishment that brought us peace was upon his shoulders. He experienced pain himself so that we could have a shoulder to roll our pain unto.

I had to lay it at the altar and exchange it for freedom. Then I remembered the words of Apostle Paul to the Church (Galatians 5:1NIV):

“It is for freedom that Christ has set us free. Stand firm, then, and do not let yourselves be burdened again by a yoke of slavery.”

As I walked back to my seat, one white guy came closer to me along the way and said:

“I am sorry for the stupid words I used to say about black people.”

‘Thank you’ I acknowledged his words.

The crying did not stop there as other people continued to flow to the front.

Something broke on the inside of me that day; the prison walls where unforgiveness had me locked up for years. I had never experienced such peace before. From that day on my relationship with my northern friends at college and white people began to take a new turn. Yes old habits die hard. It did not change overnight as my Angolan friend once said: “It takes a long time for a big ship to make a turn;” indeed it had taken a long time for the roots of bitterness and prejudice to establish and to uproot them in a day and expect everything to change immediately was not practical. All in a day is fiction. But the healing journey had begun which was manifested through the way I began to relate to northern Malawians and whites in general.

Attending a workshop with Lloyd

I followed Lloyd wherever she was in KwaZulu-Natal. One time I attended a three-day workshop at Red Acres, a Roman Catholic Retreat Centre in Howick. It was attended by white, Coloured, Indian and black South Africans. She facilitated it with clarity and excellence. What she compressed in one day at St Augustine was taught in detail at Red Acres. On several occasions she would give us tasks to complete in groups among which were to share our stories. She made sure every group had all shades of skin colour.

It was hectic to listen to a black person expressing his injuries and pain experienced at the hands of the white government during apartheid. Then the white group member could acknowledge the wrong that was done and apologise on behalf of all whites. Each race represented took responsibility of his or her racial group and did likewise. The response was magic, we were ripe for healing. It was my first time to listen to such a depth of pain and at times I felt helpless.

I will never forget the demonstration she offered during another workshop to illustrate the difficulty of receiving healing if I do not forgive my enemies. She asked for a volunteer in the workshop and tied his hands to his body. Then she stretched her hand to give him a gift. The volunteer was unable to receive it as his hands were tied. She charged that unforgiveness binds us. We are created to give and receive love. But there is no way I can give or receive if I am bound. She later untied the man and gave him the gift. He stretched his hands and received the gift. We all clapped hands for the truth was engraved on our minds.

Rediscovering each other at the King's Table

Another act that was engraved on my heart was pronouncing priestly blessing on each other. In Numbers 6:22-26 (NIV), the Lord God, commanded priests to bless the children of Israel as follows:

“The Lord bless you and keep you; The Lord make His face shine upon you and be gracious to you; The Lord turn His face towards you and give you peace.”

After teaching us our priestly role as a Church, Lloyd prepared a surprise for us. The workshop ended with a celebration of unity in diversity in the Holy Nation. She prepared a beautiful feast. The room and tables were decorated with a purple colour symbolising royalty. She then invited us to what she called “the King’s Table”. After taking our seats, she reminded us of the story of Mephibosheth, a crippled member of King Saul’s family who was shown favour by King David.

There was war between King Saul and David for a long time as Saul sort to kill David to deter him from becoming king of Israel. Though an arch enemy of David, after Saul and his son Jonathan, David's friend, died in another battle, David for the sake of Jonathan, showed mercy to his family by inviting Mephibosheth to the King's Table. He ate with King David for the rest of his life. Those who did not deserve mercy and royalty received mercy.

Then she said:

“Everyone is invited to eat at the King's Table.”

Each one of us was asked to take a golden (card) crown and place it on the head of someone from a different ethnic group, saying:

“Welcome to the King's table, fellow-citizen of God's Holy Nation!”

After serving one another and praying for each other, each ethnic group was invited in turn into the centre. The rest then affirmed them, saying what is particularly appreciated about that ethnic group. As members of the royal priesthood, we then pronounced blessings on them, and invite them to demonstrate worship in their distinctive cultural way. It was an amazing time of healing, reconciliation and celebration. For the first time, I felt that it was okay to be black; and whites and blacks are all human beings created in the image of God and therefore, worthy of dignity and respect. I will never forget this day. I befriended a white farmer who later invited me to stay at his farm in Eston.

Since the 25th April 1997, I have never stopped talking about forgiveness. The experience at St Augustine was so powerful that for the next three years I followed Dr Lloyd whenever she came back to KwaZulu-Natal to facilitate her workshops. I was later trained as a facilitator for healing, forgiveness and reconciliation workshops. I even received a calling to minister healing. On 15 March 2000, I attended Lloyd's workshop at Camperdown and the whole team of pastors in attendance prayed for me and released a blessing. The following day I was leaving South Africa for Israel for three weeks then proceeding to England for six months.

One pastor got a message from the Lord. He said as he laid hands on me, he saw a vision of stitches [when a person gets hurt doctors stitch] and asked God what that meant. The Lord told him that:

“He will use me as surgeon to suture the wounds of the nations”

We all thanked God for the message and they sent me off to Israel and England. But I treasured the prophecy in my heart. As if fulfilling the prophecy, since that day, I have facilitated healing, forgiveness and reconciliation to individuals, groups and churches in South Africa, Malawi, Switzerland, Israel, America, Luxembourg and Japan. Each time I talk about it, it releases more grace for people to heal. I learnt that pain blocks people from healing; therefore, like Lloyd, I have often created safe and sacred spaces for individual and collective wounds to heal. I believe that forgiveness is central for the restoration of individuals, relationships and communities; and it still stands as a beacon for any journey towards healing. Archbishop Desmond Tutu is right that there is *no future without forgiveness*. Pain has to exit and give way in order for forgiveness to flourish. Pain becomes a roadblock. Lloyd opened a space to express our pain.

Sackcloth and chains- meeting more forgiveness

In October 2000 I left England for Israel via Switzerland. I attended an International Prayer Convocation at Ramat Rachel Hotel, Jerusalem before I joined the Jewish-Christian Feast of Tabernacles celebrations. Delegates from over one hundred nations attended and I represented Malawi. My air tickets, hotels, and tours were paid by Swiss Christians facilitated by my Swiss friend, Andreas. I will never forget an amazing testimony and act of Identificational repentance by Lawrence Roy. In one of the prayer sessions led by a group from West Africa, Lawrence Roy from the USA came to the front dressed in khaki sack clothes, bound by a big chain around his neck, hands and legs. I was not sure what he was up to but I knew that in a conference like that there can be prophetic messages from God.

Lawrence began his story. He was an anointed man by God who was flowing in the gifts of miraculous healings. He said: "I had been praying for the sick in the USA and they all get healed within five minutes. Then God sent me to Haiti. I started praying for sick people but no one got healed. I tried to pray for people, no one got healed. I was hurt." Then he went back to the USA and he prayed for the sick, they got healed within five minutes. Then he took a case with God, "Father, why did you not heal the people in Haiti?" The Lord told him that He did not heal them because they are full of bitterness.

The Lord told Lawrence the source of the bitterness. This bitterness stems from the days of slave trade when the French bought slaves from Africa for use in their plantations. The French treated slaves as less than human. Roy is of French descendant. After slavery was abolished, the freed slaves were dumped in places like Haiti. This is how Haiti became a nation. History books tell of the atrocities, oppression and exploitation the Haitians experienced at the hands of whites. The Lord said, "This is why I cannot heal them, they need to forgive."

"But Lord it is not their fault; it is the French who wronged them," Lawrence reasoned with the Lord.

The Lord said, "Yes, you wronged them but they need to forgive so that I can heal them."

So God sent Roy back to Haiti with this message. The Lord said: "Go to Haiti dressed as a slave used to dress; but I am going to break your heart." So he dressed himself in sackcloth and the chain. He flew to Haiti. Church leaders who welcomed him at the airport wondered why he dressed like that. He told them what the Lord had said.

He identified with the French and repented on behalf of the French and asked Haitians to forgive them. He broke down and wept and the leaders also broke down and wept. As Haitians received the message and forgave the slave masters, God began to heal. Roy prayed for people in the streets and elsewhere and within five minutes people were healed. He stayed in Haiti for some time and during that time God continued to heal the nation. The Lord commissioned him to go to all African countries. This act would unlock healing for African nations.

After Lawrence's testimony in Jerusalem, those of us at the conference broke down. There was moaning as if some people had died tragically. I have never heard such moaning elsewhere in the world where I attended conferences. Those of us of African origin remembered slavery, colonialism and the disempowerment these evils brought. Lawrence opened space at the altar for people to express their pain and repentance. Many people went up including African Americans who although that the slave trade had ended centuries ago, continued to suffer under the hands of white Americans. There was this anger within me waking up against white people for everything evil from slavery to apartheid. In that hall you were hurt either because you identified with the victims or because you identified with the perpetrators.

One German Catholic Sister repented before Jewish people for atrocities Jews experienced in Europe and in particular Germany where six million Jews were savagely killed by Germany. Another top European theologian repented before Jewish people for propagating Replacement Theology. Some theologians propagated a false teaching that God is finished with Israel and the Church has become the new Israel. This was a lie and Israel is still a nation and God has a purpose for it. Jewish leaders went to the front and received apologies on behalf of all Jewish people all over the world. They also repented for forcing Jews to kiss the cross and killed those who resisted. As a token of reparation and restitution for the damage done to the Jewish people and Africans, a special offering was taken and given to church leaders.

We welcomed the message and as an act of Identificational repentance I approached a British national and told her, "We Malawians were killed and exploited by the British during colonialism. We forgive you." She looked into my eyes and said, "Thank you." I also repented before her because we also killed some British in Malawi during the Chilembwe Uprising in 1915.

Through Roy's testimony it was clear to me that forgiveness unlocks doors to healing for both perpetrators and victims. A victim's challenge is to forgive the perpetrator.

Smedes (1984:31) describes forgiveness as “an active process of the mind and temper of a wronged person, by means of which he establishes a moral hindrance to fellowship with the wrongdoer, and re-establishes the freedom and happiness of friendship.” By pronouncing forgiveness to the northerners, the British and white South Africans, I was performing what Smedes calls ‘spiritual surgery’ inside my soul. I was cutting away the wrong that was done to me so that I can see my ‘enemy’ through the magic eyes that can heal my soul.

Smedes (1984:125) is right; forgiveness does not try to change the facts in our past. Tampering with the facts of history is a fake fantasy; history is implacable. However, it opens the way to a better fairness. Forgiveness has creative power to move us away from a past moment of pain, to unshackle us from our endless chain of reaction, and to create a new situation in which both the wrongdoer and the wronged can begin a new way (1984:131). I began a new way and relationship with northerners and whites on my Freedom Day. I agree with Smedes that forgiveness is a miracle of the will that moves away the heavy lead of hindrance and allows fellowship to take place. This can only be fulfilled when two enemies forgive each other. I needed to move away from, ‘the heavy hindrance to fellowship.’ And by God’s grace this heavy lead was rolled away and love and friendship filled the vacuum. I rebelled against past injuries. I realised, like Mandino said:

I am here for a purpose and that purpose is to grow into a mountain and not to shrink to a grain of sand. Henceforth will I apply all my efforts to become the highest mountain of all and I will strain my potential until it cries for mercy.

Healing is a journey not a destination. Forgiveness is not a once-off act. Life goes on and as we engage in relationships whether in the family, workplace, places of worship, there is a potential for hurt. If not careful we find ourselves trapped in a web of bitterness over and over again.

A pothole of xenophobia

I was trapped in a pothole of xenophobia in 2008. After successfully completing Master of Theology Degree in Clinical Pastoral Care and Counselling from the University of Stellenbosch, my family and I relocated to Pietermaritzburg in December 2007. I found a job at

Pietermaritzburg Agency for Christian Social Awareness (PACSA), an organisation based in Pietermaritzburg. I started work on first of April and hardly two months had passed at PACSA when my life and dreams of living in South Africa were shattered. It was as if those dreams were in a clay pot and a huge rock fell on it.

On May 12, 2008 xenophobic attacks on foreigners started in the township of Alexandra in north-eastern Johannesburg. South Africans attacked migrants from Mozambique, Malawi and Zimbabwe, killing two people and injuring 40 others. What traumatised me most was the television scene during evening news. I saw a mob of South Africans attack a Mozambican national as he tried to run for his life. They accused him of some crime he never committed. Although they knew he had not committed a crime, and his neighbours pleaded with the mob to leave him, they chased him. Like a fly that had escaped from a bird only to be caught in a spider web, I saw the mob catch him, beat him up, and as if this were not enough, tie him to the mattress before setting him and the mattress on fire. I saw the image engulfed in flames of fire, kicking and moving for a while then slowly fading into motionlessness. Locals cheered around the mattress as he burned to death. I never imagined human beings would be capable of such barbarism.

I could not believe my eyes. Was I having a nightmare? I pinched myself to check if I was hallucinating. No, a human being was burnt alive in Alexandra. I could not comprehend why they had burnt a fellow human being alive. Had South Africa now turned into hell, which the scriptures warn us about, that there will be fire and gnashing of teeth for sinners? But who condemned him that he is a sinner? This was the height of how far evil can influence a human being to do barbaric acts. This act solicited enormous fear in me as a Malawian. In such an instance my thinking brain shut down due to the trauma I witnessed on television. My survival brain struggled to make sense out of the whole thing. Then one local commented:

“We want all foreigners to leave our country! And we will not leave them until all are gone back.”

That person was emotionally charged and given a chance, he would do anything. The aggression was directed at all foreigners of whom I was one. I had lived in South Africa for over a decade. I shook in my boots like a reed before a mighty tide. I saw death walking towards me, but there was no pothole large enough to hide in. When I thought of the safety of my wife and my two young children, breath left me. Adrenaline froze my brain cells and I hadn't a clue what to do next.

To survive the moment, I comforted myself with the fact that the incident had happened in Johannesburg, five hundred kilometres away. We have a saying in Malawi: *Ukatchula mkango kwela mmwamba*, meaning, 'Speak of the evil and is likely to appear.' Sooner than I believed, I heard that xenophobic attacks were already happening in Pietermaritzburg and that the taxi drivers and conductors at Imbali taxi rank in Pietermaritzburg had caught and beat up a Malawian because he could not say the Zulu word for an elbow joint.

My heart pounded away. Danger knocked at my door. I was traumatised without reservation. American Psychiatric Association [APA], (2000:463) in (*DSM-IV-TR*), defines trauma as:

Direct experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate.

As much as I did not experience events directly, I watched it on television, thus I witnessed it and learnt about it in televised news as well as print media. I was like a sparrow trying to protect its nest when an owl came to devour its young even if it knows that it cannot win the battle.

I relied on public taxis every day to go to work and back home. Knowing my limitations in speaking Zulu fluently, I convinced myself that I was the next target. I could memorise the word that my fellow Malawian failed to recite.

But the attackers were more interested in hurting foreigners than to pronounce correct syllables. What if the word has a click and I fail to click properly? They would set me on fire. All this self-talk distressed me. I wished the ground would open and hide me with my family, but “if wishes were horses beggars would ride.”

Two thoughts raced. On the one hand, I could just stay away from work so that I am safe from taxi drivers. On the other hand, I just got the job and losing it was equally as traumatic. I was “caught between a rock and a hard place.” What especially traumatised me was I could not believe South Africans would have done that after I had lived with them for over eight years. Although only one or two were killed in Pietermaritzburg, the magnitude of the impact was much less. Some foreigners and their families fled their accommodations after being threatened they sought refuge at Project Gateway, a former Pietermaritzburg Prison. Most of them were doing casual jobs and selling things on the streets. They could not work anymore so churches and other organisations had to bring them relief items. My organisation was a drop-in centre for parcels to go to internally displaced foreigners. By then we were living in Scottsville, a suburb of Pietermaritzburg, so we were never displaced because the attackers concentrated in the townships and the central business district (CBD).

One thought said we were safe but the fact that our landlord was a Malawian also gave us no hope of escape. There was a big scare especially as the television channels kept broadcasting old and new images of the violent attacks that were taking place in other cities and towns in South Africa. In the following weeks the violence spread, first to other settlements in Gauteng Province, then to the coastal cities of Durban and Cape Town. Attacks were also reported in parts of the Southern Cape, Mpumalanga, the North West and Free State. Pietermaritzburg was also affected although the impact was not as much as it had been in Gauteng. These series of riots left sixty-two people dead, although twenty-one of those killed were South African citizens. If you push a weaker man against the wall and there is no way for him to escape, he turns back and fights even if he knows that he will not win the battle. So some foreigners defended their families or property and killed some locals.

When adrenaline levels had gone down, I went to work. I abandoned public taxis for some time. Instead, I negotiated with my feet and we walked a distance of six kilometres every day to and from work. My feet kept their promise, except for days when my manager gave me a lift back home. I felt safer to walk than be trapped in a taxi lest they ask me Zulu words I cannot articulate.

Politicians trying to cover their backs said, “This is criminal activity dressing itself up in xenophobia’s clothes.” What made these attacks scary was the rumour that this xenophobia was perpetuated on many levels by the state, officials, employers and the person in the street. It was a coordinated move of the government to chase away foreigners. We do not know the real cause because I never heard that the courts had tried and convicted anyone of charges of xenophobia or homicide although forty-one foreigners were killed during those waves of violent attacks. Neither did I hear that any foreigner was compensated for the loss of their business or property. Whether it was true or false, who cares? A traumatised person can believe anything, even a stick can look like a snake. The reality was danger was at the door looking for whom it may devour.

Harris (2001), states that xenophobia and the economic exploitation of migrants are not peculiar to South Africa. International literature shows that the South African experience is part of a worldwide phenomenon. A key global trend is that of racism underpinning xenophobia, with black foreigners representing the common victims of violence and hostility. Xenophobia, Harris continues, is particularly predominant in countries undergoing transition. Another key global trend, especially within these countries, is a tendency for governments to conflate foreigners with crime and use them as scapegoats for social problems such as unemployment and poverty (Harris 2001). This scapegoating is seen everywhere in South Africa against foreigners. “Whether documented or undocumented” says Harris, “foreigners are frequently treated as a homogeneous category of 'illegal aliens'. Harris asserts that xenophobic discourse prevails around this category and forms the basis for hostility, conflict and violence between South African citizens and (predominantly black) foreigners.”

Being a black foreigner from Malawi myself and knowing that, I am not exempted from the above treatment, set my blood racing.

We [foreigners] suddenly became a target for innuendos, threats and derogatory name-calling such as *Mkwerekwere*. Although I knew I had a community of other civilised South Africans who loved me and were concerned about my welfare, the sight of any South African raised my goose bumps. When you sympathised with me, like many did, I was not sure whether you said so with your mouth while your heart was cheering the attackers. Thus how trauma had invaded my trust bank for locals. Van der Kolk and Van der Hart (n.d.:158-82) see trauma as a special form of memory and the traumatic experience has affect only, not meaning. It produces emotions such as terror, fear, shock, and above all disruption of the normal feeling of comfort. Carson and Ruzek (n.d.) say that during trauma, survivors often become overwhelmed with fear. Soon after the traumatic experience, they may re-experience the trauma mentally and physically. Because this can be uncomfortable and sometimes painful, survivors tend to avoid reminders of the trauma. For me the sight of taxis triggered trauma and I avoided riding them as much as possible. Even long after the xenophobic dust had settled, I approached them with suspicion. The APA (2000:463) in describing the response to trauma, points out that the person's response to the event must involve intense fear, helplessness, or horror (in children, the response must involve disorganised or agitated behaviour).

Xenophobia left me with an indelible pothole. When you trip in a pothole and get hurt, even when the pothole is fixed, the sight of that spot reminds you of the fall. I experienced trauma in all its manifestations. Trauma does not affect only an individual; it affects all the systems that support an individual. My organisation, PACSA, was greatly affected and many people were traumatised, especially the foreigners who worked there. I could not function properly at work as I was always preoccupied with my safety and that of my family. It was as if my brain had gone on vacation. If it were not for an understanding boss, I would have lost my job a month after I had got it. Kaminer and Eagle (2010:2) are right, traumatic experiences are usually unanticipated and by definition place excessive demands on people's existing coping strategies. Thus traumatic events create severe disruptions to many aspects of psychological functioning.

I could not concentrate at work. I spent days just sitting in the office failing even to write a report. I remember during the half year appraisal, my manager said that I did nothing in the first half of the year. Although I defended myself by pointing out some 'unique outcomes', the reality is I was preoccupied by safety issues and every day was thinking of going back to Malawi. I lost my motivation to live in South Africa.

My family's hopes of raising and educating our kids in South Africa were dashed. Initially my wife and I convinced ourselves that we would stay and take citizenship since my wife's mother is a South African citizen. I was planning to put down my tent pegs and invest in property. But a sharp knife punctured a hole through our dreams. What added insult to injury was a story that was circling around in 2008 that of a foreigner who built a house among the locals and lived there for years, was chased and warned never to come back or he would be killed. Indeed any wise foreigner would never come back. So his neighbour changed the locks and possessed the house. When I heard this, I said to myself:

If what I am hearing is true, then no matter how many years one stays here and invests, it can take your neighbour only five minutes to change the locks and inherit a lifetime's investment. Thus is meaningless.

During the week of the Alexandra attacks, I e-mailed my cousin in Malawi to update him on our welfare. His message was short:

"Come back home."

The Malawi government even sent buses to transport its citizens from South Africa. My wife and I debated whether we should leave or not. I had just started a job and had no savings to use as a starter pack on arrival in Malawi. I felt helpless.

Spiritual injury

Trauma injured me spiritually. My absolute faith in God's protection was shattered. Before the xenophobic attack, I believed that I was untouchable because I am hidden with Christ in God and that no attack would happen on my life and that which belongs to me because my heavenly

Father watches over me twenty-four hours. God is the hedge of fire surrounding me and my household. Human vulnerability confronted me a day after the attacks in Alexandra. My boss asked:

“How are you feeling after what has happened Charlie?”

She looked so concerned and I wanted to assure her that I was coping well. So I answered:

“I am okay; I know that nothing can happen to me unless God wills it.”

What she said shook the rock on which I was standing, my God image.

She said: “Yes, but also the will of bad people can affect us.”

I was not ready for this truth. I felt like the shelter over me vanished into thin air and I was exposed to danger. My belief was shattered into pieces. I became so fearful immediately. ‘If this is the case then what if xenophobic attackers succeed in spite of my faith in God?’ I experienced a full scale spiritual injury. Trauma succeeded to shatter my belief in God.

Gilchrist (n.d.:1) in his article, *A Genealogy of Suffering*, states that when a traumatic event occurs, the effect is to “shatter” the victim’s assumptive world, or to deliver “profound invalidation” of that world. Parkes (1975:132) defines “assumptive world” as a “strongly held set of assumptions about the world and the self which is confidently maintained and used as a means of recognizing, planning and acting.”

In her *Assumptive World Theory* Janoff-Bulman (1992:5) argues that traumatic events are psychologically distressing because they shatter some of survivors’ fundamental assumptions about the world. She states: “Sometimes assumptions or illusions about oneself, the world and others are shattered during traumatic experiences”. She adds that our fundamental assumptions are the bedrock of our conceptual system; they are the assumptions that we are least aware of and least likely to challenge.

Most generally, at the core of our assumptive world are abstract beliefs about ourselves, the external world, and the relationship between the two (1992:5). According to Janoff-Bulman, there are generally three fundamental assumptions that people hold: the world is benevolent; the world is meaningful; and the self is worthy. She sees assumptive world as a cognitive schema. Commenting on cognitive schema, Kaler (2009:1-2) writes, “as with other cognitive schemata, the assumptive world is developed and modified gradually in accord with lived experience. Once these cognitive schemata are established, however, it is thought to be held on such a basic and generally unquestioned level that it is only upon confrontation with a stimulus of seismic proportions, such as a traumatic event, that the assumptive world’s veracity is called into question. They are right, my assumptive world was shattered. Absolute faith in God’s protection was “called into question.” Even though God delivered me from road accidents on several occasions after I called on the name “Jesus” and death was averted; but the words of my boss worked like a suicide bomb.

Trauma affects spirituality. Louw (2005:112) states, “A crisis affects the spiritual realm as well. It invades spirituality due to the interconnectedness between self-understanding and different God-images.” My boss and I had different God images. My God image was the absolute protector and cannot allow His child to be attacked. Her God image was that the will of bad people can succeed to harm us even when God is still watching over us. Wilson (et al 1998) points out that faith that God is constantly available to respond to one's hopes, fears, anxieties, and tragedies can be shattered. Nelson-Pechota (2004) adds that individuals who are unable to resolve challenges to their moral and spiritual beliefs might find themselves in a state of spiritual alienation, which can take many forms. What Nelson-Pechota calls spiritual alienation is what I call spiritual injury. For example, a person may feel abandoned by God, and in his or her response may reject God, feeling that God was powerless to help and therefore unavailable. Giving an example of the experiences of American soldiers in Vietnam, Nelson-Pechota (2004) says:

Most American soldiers who fought in Vietnam believed at first that their cause was just. Some held firm in their belief while others became disillusioned. Some soldiers used their

faith as a source of strength to help them endure their pain and suffering, while the faith of others was shattered when they came to believe that a loving God was not present to provide concern, protection, and divine assistance.

They were injured spiritually in that all they believed about God never happened. They even realised that the Omnipresent God was actually absent.

Traumatic experiences affect people differently. Victor Frankl (1984:47), talking about his experiences of the concentration camp in his book *Man's Search for Meaning, An Introduction to Logotherapy* asserts: "In spite of all the enforced physical and mental primitiveness of the life in a concentration camp, it was possible for spiritual life to deepen. He adds: "So when stripped of everything and made into subhuman numbered tools, this human/spiritual fact still remained alive." I thank God, although my belief in God's absolute protection was shattered, I continued to pray to Him and over time the shattered pieces were gathered and re-constructed into a mosaic of faith. Frankl is right, as much as I experienced spiritual injury or wounding, my spiritual life deepened because now I realise that even bad things happen to good people. Human beings are vulnerable to all sorts of dangers and catastrophe but it is by grace that we are still alive. Christians are not exempted from elements that seek to kill, steal and destroy. As a matter of fact, Lloyd (2010:42) asserts that:

Ever since sin entered the world, people are being wounded in many different ways. It is impossible for sin not to wound somebody. Not only are we wounded by our own sins, but we are also very wounded by the sins of others.

She gives an example that ethnic rejection is a deep wound. When we are wounded, we start to believe Satan's lies about us, and this affects our behaviour. Indeed my behaviour could not be hidden. I was so afraid of people in closed spaces like taxis and walked to work for some time. Thus how powerful trauma had wounded me to the point of doubting God's hedge of fire around me. I only realised later that God never promised us that we will never experience suffering. But that He will deliver us even from the waters and the fire. Thus my God images started shifting. My Sunday school theology had to be perfected by theodicy.

Re-authoring my narrative

While shattered belief in God's protection was being re-constructed, I needed to rebuild trust with my neighbour. I needed to trust that I would be safe among South Africans; that I can still live with them side by side and still be alright. According to Maslow's Hierarchy of Needs Pyramid, Maslow observed that human needs are on different levels in a hierarchy and that some needs take precedence over others (Maslow 1996, Boeree 2006:4). There are four preceding levels which Maslow calls *Deficit needs*, or *D-needs*. His argument is that if you do not have enough of something, then you have a deficiency and you feel a need. But if you get all you need, you feel nothing at all! In other words, they cease to be motivating. Level 1 is Physiological Needs; Level 2 is Safety; Level 3 is Belonging Needs; Level 4 is Esteem Needs. Level 5 is Being Needs- self-actualisation.

I had climbed up to Level 4- Esteem Needs. All three levels below were already taken care of. For example, I had just got a well-paying job so physiological needs were being met; Safety and security was not an issue because I was living in the Scottsville suburb renting servant quarters protected by a fence and my landlords' dogs; I had already felt a sense of belonging in my family, workplace, church, and many South African friends and mentors. I was scaling the walls towards self-actualisation. I had three Masters Degrees: two from the University of KwaZulu-Natal, and one from the Prestigious Stellenbosch University. I had just registered for PhD studies. My relationship with God was at its peak. Thus academically, spiritually and professionally I had mounted on wings like an eagle and was soaring towards the Being-Needs of self- actualisation.

While at that altitude, trauma hit me and I fell. I found myself back at Level 2 preoccupied with deficit needs of safety and security.

It was so bad that any South African that passed by was a potential attacker except for my fellow employees at PACSA and church members. I knew they would not greet me with one hand and hold a knife at their back. This support made all the difference.

The miracle of mending potholes

After the xenophobic dust had settled, I continued looking for ways to heal. Although on the streets the government had managed to bring calm, there was no calm in my heart. I was always on the lookout for possible attack. The communities where I had felt safe before were no-go areas although my work forced me to go there. Trauma had successfully destroyed my trust - in people, God, my abilities, and trust in the world we live in. A passing fly sounded like a bullet in my ears.

I staggered on for a year until I started a Trauma Healing Project at PACSA. As part of my doctoral studies, the project was going to explore ways to heal trauma survivors (both locals and foreigners) so that we could re-author our life narratives shattered by trauma. Wigren (1994:415-416) states that experience is normally processed in the memory in the form of a narrative. This process includes the selection of relevant data, the construction of causal chains, the connection of events to characters, the episodic organisation of events, and the drawing of conclusions to make sense from an event and guide future behaviour. In contrast, traumatic memories leave the victim speechless (Van der Merwe et al 2008:56). These memories come back as emotional and sensory states with little verbal representation (Van der Kolk 1996:296). Van der Merwe (et al 2008:56) adds that traumatic memories are so overwhelming that they cannot be turned into narratives; they are usually triggered by associations; and they remain unassimilated in the psyche, accompanied by intense emotions, vivid images, nightmares and somatic symptoms such as sweating palms. Normally, people make sense of new events by fitting them into pre-existing narrative mental schemes; but not so with severe trauma, it cannot be contained in these schemes and shatters their foundations; it defies all attempts to ascribe meaning to the traumatic experience.

Van der Kolk (et al 1995:176) calls traumatic memories the unassimilated scraps of overwhelming experiences, which need to be integrated with existing mental schemes, and be transformed into narrative language. When such integration has taken place, the story of the event can be told, the flashbacks and the somatic symptoms disappear, and the person regains control over the past. Having been bothered by traumatic memories myself, and also having

listened to many people I worked with (both locals and foreigners living in Pietermaritzburg) who were experiencing “scraps of overwhelming experiences” I looked for ways to integrate these “scraps” so they can “be transformed into narrative language”. Only when integration has taken place can be life narrative be told. I was going to use these life narratives as data for my study.

Although there are different methods of doing qualitative research, I opted for what Kaminer (et al 2010) call “psychotherapy group” and Shea (et al 2009) calls it “group therapy”. Kaminer (et al 2010:105) argue that group therapy is usually offered to people suffering from the same kind of trauma, for example, rape, combat stress or terminal illness diagnosis. Shea (et al., 2009) adds that group therapy aims to enhance daily functioning through provision of safety, trust, acceptance, and normalisation of symptoms and experiences. It helps individuals develop sense of mastery over problems via group feedback, emotional support and reinforcement of adaptive behaviour. It focuses on current life issues rather than traumatic experiences. Therefore, anything that can help us to deal with the dominant problems of trauma and can transform them into life-giving narratives is good enough to try. Although not all of us were struggling with xenophobia which was targeted to foreigners, locals also lived in constant trauma due to what the Negotiated Service Delivery Agreement (NSDA) of the Health Sector calls the “Quadruple Burden of Disease (BoD): HIV and AIDS and Tuberculosis; Maternal and Child Mortality; Non-Communicable Diseases and; Violence and Injuries.” This project was going to be a longitudinal study. I was looking forward to conducting participatory action research using a narrative approach. This approach would give me permission to participate in the process and not be a bystander studying the subject.

On 30 October 2009, we had the first Stress and Trauma Healing workshop at Kenosis Retreat Centre in Pietermaritzburg. I invited thirty-eight participants both (foreign and local) through word of mouth and other organisations. Although most of them were South Africans, more than thirty percent were foreigners. On one hand I was excited because finally I have a population from whom I would sample research participants. On the other hand, I was afraid

how I would share my painful experiences with a group which comprised of South Africans because I was traumatised by them. Van der Merwe (et al 2008: viii) is right about trauma victims. They say trauma victims have a contradictory desire to suppress their trauma as well as to talk about it. To talk about it means a painful re-living of the event, so for inner survival they normally suppress the memory. Yet, paradoxically, it is precisely confrontation with the suppressed memory that is needed for inner healing.

I experienced this dilemma. I wanted to talk about my story and begin my journey towards healing yet the thought of telling my story in the presence of South Africans was pulling out my hair. I wondered how South Africans would respond to my narrative. I noticed before that locals felt bad when I shared my story in the Healing of Memories workshop. And I did not want them to receive blows intended for the offender. Yet I was left with no choice but to include them because I have worked with some of them before and they also had their own stories to tell.

The pain we shared connected us regardless our nationalities. The series of workshops and debriefing sessions offered the miracles I needed to cross over the bridge. Telling and re-telling my story to a compassionate, supportive and listening group cannot be rewarded by any amount of cash. We formed bonds as each one of us advanced in our own journeys. What was highlighted for me during the workshops was when we had to draw our life on a flip chart in four dispensations: traumatic experiences during childhood, adolescence, young adulthood and the adult. I looked for events that seemed insignificant when I had experienced them yet had added to the pool of pain. The facilitators encouraged us to tell our stories in smaller groups. Bartsch (et al 1996:59) states that the victim experiences loss of dignity reflected in loss of connection with others, loss of control over life's events and loss of order and meaning. Recovery begins in a caring relationship when victims tell their story of what has happened to them, when they know they are listened to and when their experiences are taken seriously. Bartsch adds that in order for the storytelling to have a healing effect, the listener must be 'present'- that is must not be hurried, distracted or restless. The facilitators gave us instructions on how to listen to each other in small groups. They added that listeners should not be judgmental or offer advice too quickly, or interrupt in other ways or else storytelling will not be

helpful and may even be harmful. I did not have problems with the above instructions because that is part of my code of ethics as a pastoral therapist. When we began weaving our stories of trauma in small groups, I realised that we needed to emotionally embrace and sustain people who had been victimised by life events. We did this by genuine caring and sometimes we connected with words, sometimes in silence. Bartsch (1996:59) is right that stress and trauma stories are highly personal. Traumatic events crash through our normal protective structures to expose us in unprotected ways. He adds that the frequent reference to wounds, when talking about trauma brings to mind the cutting of the protective layers of skin to expose our raw inner tissues. Just as our physical wounds are vulnerable to infection these traumatic wounds can be re-infected and the victim can feel disconnected, disempowered, and disrespected. Therefore, just as medical science teaches us how careful we have to be when cleaning the wounds to assist the healing process, we were prepared properly by facilitators how to tell and listen to those who were telling their story so that the victim is not injured again or re-traumatised.

My turn came. The time I feared most was here. I was not sure what reactions my story would solicit since some of the listeners in my group were South Africans. I resolved to have an amnesty within myself where I either said the whole truth as I experienced xenophobia and I get healed or I hide the true account and I go back home loaded. I said everything while feeling sorry for my South African listeners whom I felt were receiving blows intended for the offender. They did not perpetrate xenophobia. You will not believe the relief when South African members acknowledged my pain and refused my generalisation that all South Africans hate foreigners. They pledged their support and that is all that I needed to know that some South Africans did not support the perpetration of xenophobia. The VHA/DoD (2010) adds that social support is critical for helping the individual cope after a trauma has occurred.

I left that workshop with a string of new friends. I realised the words of Jesus that those who are not against us are for us. When I listened to some of their stories, I could not compare mine with theirs for they were indeed gruesome. I was glad that I had chosen a participant observation method for my study project because I was not standing outside and observing them. I was right in the heat and experiencing the process first hand.

Another significant part of the workshop was naming and mourning our losses. Bartsch (1996:84) defines mourning as expression of grief and sorrow over that which is lost. The loss may be important people, well-loved places/settings, lost opportunities and possibilities. Some mourn the loss of marriage that went sour or children that missed out on being free to be children. He adds that grief over loss is at once highly personal and deeply influenced by our underlying cultural background. Recognising our cultural background differences, facilitators provided us space to name and mourn the losses we might have experienced. We were asked to work alone to name the losses we experienced as a result of a severe and/or traumatic experiences. We were guided to think about loss in various domains of our lives: material loss such as homes, vehicles, belongings; physical health; emotional health; relationships; self-concept; faith and meaning in life. We were then asked whether we have mourned these losses or not and what we needed to do to complete the mourning. Then we were placed in groups to share what losses we were comfortable to share. This was another emotional moment for each one of us as no one was exempted from loss. We embraced each other, cried together, cracked jokes, and wiped our tears.

One of the sessions focussed on healing our identity. Bartsch (et al 1996:11) argues that stress and trauma affect the way people think about themselves. For example, following incidents like a criminal attack, earthquake, mugging, rape, marital abuse, etc, victimised people often take on a 'victim identity'. Bartsch defines 'victims' as people who have had terrible things done to them. They are victims of circumstances. They take on a 'victim identity' when they think and feel like victims, long after the events. The healing of a 'victim identity' comes when they recover their identity and re-integrate into their community with their rightful respect from others, for others and with self-respect.

We needed such healing to transform our way of thinking about ourselves and the world around us. This process successfully transformed us from victims to survivors. Bartsch (et al 1996:11) see 'survivors' as people who have been victimised, but who think of themselves as able to manage their lives, hold on to their self-respect and dignity and take on meaningful roles in their families, in their work, in their churches and in their communities. We used the

Cognitive Behavioural Therapy approach to challenge self-victimising thoughts into desired or constructive ones.

We finished the workshop by looking at forgiveness and how to forgive and reconcile with those who hurt us. Van der Merwe (et al 2008:49) argues that the concept that most clearly symbolises hope for the future in our traumatised South Africa is the concept of forgiveness. Forgiveness brings an end to the repetitive cycle of violation. Kristeva (1989:200) points out that forgiveness are a historical. It breaks the concatenation of causes and effects, crimes and punishment; it stays the time of actions. A strange space opens up in a timelessness that is not of the primitive unconscious, desiring and murderous, but its counterpart- its sublimation with the full knowledge of the facts, a loving harmony that is aware of its violence but accommodates them, elsewhere. Kristeva (1989:204) adds that forgiveness seems to say: I allow you to make a new person of yourself. So that the unconscious might inscribe itself in a new narrative that will not be the eternal return of the death drive in the cycle of crime and punishment, it must pass through the love of forgiveness, be transferred to the love of forgiveness. Van der Merwe (et al 2008:49) states that there is no price that will ever be adequate to pay people who have been ruptured and traumatised. However, what is necessary is finding a new language that will bring us together- the language of forgiveness. He adds that forgiveness allows people to have a new relationship with their trauma; it is a liberating act, a choice of freedom. It has been proven that forgiveness helps the victim to heal. The freedom from being captive to anger and hatred as a result of the trauma liberates people to embark on a new journey of healing. We knew that we would not move on without forgiving those who caused injuries in our lives. Thus for the past two days we focussed on dominant stories of loss, pain, anger, hatred and anguish but now we changed gear and looked towards the future.

We started reflecting on how we can forgive and move on; affirm dignity, healthy identity and establishing healthy relationships. Individually we reflected on how we survived. It is a fact that people have the ability to transcend: to rise above the limits imposed by the situation. It is our unique capacity as human beings to step back and decide what attitude we will take and how we will respond to the events (Bartsch 1996). Then we shared in groups of four and affirmed

each other and celebrated together. This was powerful enough for us to start re-authoring our narratives, to begin building alternative stories, and rediscovering a new identity.

While Stress and Trauma Healing Level 1 and Healing of Memories workshop focussed on healing us from the past unfinished business and begin alternative stories, Level 2 focussed on training participants to become caregivers in their communities. This gave us an opportunity to further equip in how we can help other people who are experiencing life's ills. Level 3 trained research participants to become trauma facilitators. We were equipped to facilitate stress and Trauma healing workshop Level 1 and were taken through role plays and real case scenarios to facilitate.

From a victim to a consultant

Although I was a researcher in this Trauma Healing Project, I benefited a lot in that I experienced healing from unfinished business and was actually equipped to become a facilitator. I was trained as a trauma counsellor and as a pastoral therapist on Masters Level but I was not equipped to facilitate workshop or psychotherapy groups. I felt so empowered that finally I was able to work with individuals as well as groups. Thus since 2012 I have been a consultant for three organisations: Diakonia Council of Churches; Pietermaritzburg Agency for Christian Social Awareness; and the Institute for Healing of Memories. My duties have included facilitating workshops, training trauma facilitators, and lay counsellors in churches and communities, and as a referral pastoral therapist. I have led research participants to facilitate Trauma Awareness and Level 1 workshops in communities surrounding Pietermaritzburg and some get paid for facilitation.

I thought we could run the project and get stories from participants for my thesis; but I was surprised to see how the project unfolded. Twenty-three facilitators have been trained and nine of whom have contributed their life narratives as chapters into a book titled: *Trees along the Riverside: The Stories of Trauma Facilitators in KwaZulu-Natal South Africa*. They feel so

empowered. They never thought they could publish a book as they attributed publishing work to academics. They are proud that they will use their stories to heal others.

I started the Trauma Healing Project in October 2009 with a 'victim identity'. The effects of xenophobia were building blocks of my dominant story. But now I facilitate workshops in communities which were known for violence before and after democratic elections of 1994. For example, I work in KwaMakhutha, KwaMashu, Mlazi, Hammarsdale, Mpophomeni, Sobantu and the Greater Edendale Valley. These were no go areas for locals let alone a foreigner. Besides freedom of access, the consultancy has been the main source of income for my family and I get paid anything from one thousand five hundred to four thousand five hundred Rands for facilitating three-days workshops. This has been a blessing in disguise for me by adopting a participatory action research design utilising a narrative approach. Besides my academic gains, all other domains of my life have been enhanced. The process helped me rediscover my 'victor identity' and an alternative life narrative. I am now in the process of applying for permanent Residence in South Africa, a thing which I would never thought about in 2008 and 2009.

Although potholes are inevitable as life continues, I have seen them fixed. *Phila impilo oyifunayo* (Live the life you want to live).

CHAPTER 5: LIFE NARRATIVES OF RESEARCH PARTICIPANTS

This chapter presents narratives of five trauma survivors who participated in the longitudinal study from 2009 to 2013. They share their life experiences before, during and after participating in the Trauma Healing Project. Although each narrative is unique, results demonstrate that they have experienced healing in the process and ultimately re-authored their narratives which were shattered by trauma. As Gravett (2008) puts it, this chapter does not claim to be an exhaustive account of the research participants' stories or of the issues associated with it. It merely offers a glimpse. It could be compared with a selection of edited film scenes, or isolated acts in a play. The first research participant you will meet in this chapter is Noma.

5.1. The Life Narrative of Noma

Noma is one of the research participants, who has travelled relentlessly on this journey of trauma healing for the past four years. Noma is not her real name but has chosen to preserve the anonymity of a research participant. Noma was born on 27 November 1964 in a Mission hospital. She was born to a Zambian father and a South African Mother and they were not married. Her father came to South Africa to work in the mines. When she was three years old her father decided to go back to Zambia, but her mother refused because she was afraid of the rumours she heard that people in other African countries eat other people. However, they went back to Zambia and settled in a town called Solwezi in the Northern Province. They lived in a two bed-roomed house which had face brick walls. This is how she describes her home:

“We had a Mango tree at our backyard. We had a lot of Pink and Orange flowers which my mother loved to pick. She put them on the kitchen table covered with a white lace (table cloth) and it gave a sweet Aroma in the house.”

Noma had two sisters and one brother that were born from her mother. In her life she has known pain, shame, hunger, loneliness; death stole her dad and three of her children, and slowly HIV/AIDS stormed in. Yet through all these experiences she has conquered, and now she is managing a support group, two beauty hair salons, and running other businesses. Through this research project, she has been trained as a Stress and Trauma Facilitator, and Healing of Memories Facilitator.

News of her father’s death

Noma started experiencing loss from a very early age. One Tuesday morning in 1975 when she was 10 years old her teacher, Mr. Jere, sent her to the Headmaster’s office.

She wondered was wrong. She says, “When you were called to the Principal’s office it was a problem. My heart started to pump fast. What have I done now since I am a noise making child?”

In her little creative mind, she began devising plans as to how she would evade the headmaster's whip. She says,

I imagined a lot of stuff. If he wanted to whip me, I would put a book in my pants. We knocked and a loud voice said 'Come inside. Please take a seat.' He had a smile on the side of his face.

To her surprise she found her aunts Thambalile and Thikhondane waiting for her in the office. The headmaster spoke in his deep voice, "They have come to fetch you from school. Be a good girl. I will see you soon." She left with her aunties "thinking yippie! I am going to play the whole afternoon." As she approached her home, she saw many people, some were standing, others sitting and yet others were crying. She saw some people taking out their brown lounge sofa and the round imbua table. She clung to her aunt's skirt and thought "why are they taking our goods away?" By this time no one had broken the news to her yet about the death of her father.

As she entered the house she saw her mother sitting on a mattress and she cried with a loud voice as Noma approached her. One of her Aunties, spoke to her in a calm voice, "Baby, remember where your father is? (Baby was her nickname given her by her dad)." "Yes in Hospital," she responded. The aunts looked at each other and said, "Your father has gone to heaven to be with the Father." Puzzled by their statement, Noma asked, "What father?" The other aunt started to cry so loudly and every one joined in. They sniffed in their handkerchiefs. Finally her mother clarified, "Your father has died and he said he loved us all."

Bereavement and Attachment Theory

Although Noma did not understand what really happened to her dad, she knew that something was wrong. She says,

I looked up at my aunty and tears were still rolling down her cheeks. The same Aunty took me outside and sat me down on a brick behind our house. She said 'Your father has

gone to be with the Lord. You won't see him again.' [All] I wanted was to speak to my dad. I did not know that when one dies they don't talk.

Noma sat on the brick crying. She finally realised that death has broken the bond of attachment with her father and she began to grieve. Louw (2007:508) notes that grief work consists of three important concepts and aspects. These are: bereavement (reaction to the loss); grief (intense pain and emotional response); and mourning (the psychological mourning process). According to Louw the degree and intensity of grief, as an emotional reaction to sorrow, is dependent on the quality of the love attachment involved. Van Dyk (2012:314) defines bereavement as the experience of pain and grief felt when a person loses someone or something of value, or if the loss of that person or thing is anticipated. She adds that bereavement is triggered primarily by the sense of loss that occurs when we lose something or someone that we have become attached to (2012:315). Worden (1982) in his Attachment Theory says that people make strong emotional bonds with others and react strongly when those bonds are threatened or broken. Bowlby (1977) adds that we do not form these attachments primarily to satisfy our biological drives, but rather to fulfil our needs for security and safety. Van Dyk (2012:315) argues that forming attachments with significant others is normal behaviour for both children and adults; but separation or loss initiates a process of grief. We see in Noma's story that when she realises that she cannot talk to her father anymore as she used to, and hearing that she will not see him again, this initiated grief in her and she began to cry. Her crying however, was interrupted by her aunt, "Do you want to come with me to the shops; I will buy you a biscuit, coke and sweets." She smiled and accompanied her.

Collins (1988:349) says that most if not all cultures have socially sanctioned ways of meeting needs at the time of bereavement. These social mores are built around both religious beliefs and practices and the racial or ethnic backgrounds of the grievers. He adds that cultural and religious groups also differ in the extent to which they allow, discourage, or encourage the overt expression of sorrow (1988:349).

Collins is right in Noma's case where instead of giving her space to mourn the loss of her father where she sat on the brick, her aunt discouraged her overt expression of grief by enticing her to go to the shops and buy sweets. This is a common practice among some cultures in Zambia and Malawi where children are not given space to grieve as if they have not lost their loved one. This makes grieving complicated for children.

Mourning in African Tradition

Three days passed with the same, people crying, in and out of the house. Her beloved Aunt Thambalile asked if she could accompany her to town. While in town they went from shop to shop then finally Noma had to do her hair at a salon. That Friday people arrived with suitcases, people she had never seen before, and also people from the United Church of Zambia (UCZ) where her father was a church Elder. The reader needs to understand that some rituals that are performed at a deceased church member's funeral are different from those that are practised when the deceased was a heathen. In Noma's late father's case, he was given a church burial because he was a member of United Church of Zambia. Phiri (2002:62) has observed that the church as an institution plays a very important role in providing care for its members during funerals and bereavement. She gives examples of the church providing charitable support in the form of food or money at the funerals of its poorest members. She adds that fellow church members often organise vigils where there is singing and preaching for the whole night. Although Phiri (2002:62) argues that the singing is a form of entertainment for the mourners, I do not agree entirely with her view. Rather the singing provides comfort and hope for the mourners. However, I agree with Phiri that, the preaching is done by various people, both men and women, with the intention of comforting the mourners and of converting some members of the audience to the Christian faith. In my zeal as a Pentecostal preacher, I have preached and sang at funerals in Malawi and South Africa with the intention to comfort, give hope to the living but mainly to convert the mourners to active faith in Christ Jesus. As Noma describes the rituals during the funeral, she also talks about the role the United Church of Zambia played,

Saturday morning, everybody was so busy cooking and cutting up vegetables. Men made fires where big pots were set on. Finally, we were all dressed in new dresses and the car arrived with eight huge men wearing black suits and white shirts, they were looking so serious, carrying Bibles under their armpits. They opened the car door and people started to sing *Muthima Wambuyako* translated 'In the heart of our Lord there is love'.

The coffin was taken from that car while they were still singing the same hymn. As they entered the house, everyone stood still. When the coffin was inside the house, one of her uncles by the name of George stood up to give the obituary for his brother which read:

Gabriel Kazunga Phiri has left four children named Gabriel Jr. Linda, Noma (Baby) and Chifeni, his wife Sefeliya Phiri. Gabriel was working at PWD as a security officer for more than 25years. He has been ill for some time and they suspected Leprosy. They transferred him to Lithetha Leprosy Hospital, where he got ill on Monday and was transferred back to Kabwe General Hospital where he lost the battle and died on Monday.

It is customary in a traditional African setting that a relative of the deceased informs the mourners what happened to the deceased. So he or she will describe the process of illness and efforts that were made to save the deceased's life.

Burial ceremony

In her article *Caring in burial and bereavement*, Koka (2002:47) points out that, "the burial of the deceased, according to the African tradition becomes a communal enterprise in which each and every member of the community participates." Everybody said their goodbyes and the ladies from the Dutch Reformed Church started singing; *Mwechilibwe Chakale* translated *Rock of Ages*. The big eight men lifted the coffin and went to the car. People cried uncontrollably. Some threw themselves on the floor.

After George's speech he asked Noma's Mother to stand up and say goodbye to her husband. As she was about to rise up, she fell down and fainted. Noma got so confused, they took her mother away to the back room and "I ran behind them, and her head was falling from side to side and I cried," says Noma. The speech continued and uncles asked for the children to come forward. Noma's brother fetched her from the room where her fainted mother was laid and they stood in the line going towards the coffin. She was in the middle between her siblings. When it was her turn to say goodbye, she called to her Dad.

"He did not answer. I looked at my Dad, His eyes were closed and his mouth was slightly open like he wanted to say something. Tears rolled down my cheeks."

The car engine started. Noma and her mother jumped into the same car with the coffin. The other cars followed them and drove slowly until they reached the church, where they started the funeral service.

The United Church of Zambia was known for their long funeral services. After an hour, the coffin was put back in the car and the funeral procession left for the graveyard. They sang hymns there. The involvement of a church during funerals is an expression of pastoral care from the church for the bereaved. In his book *A Critique of pastoral care* (1993:13), Pattison defines pastoral care as that activity, undertaken especially by representative Christian persons, directed towards the elimination and relief of sin and sorrow and the presentation of all people perfect in Christ to God. Clebsch and Jaekle (1964, 1967) add that pastoral care consists of helping acts done by representative Christian persons, directed toward the healing, sustaining, guiding and reconciling of troubled persons, whose troubles arise in the context of ultimate meanings and concerns. Lartey (2003:55-59) in his book *In living color*, sees pastoral care as therapy, ministry, social action, empowerment, and personal interaction. He adds that any pastoral care must have the following functions: healing, sustaining, guiding, reconciling, nurturing, liberating and empowering (2003:62-68). But in order for the church to fulfil the above seven functions, it has to have resources. The church expressed their care, love, support and comfort to the bereaved family which fulfils Lartey's functions of pastoral care.

As they lowered the coffin into the grave, Noma screamed,

“Why are you putting my dad in the ground? They threw soil into the ditch and it sounded like *Ndufu! Ndufu!*” After the whole burial ritual was completed mourners were dismissed. It was now time for Noma alone to reflect on the loss although she still was in the company of other relatives and friends who came from a long distance. She says, “Back at home I sat by myself on the brick thinking of my dad in the ground. That sound of the earth falling horrified me.”

Dispossession of the widow and orphans

The next day as the people were leaving for their home towns, relatives vandalised the house. Her uncles George, Paul and aunties called her mother and all the children. They spoke in hushed voices. She says,

“They wanted my father’s bank book. They shared out our furniture, the lounge suite and the tables, saying that, they were going to take all the things including the children of Mr. Phiri. They shared us like goods.”

The dispossession of widows and orphans in some parts of Africa in particular Zambia and Malawi is a common phenomenon. These patriarchal societies believe that the wealth belongs to a man and as such when he dies his relatives feel entitled to dispossess the widow of what she owned with her husband. Relating her experience, after the burial of her husband in Malawi, Fulata Moyo (2002:401) says that the men announced that property arrangements had to be made so that somebody accompanied her back to Zomba, University of Malawi, (where she was teaching) to sort out property. Moyo says that when she sent word to find out the details about this sorter of property, her late husband’s aunt apologised to her and told her that that was misinformation. The aunt added that no one was coming to sort out property because before Solomon Moyo (Moyo’s late husband) died he told his relatives that most of the property was bought by Fulata. On hearing this Moyo says,

“My heart ached with pain and anger for my sisters who lose their husbands and all that they have sweated for throughout their lives because they were not in a paying job though they worked harder than their husbands.” She adds, “With the reality of the HIV/AIDS pandemic in Malawi, there are so many of such sisters.”

Moyo is right stories are endless of widows who have been dispossessed of whatever basic resources the deceased left for his family and this results in complicated grief in many widows. In her book *Bereavement Counselling: Pastoral care for complicated grieving*, McCall (2004:70-71) defines complicated grief as a holistic response that is more intense than would be otherwise indicated. Complicated grief lasts longer than typical grief, and at the same time, it pervasively affects the grieving person’s daily life (and behaviour) in significant and negative ways. One of the major ingredients that facilitate the grieving process to be completed is the support, care and love of the significant other and friends in our lives. While the widow or children are mourning tradition has it to support such persons in need with the belief that when you scratch my back when I feel itching, I will scratch yours too when you feel itching. In other words if I help you when you have a problem, I expect you to help me too when I have a problem. The opposite to this norm is when, after you have lost the breadwinner, pillar of the family, then relatives come and scramble over the little the deceased has left for his children and spouse. As in the story of Moyo, the mourner may end up getting stuck in the anger stage. In the case of Noma’s mother, not only did the in-laws share goods and property, they even shared her children as well. Thus she lost a husband through death, property and children through dispossession and such losses can be very traumatic.

Phiri (2002) in her article *Caring during burial and bereavement in traditional society and the church* points out that “for the children and youths who are still going to school, both within a traditional African rural context with its belief structure and among church-going Africans, the extended family is the most important care provider.” She adds, “After the funeral the relatives agree with whom the children should live, at least until they finish their education. The person who takes the children assumes the role of father or mother of the children.”

This explains why Noma says,

They shared us like goods. Uncle George took my brother. One aunty took my elder sister. My father's nephew, Daniel Mwale took me, he was educated by my late father and he had begun to study to be a Father in the Roman Catholic Church. In the middle of his training he resigned and he went to study teaching. He asked in a slow voice 'Can I return the favours and educate you since my uncle was the one who gave me this education.'

The day came when she had to go and live with this cousin. At her age it looked so nice to go with Uncle Daniel although she did not understand why she had to leave her mother and go to school in another town. They left two weeks after her father's burial. Daniel lived on school premises some 120 Kilometres away from Noma's mother.

Situational crisis

Her first day at school was terrifying because of the language barriers. The bell rang so loudly in the corridors. School had finished for the day. Relieved that the school is over, she rushed home. She was shocked to see that she could not find the things she took for granted when she was with her parents. She says,

I was thirsty but there was no tap, I looked in the bucket there was no water. I did not know where to fetch water so I asked the neighbours' children where to go. The girl of 10 who had everything at her fingertips in one place arrives in a place where suddenly she can't get all her support.

It was not only the separation from her siblings, mother and friends but her home which supplied her basic needs. This constituted a crisis.

In his book, *the minister as a crisis counselor*, David Switzer (1974:31 citing Caplan), says that a crisis arises out of some change in a person's life space that produces a modification of one's relationship with others and or one's perceptions of oneself. Switzer adds that such a change may come about relatively slowly, as a result of rather normal and inevitable experiences of growing and developing physically and socially, or quite rapidly, as a result of some unforeseen and traumatic event. For Noma her crisis was "quite rapidly" which Switzer (1974:33) calls "the situational crisis". According to him situational crisis differs from developmental crisis primarily in the source of the stress and the element of time. He argues that there is a more rapid modification of perception of one's self and one's world, frequently including relationships with other persons, and usually initiated by some type of personal loss perceived as a threat to the self. When we count the personal losses Noma experienced at the age of ten, one cannot help but conclude that indeed she was in a situational crisis. She was stripped of all her usual support system. According to Maslow's Hierarchy of Needs Pyramid, Noma fell from Level 3 of "Belonging-Love" which she used to experience in her parents' home to Level 1 i.e. "Physiological needs"- where she began to lack even water. In his theory as presented by Boeree (1996, 2006:4), Maslow observed that human needs are on different levels in a hierarchy and that some needs take precedence over others. For example, if you are hungry and thirsty, you will tend to try to take care of the thirst first. According to him the physiological needs include: food, water, shelter, warmth. Once these are satisfied does a person begin to be concerned about safety and security which is Level 2. Thus all of the preceding four levels he calls *Deficit needs*, or *D-needs*. His argument is that if you don't have enough of something, then you have a deficiency you feel the need. But if you get all you need, you feel nothing at all! In other words, they cease to be motivating. As the old blues song goes, "you don't miss your water till your well runs dry!" (Boeree1996, 2006:4).

Fig1.1 below Maslow's Hierarchy of Needs according to Boeree (1996)



In his Crisis Theory, Switzer (1974:34) concurs with Maslow and argues that there is an assumption that there are a number of physical, psychosocial, and sociocultural needs that contribute to the fundamental ego integrity of a person. For example, the physical needs are rather obvious. However, according to Switzer, among the most important psychosocial needs are those that cluster around a person's relationship with others in the family and outside the family, so that cognitive and emotional development are stimulated, need for love and affection is met, behavioural guidelines are given, personal support is supplied, reality-testing takes place, and opportunities are provided to work with others on tasks seen to be significant. When above ingredients are missing a person experiences anxiety. In his book *Christian Counselling: a comprehensive guide* Collins (1988:78) defines anxiety as an inner feeling of apprehension, uneasiness, concern, worry, and/or dread that is accompanied by heightened physical arousal. In Noma's case she experienced what Collins calls normal anxiety. This anxiety comes to all of us at times, usually when there is real threat or situational danger. He adds that most often this anxiety is proportional to the danger and it can be recognised, managed, and reduced, especially when circumstances change. This is true with Noma because she seems to find her way out of the situational crisis when she joins her girlfriends to fetch water.

She says,

“I went to the stream, a Kilometre away, where I filled the bucket. There were other young girls there. One of them greeted me in Tonga and asked my name. I answered with a small smile, ‘My name is Baby.’”

In response she extended her hand and introduced herself as Christine. Then Christine broke a branch of leaves and put it on top of Noma’s bucketful of water. Noma looked surprised. Seeing that Noma looked puzzled by the gesture, Christine laughed then explained that the leaves keep the water from spilling out. This was part of her initiation into the village life and duty of fetching water. As time passed by, she started to learn Tsonga. It was imperative for her to learn new words to communicate with her friends. Noma began adapting to her new environment although she still missed her family members. However, although now she was coping with the demands of the new environment, one other change in her life was the amount of the house chores she had to do before and after school since she was the only girl in the house. She says,

Back at home I washed the dishes and cleaned the house. The next day came and the place looked more beautiful but I was miserable, I did all the chores before I left for school. I was only ten years and half. I had to cook porridge for us in the morning before school and after school I had to fetch water for all the house chores.

Sexual Abuse

There were still more burdens she had to bear, one of which was sexual molestation. One year later, Noma was not only exploited labour wise but even sexually. Although she does not clarify whether she was sexually penetrated, she talks about her cousin touching her breasts and private parts. She says,

Time went by so quickly, one year had passed and I had matured, I was doing almost everything myself. One night Daniel came into my room and said, 'It's cold so we are going to sleep in the same bed to keep each other warm.' He slept in my bed, held me and said, 'Do not tell your teacher that we slept in the same bed.'

Daniel continued this behaviour. She adds,

Some nights he slept in his room and on other nights he slept in my bed. I did not see anything wrong, until one night he started to touch me. It was not right for my brother to touch my breast and my private parts. He was my brother, in African culture your cousin is like your brother. I started to cry, and in his words he said, 'I love you and care about you.' Slowly I became scared of my cousin and I did not want to talk to anybody because I was warned not to tell.

Noma was being sexually abused. This kind of sexual abuse falls into the category of incest. The World Health Organisation and Program for Appropriate Technology (PATH 2005) defines *incest* as acts of sexual intercourse between a man and a woman within prohibited relationships. For example, these relationships may include a man with a woman who is his daughter, sister or half-sister, mother or granddaughter; and a woman over sixteen years of age with a man who is her father, brother or half-brother, son or grandfather (CIBA Foundation 1984:3-4). According to Noma and African culture Daniel was her brother. The American Psychiatric Association (APA) argues that there is no universal definition of child sexual abuse. However, APA points out that a central characteristic of any abuse is the dominant position of an adult that allows him or her to force or coerce a child into sexual activity. Child sexual abuse may include fondling a child's genitals, masturbation, oral-genital contact, digital penetration, and vaginal and anal intercourse. Instead of genitals Noma uses the term 'private parts'. APA continues that child sexual abuse is not solely restricted to physical contact; such abuse could include noncontact abuse, such as exposure, voyeurism, and child pornography. Abuse by peers also occurs. Richter (2004:60) citing Tomison defines sexual abuse as any act which exposes a child to, or involves a child in, sexual processes beyond his or her understanding or contrary to accepted community

standards. Calder (1999:11) gives a more inclusive definition and says, child sexual abuse is a sexual act imposed on a child who lacks emotional, maturational, and cognitive development. Calder adds that the ability to lure a child into a sexual relationship is based upon the all-powerful and dominant position of the adult or older adolescent perpetrator, which is in sharp contrast to the child's age, dependency and subordinate position. Authority and power enables the perpetrator, implicitly or indirectly, to coerce the child into sexual compliance.

PATH (2005) understands child sexual abuse to refer to any sexual act that occurs between an adult or older adolescent and a child, and any non-consensual sexual contact between a child and peer. However, PATH cautions that it is important to note that Laws generally consider the issue of consent to be irrelevant in cases of sexual contact by an adult with a child. However, because of the taboo nature of the topic, it is difficult to collect reliable figures on the prevalence of sexual abuse in childhood (PATH, 2005). In describing how she felt about her cousin's sexual advances, Noma says,

"It was not right for my brother to touch my breast and my private parts. He was my brother, in African culture your cousin is like your brother."

According to PATH (2005:17), for many women and girls, sexual coercion and abuse are defining features of their lives. Forced sexual contact can take place at any time in a woman's life and includes a range of behaviour, from forcible rape to nonphysical forms of pressure that compel girls and women to engage in sex against their will. PATH adds that the touchstone of coercion is that a woman lacks choice and faces severe physical, social, or economic consequences if she resists sexual advances (2005). This is true with Noma being coerced by her cousin. The death of her father and dispossession of their property by relatives left her dependent on Daniel. "Studies indicate that the majority of non-consensual sex takes place among individuals who know each other- spouses, family members, dating partners, or acquaintances" (PATH 2005). Noma is one of such cases.

Effects of Sexual Abuse on Education

Child sexual abuse has direct consequences on the survivor's education. APA points out that the effects of abuse vary depending upon the circumstances of the abuse and the child's developmental stage but may include regressive behaviour (such as a return to thumb-sucking or bed-wetting), sleep disturbances, eating problems, behaviour and/or performance problems at school, and nonparticipation in school and social activities. In Noma's case, she says,

"I did not want to go to school, my marks started going down and slowly I went into a shell."

Her metaphor of going into a shell suggests cessation of certain activities. For example, a tortoise goes into a shell for protection. Whenever a tortoise goes into a shell it stops moving. It can't see what is happening outside neither can it participate in life that is going on outside of itself because it is hiding in a shell. The metaphor suggests Noma could not participate in school activities because she was busy hiding in the shell. Going into the shell also suggests insecurity and therefore seeking shelter. While a tortoise may successfully hide from its enemies inside the shell, Noma had nowhere to hide. She could not even seek help because of the threats she received. She says,

"Slowly I became scared of my cousin and I did not want to talk to anybody because I was warned not to tell."

Although some people could notice that Noma was not herself, she could not disclose what was going on. For example, one day her teacher asked her to remain behind after school. Her question was, "Are You ok?" She spoke to her until she broke down and cried. Her teacher hugged her and said, 'Please let me know what is going on. For me to help you I need to know.' As much as she needed help she could not disclose what was happening in the house. She says, "In my mind I could hear the voice of my brother saying don't tell anybody." As such the voice forced her to lie. "I told my teacher that I wanted to go home because I missed my mother and siblings. I did not tell the truth."

Noma was suffering what I would call moral injury where she knew what was the right thing to do and say but under the circumstances opted to lie against her own will to stay out of trouble with the abuser. APA says, “Children and adolescents who have been sexually abused can suffer a range of psychological and behavioural problems, from mild to severe, in both the short and long term. These problems typically include depression, anxiety, guilt, fear, sexual dysfunction, withdrawal, and acting out.” Fear and withdrawal are evident in Noma’s story. APA is right that the ill effects of child sexual abuse are wide ranging. There is not one set of symptoms or outcomes that victims experience.

Some children even report little or no psychological distress from the abuse, but these children may be either afraid to express their true emotions or may be denying their feelings as a coping mechanism. Other children may have what is called "sleeper effects." They may experience no harm in the short term, but suffer serious problems later in life.

Breaking the silence

The end of term came and she asked her cousin, if she could go home for the holidays citing that she has not seen my Mother for so long. Her wish was granted and she says, “that night I did not sleep, I packed all my clothes in my suit case. Daniel said, ‘Come let’s sleep and we will leave early in the morning. I said no shaking my head. I want to see the sun come up.’”

When Morning came she was so excited. They packed the Land Rover and started off to her mother’s place. After a long and tiring trip they reached home eventually.

Although Noma had kept a secret of the sexual abuse, she decided to break the news to her mother. When night came, she confronted her mother,

“I went to sleep with my mother because my brother and sisters were not there, I started to cry and I asked my mother, ‘Why don’t you love me anymore?’ She answered, ‘Who said I don’t love you? You are my baby girl and I will always love you.’”

Not satisfied with her response, she further asked, “I asked again why she had sent me away, and again my mother asked what had made me so upset. I explained what had been happening- ‘I am doing all the work and some nights my brother sleeps in the room with me.’

She describes her mother’s shock, “My Mother stood up on the bed and tied the Chitenge (piece of fabric also known as khanga) around her waist and said ‘*Andiwona bwino lelo*’ translated “he will see me today”. Tying Chitenge was a sign that she was very angry and was ready for a physical fighting. Noma jumped off the bed and told her to wait until the morning. She was so angry, clapping her hands together and talking at the top of her voice.

Noma adds, “When I looked at my mother’s face I saw sadness in her eyes. Slowly I fell asleep and later I heard my mother sobbing silently. I woke up and I hugged her.”

Morning came, her mother called an urgent meeting with the elders. Noma, however, was not allowed to sit in at that meeting, but Daniel and her mother were there. As such she does not know what he said to them because after the meeting they did not say anything to Noma.

Sexuality and sexual abuse are profoundly cultural matters. Cultural communities create norms for sexual relations and their violation (Richter 2004:3). Richter concurs with Townsend and Dawes (2004:55) that cultural practices also include normative understanding of power relations between men and women. According to her, the term abuse is clearly linked to the notion of power. She elaborates that those who are more powerful have the potential to abuse it, and those with less power have the potential to be abused. This seems to be the case with Noma’s experience at the hands of her cousin. Because of her being young, she unfortunately could not be present where matters of sexual violation were discussed. Not knowing what her cousin said to the elders and Noma’s mother, Noma was told by her mother to go back and live with the cousin. But Noma took back her sense of urgency and refused to go back to that school with his uncle. She says,

“When it was time to go to school I refused to go back, I stayed out of school for one year. Then my mother spoke in a soft and loving voice. ‘Baby, you need a transfer [letter] before you can go back to school at your home town.’”

A few more weeks passed before she accepted her mother's plea. As they approached Daniel's house, Noma began feeling worried and sad. Her mother knocked on the door and a tall dark lady opened the door. She had never met this lady before. Her mother introduced herself and Noma to the tall dark lady and the lady called her brother. Invited into the house, Daniel introduced the lady to both of them as his prospective wife. The lady looked kind to Noma. She asked Noma's mother to leave her to finish school there because she was there too. When her mother asked her to finish that year of school then go back home with a transfer letter, she accepted. She felt reassured that she would be safe from Daniel's abuse because, at least there was another woman in the house.

A few days after her mother left for Kabwe, child labour began again. In her own words, she says,

Little did I know what was in store for me? The following morning I was woken up at 4 a.m. to make a fire outside the house to boil water for bathing and cook porridge. The next few days were hell on earth. I had nobody to tell what was happening to me. I saw the abuse every day from the woman I thought would protect and love me. Every day she thought up a different torture. The way she abused me was like she was planning what torture was for the day.

The reader needs to understand Noma's context. In rural Zambia generally people, who don't have kitchens cook outside the house. Usually four in the morning will still be dark outside and some wild animals like hyenas will still be roaming around the homes to catch goats which did not sleep in the kraal. Any caring parent would not send a twelve year old child outside at that time to do what Noma was told to do. Therefore this is considered abuse of the highest calibre. Another scary thing in traditional Africa is the association of darkness with witchcraft activities and by four in the morning. The witches are still active and even adults will be afraid to go outside at night. When I was a teenager, we had a pit latrine outside the house and I used to postpone going to the toilet until morning for fear of being devoured by cannibals or bewitched. It is of no wonder, Noma did not feel protected by the host family. Thus the second

ladder in Maslow's Hierarchy of Needs is at stake, the safety and security needs. Boeree (1996, 2006: 4) comments that when the physiological needs are largely taken care of, this second layer of needs comes into play. You will become increasingly interested in finding safe circumstances, stability and protection. You might develop a need for structure, for order, some limits. Looking at it negatively, Boeree adds, you become concerned, not with needs like hunger and thirst, but with your fears and anxieties.

For Noma both physiological needs and her safety and security needs coincided. As if the abuse of labour was not enough Noma began to lack food in their care. She says,

“Other days I went to bed without food because she would send me to buy things and when I came back there was no food left. I could not tell my brother that I did not eat or what was happening. That abuse went on and on, I was kept as a slave.”

Noma hung on until the end of the academic year so that she would obtain her transfer letter. Another reason Noma stayed in such an abusive home was because she had nowhere else to go to since her mother was also homeless. Although she lost her father through death she lost her relationship with her siblings and mother through separation, the last straw that broke the camel's back was the loss of their house due to outstanding debts severing the last attachment bond she had to their property. She says,

“Time passed and she [the tall dark lady] gave birth to a baby boy and I still stayed with them. I did not go home on the holidays because we had lost our house because of unpaid bills. So my mother used to visit once in a while.”

Each time she visited, Noma pleaded with her,

“I want to go back home, Mother.”

Her mother's response was to cry because she had no money. Her dad's relatives took all the money after his death. As such her mother was forced by circumstances to leave her at Daniel's place until she found out who could take care of them. Many children and women are left in

places of abuse because of lack of basic needs in their lives. Some women know that their child is being abused physically, emotionally or sexually by the father, stepfather, relative or boyfriend but fail to confront or report the case for fear of loss of income, shelter or food. To continue to live in such circumstances is both moral and spiritual injurious and Noma experienced both. (Moral and spiritual injury are discussed in detail in Chapter five).

To make ends meet, Noma's mother started selling dry fish, bush meat and other stuff. She sent her some money to buy clothes, and promised to fetch her as soon as she was able to do so. During this time her mother lived with one of the neighbours. She worked so hard that in one month she bought stock four times to meet the target. Noma comments,

“I saw God[s] hand in this, the Almighty was merciful to my household.”

Thus in spite of the storm, Noma saw God's hand delivering them from their crisis. She understood that there was no way they could get out of their misery unless God intervened in their situation.

Teenage Pregnancies

A fifteen-year old girl fell pregnant. When Noma turned fourteen, she left Mumbwa to live with her mother. By this time her mother had found a house to rent in an area called Site and Service. It was smaller than their old house, the house looked old because there were no flowers, it had only one guava tree. But for Noma Proverbs 17:1 (Good News Translation) was true,

“Better to eat a dry crust of bread with peace of mind than have a banquet in a house full of trouble.”

She stayed with her mother in that small old house. Life continued and Noma continued to grow as a teenager. She acknowledges,

I became rebellious. I thought I had grown up. I fell in love with Ken Tembo who was six years older than I was. In 1980, after a year of dating, I fell pregnant. When my daughter was born in 1981 I was so happy to have a child with this guy I loved so much.

Later in 1982 she gave birth to her second child, Clive. To her shock, this time she noticed a change in Ken's behaviour and attitude towards her. He stopped supporting me and the kids.

Traumatic Death of a Child

Clive was killed in a car accident. Noma says that one day Ken visited them, and he asked to take Clive, with him. A few hours later he came back home looking sad, and he asked Noma to sit down. Noma was busy washing children's clothes; but she sensed something was wrong. She asked Ken,

"Where is the child?"

Ken started to cry and the answer he gave her was that there had been an accident. Furious Noma demanded more explanation,

"I started to hit him on the chest shouting 'Where is my child?' The scene attracted more curiosity from other people who came out of the house and asked the same question."

"Clive is dead," answered Ken.

Upon hearing this news, Noma says, "The world closed up. I cried and I asked to go and see my child. We reached the hospital morgue. My legs couldn't carry me anymore. They pulled out a tray and there was his lifeless body still in the clothes I had dressed him in that morning." Shocked and helpless, she demanded more answers from Ken. Ken told her family that a drunk driver was trying to overtake his car. Their son was on his father's lap and the steering wheel crushed the baby. He bled internally and died. For Noma her resolve was clear,

"A few days later we buried my son. In my heart I hated Ken. Things from that time were never the same. I had so much anger in me. I wanted nothing to do with him. I knew then that I had made a mistake. We broke up."

This incident strained their relationship. Anger dominated Noma's emotional life and whether rational or irrational, she made a decision to break up with Ken. However, Noma seems to regret her decision. She says,

“Ken had his life planned. He was training as a first^tLieutenant in the Army and what did I have? Nothing! I did not even finish my matric, I was doing form three (Grade ten) when I fell pregnant.”

But as a survivor of many traumatic ordeals in her life, Noma picked up the shattered pieces and went to Charles College to better her life. She studied and passed a secretarial course while looking after her child and working at the same time.

Getting married and miscarriage

Noma got married in 1983. On her road to recovery from the bereavement of Clive and relationship with Ken, Noma decided to reinvest in another relationship. In 1983 she met a man at a braai at Edina (her friend)'s house. Edina introduced her to this guy, and although she did not like him at first sight his insistence won Noma's heart and finally they got married. In Task 4 of bereavement, Worden (1982) calls for a withdrawal of emotional energy and reinvesting it in another person or field of life. However, emotional energy can be reinvested only after the focus has been withdrawn from the deceased (1982). Noma had a lot to grieve about. She lost Clive through an accident and in the process lost Ken as well through a break-up. But she felt it was time to give it a try and move on with her life.

Noma was not over the bereavement. As soon as she got married, she fell pregnant. Unfortunately she lost a baby boy at seven months due to a miscarriage.

The miscarriage shattered her so much that she sunk into depression. Kluchow (2004) argues that depression in the bereaved person is anger turned inward. It is worth mentioning that depression is a normal process that a bereaved person experiences. Van Dyk (2012:316) adds that the person who has experienced loss often goes through a stage of severe sadness and

shows symptoms of depression such as withdrawal, a depressed mood, loss of interest in sexual and other activities, apathy, tearfulness, irritability, lack of concentration, and changes in eating and sleeping patterns. Later Noma recovered from this stage of her life and moved on. She fell pregnant again and one Sunday morning in 1985 on 16 June she gave birth to a baby girl weighing 2.5kg. However, her experience of losing two children already affected her. She acknowledges,

“My husband and I were so happy and I just wanted to watch this baby all the time. I was scared if I slept I would find her dead.”

Her friend Edina saw this fear and invited her to church where the church gave ‘God praise’ for the child. And so the child lived. Eight years later on 16 May 1993, Noma gave birth to another baby girl. She says,

“When I looked at my child I thanked God for his mercy.”

Noma believed God had a role to play in her child being born alive given the earlier experience of miscarriage on the seventh month. Life continued and the children were growing. It seemed there were no major upsets in her life until one day.

Meeting HIV

Noma tested HIV positive in 2003. She fell ill and she did not know what was wrong. She says,

“I kept [on] going to [see] a Doctor who worked in Pietermaritzburg. I went there because I did not want to hear about HIV/AIDS.”

However, her friend, Khosi asked her to go and test. Noma did not like her friend’s piece of advice. She confesses,

“I got very upset, saying ‘Where can I get HIV because I am married?’ Then one day I collapsed and fainted in my house.”

When she regained her consciousness, she knew that she needed to do something. Running short of options, she went to test for HIV. Describing the events of the day, she says,

“They called my sister-in-law to assist. We went in the counsellors’ rooms. I was so sick I did not care what they said. The counsellor took blood and she asked, ‘Can I tell you the results in front of your sister-in-law?’ Yes, let them hear what is wrong with me.”

The results were shared with the people who were in the room, her husband and sister-in-law. Thereafter they went home. She says,

“Before I did anything else, I sat my kids down and just told them that I was HIV positive.”

Noma’s case is a rare one because many people who find out that HIV is living with them finds it difficult to disclose to their family members. Van Dyk (2012:298) concurs that the decision whether or not to disclose one’s HIV-positive status is difficult because disclosure (or non-disclosure) may have major and life-changing consequences. A study by Stein (2004) in Khayelitsha revealed that HIV-positive mothers often indefinitely delay disclosing to their children because their children are too young to understand the nature of HIV and AIDS, and because they believe that disclosure is not in the best interest of their children. Another study in KwaZulu-Natal by Marcus (in Stein 2004) showed that children are excluded from discussing about the imminent or recent death of a parent because death is not an appropriate topic for children. However, Noma did not consider such concerns but went straight to disclose to her children. Van Dyk (2012:301) argues that keeping silent about the HIV status of a parent does an injustice to any child. Besides, she thought she was going to die soon, as she weighed less than 45kg.

Noma did not comment on the reaction from her children, however a study by Rosenheim and Reicher (1985:995-998) shows that children who were informed of their parents’ terminal illness showed significantly less anxiety than children who were not told. In the Clinical Stage 2 of HIV infection, Van Dyk (2012:66) says minor and early symptoms of HIV disease usually begin to manifest. One of these symptoms is “moderate, unexplained weight loss (up to 10% of presumed or measured body weight).” Van Dyk (2012:72) explains the reason for the weight

loss or failure to thrive as the direct effect of the virus on the gastrointestinal tract, secondary opportunistic infections or poor nutritional intake. This explains why Noma lost so much weight.

Irrational Behaviour

HIV test results forced Noma to make some irrational decisions. While HIV continued its assault on Noma's physical health, her psychological domain was not spared. She says,

"I sold my business thinking I don't want my kids when I am gone fighting with each other about the money. I sold and shared the money equally."

Such irrational behaviour is common for people who have just discovered that HIV is living in their body. However, Noma saw days come and pass and she was still alive. When she realised that she has distributed her wealth amongst her children but death refused to take her, she knew she had a life and future to live for. So in August 2004 she started taking Antiretroviral (ARV) treatment. Her first experience with it was not very pleasant,

"I got worse. Then to my surprise, after taking treatment for over a month, I started to eat a bit better. My CD4 count went higher from ten to six in a month, I started to read and learn about HIV/AIDS and how I needed to know the dos and don'ts."

All was not the gloom that the illness had brought her. She says,

"My illness had brought me back to God."

In his article, *Emotion regulation and religion*, Watts (2007:507) observed that severe stress can push people to extremes in their view of religion as a way of coping. Some people who are not normally religious turn to religion under severe stress to cope. The opposite may be true. Watts adds that other people, under severe stress may abandon or turn against religious beliefs and forsake their spirituality. Watts argues that this is especially possible if their religious beliefs were never strong to begin with. In Noma's case the traumatic illness brought her back to God.

In his article *Trauma, Spirituality and Recovery: Toward a Spiritually-Integrated Psychotherapy*, Meichenbaum (n.d.) concurs with Watts on the positive effect of trauma.

He says that the use of these spiritual forms of coping may prove most helpful for handling those aspects of stressful situations that cannot be personally controlled, or changed, and that are not amenable to direct-action problem-solving coping efforts.

Rebuilding broken walls

Noma embarked on a journey of rebuilding the broken walls in her life. In the stage of recovery from grief, McCall (2004:53) says making new attachments and investing more energy in on going relationships is a task that needs to be completed during the last stage of grief. This investment includes people, objects, interests, and a life that is of value. Van Dyk (2012:316) adds, “This involves some degree of acceptance and return to a normal life. However, she warns that, “It does not mean that the person has forgotten his or her loss but that the person can move on with his or her life.” Noma became less focused on dying and more focused on the remaining part of her life. Van Dyk (2012:322) asserts that redirecting emotional energy towards living life to the fullest is vitally important and the only way to improve the quality of life. Focusing exclusively on the negative aspects of the disease would leave her no emotional energy for living. Van Dyk also acknowledges the difficulty of completing the task. She says the task of reinvesting emotional energy is difficult, and many bereaved people get stuck at this point (sadly only realising when it is too late that they allowed their lives to have stopped prematurely).

Worden (1982:16) calls this failure to complete this task, “the failure to love again” adding that choosing not to love makes happiness impossible. As such Van Dyk (2012:322) urges people infected by HIV to rediscover the ability to choose life, despite feeling disappointed in life or in God because of perceived unfair treatment. She adds that the HIV infected person must choose either immediate death-in-life, or a life lived to the fullest a purposeful and deliberate investment of emotional and psychic energy into life. Although it took a bit long for Noma from

the day she discovered her HIV-positive status to start reinvesting in life, she refused what Van Dyk (2012:322) calls “sinking down into depression and psychological deterioration”. Instead Noma says,

“Eight years later I bought back the same business I had sold in 2004. I saw how God worked in my life.”

Joining the Trauma Healing Project

Noma began to flourish again businesswise. Yet she did not begin reinvesting economically only, but also in her emotional, psychological and spiritual wellbeing. She says,

In 2009 I started a Journey of training in Stress and Trauma and through all this work; I have learnt to be with people who are passing through what I went through. I work in Springs of Hope, helping and teaching people about HIV/AIDS and practicing awareness so that they can know their status sooner and plan their lives well.

The process of healing from trauma coupled with continuous debriefing sessions was quite rewarding for her as that provided the care, support and love she needed for what Van Dyk (2012:322) calls, “a purposeful and deliberate investment of emotional and psychic energy into life”

Her sister’s fatal accident

Noma lost her sister to road accident in 2011. Although Noma reached a negotiated relationship with HIV, trauma did not give up following her. The 28th Dec 2011 was a normal day like any other day; she went about her daily routine at the salon. To her shock she received a call from a number she did not know. She recounts,

At the other end I heard talking and crying at the same time. I told the person to calm down and tell me what was wrong. I asked again what had happened. She answered

that a car had hit my young sister. I rushed to Grey's Hospital where I found my mother sitting in the lobby of casualty.

Noma looked confused and one of the many doctors directed her to her sister's bedside. She recollects seeing her covered in foil, battling to breathe. For forty-five minutes the medical team tried to resuscitate her with machines but to no avail. She died while Noma was looking at her. She describes the extent of injury,

“Her spine had been broken from her waist to her neck. Whenever I see or hear a truck, I still feel jumpy.”

Injury is one of the major sources of trauma in South Africa. In Chapter three, I talked about the results of a study by the Crime, Violence and Injury Research Unit (CVI), which is co-directed by the University of South Africa (UNISA) and the South African Medical Research Council (MRC). The study revealed that currently, between sixty thousand to seventy thousand injury deaths occurs each year, making South Africa one of the highest ranking countries in the world with respect to death due to injury. Although the statistics talks about victims, it does not show the impact of such traumatic deaths on the loved ones of the deceased. Trauma has a devastating effect on one's personal well-being, that of their family, friends, surrounding community and the country as a whole. For example, Louw (2007) argues that “the experience of trauma affects all the people involved, including their support systems.” According to a systemic model, the impact of trauma extends beyond the individual who was directly involved in the event.

When something bad happens, family, friends, neighbourhood, communities and even society at large may be affected (Meintjes n.d.: 12). The family and friends of the trauma survivor may also go through some type of trauma which could be expressed in form of fear, horror, and feelings of helplessness to assist the person involved in the trauma. Thus family and friends may feel guilty about what happened, or angry and begin blaming themselves or the perpetrator or survivor. Somehow all the people involved in the system may feel intense guilt that they failed to protect their family member or members. Of those who are exposed to trauma, a high proportion reports PTSD symptoms (Hoffman, 2002). Therefore, Edwards (2005b) concludes

that PTSD is a significant public health concern, based not only on the prolific occurrence of PTSD in South Africa, but also on its debilitating effects which have a marked impact on different areas of human functioning.

Trauma and Meaning

The death of her sister shattered Noma's sense of meaning. She says, "I sat down trying to make sense of what has happened but it made no sense."

She recalls the last time she was with her late sister and cannot understand the ordeal,

She says, "On 22 December my sister came to my salon to help me work because of the festive season rush for hair dos. We had a beautiful day together. But the following morning I went to the morgue to bath her?"

I have discussed in detail in Chapter three about how trauma invades and destroys the meaning making faculty of a human being. I talked about the phrase *Assumptive World Theory* as understood by Janoff-Bulman (1992:5) in her book *Shattered Assumptions: towards a new psychology of trauma*. Assumptive world refers to people's view of reality, a strongly held set of assumptions about the world and the self which is confidently maintained and used as a means of recognising, planning and acting... assumptions such as these are learned and confirmed by the experience of many years.

In her theory Janoff-Bulman (1992:5) argues that traumatic events are psychologically distressing because they shatter some of survivors' fundamental assumptions about the world. She adds, "Sometimes assumptions or illusions about oneself, the world and others are shattered during traumatic experiences". She goes further that our fundamental assumptions are the bedrock of our conceptual system; they are the assumptions that we are least aware of and least likely to challenge. "Most generally, at the core of our assumptive world are abstract beliefs about ourselves, the external world, and the relationship between the two." Gilchrist (n.d.:1) in his article, *A Genealogy of Suffering*, concurs with Janoff-Bulman and says that when a traumatic event occurs, the effect is to "shatter" the victim's assumptive world, or to deliver

“profound invalidation” of that world. Gilchrist (n.d.) asserts that “the traumatic event is unaccounted for in the collective body of assumptions about life, self, and the world that individuals hold. As it fails to make sense in terms of prior assumptions, it creates a “crisis of meaning” in how victims are to understand a number of things.” We can see this “profound invalidation” in Noma’s experience when she says,

“I sat down trying to make sense of what has happened but it made no sense.”

Gilchrist continues that the sense of “meaning” that victims either possess or are missing as they attempt to understand an event is directly correspondent to the suffering they experience. As a result victims not only struggle to understand and give meaning to, the nature of the event, but also the nature of a world where such things can occur and—more—that world in relation to oneself.

It was evident Noma was wounded emotionally, psychologically and spirituality by the traumatic death of her sister and she needed to rebuild her life. In order for trauma survivors to heal from this wounding, DePrince and Freyd (2002) suggest that, within this shattered assumption framework, coping with and healing from trauma requires that individuals reconcile their old set of assumptions with new modified assumptions.

Gilchrist (n.d.) adds, “In facing a traumatic event, victims enter a process that leads them, ideally, to rebuild their assumptions by incorporating a new understanding of the event. They may thus continue to live with awareness that such events occur, yet without being overwhelmed by their existence.”

By the time Noma lost her sister, she had already joined the trauma healing project in October 2009. Describing the relationship and support she got from the Trauma Healing Project she says,

“When we started with Stress and Trauma we met with people from different places and each one of us had issues and slowly we became a family of Stress and Trauma from 2009.”

A support system is very significant for a traumatised person to find healing or recover. Trauma isolates victims from supportive systems but the fact that Noma saw the Trauma project members as family contributed a lot towards her own healing. In her own words she says,

“I was a lost angry soul and when I started with [Stress and Trauma] level one I became very angry and I opened all the old wounds, when level two came I started to heal a bit, as level three approached I would speak about my trauma without crying, the pain became bearable.”

As described in the preceding chapters on the methodology of Stress and Trauma Healing, the process comprised of three workshops. The first one was to create a safe space where individuals could open up their “emotional basements” and deal with emotional pain and any “unfinished business” that was buried there. Storytelling and mourning the losses were among the main processes. Noma is right, feelings of anger were observable not only with her but other members of the group as well as those who had successfully repressed memories of unresolved issues with the hope of getting on with their lives and in time heal. But they were disappointed to note that repression did not heal those memories, if anything, they festered.

In her article, *“The Reality of Repressed Memories”* Loftus (1993) describes repression in this way: “Something shocking happens, and the mind pushes it into some inaccessible corner of the unconscious. Later, the memory may emerge into consciousness.”

Recently there has been a rise in reported memories of childhood sexual abuse that were allegedly repressed for many years. Bruhn (1990) says the idea of repression of early traumatic memories is a concept that many psychotherapists readily accept. Bower (1990) adds, “In fact, it has been said that repression is the foundation on which psychoanalysis rests.” Loftus (1993) argues that according to the theory, something happens that is so shocking that the mind grabs hold of the memory and pushes it underground, into some inaccessible corner of the unconscious. There it sleeps for years, or even decades, or even forever—isolated from the rest of mental life. Then, one day, it may rise up and emerge into consciousness. Numerous clinical examples fitting this model can be readily found. Many of these examples involve not memory

of murder but rather memory of other sorts of childhood trauma, such as sexual abuse, that allegedly has been repressed for decades until recovered in therapy (Loftus, 1993).

Noma's story is a case in point. During Stress and Trauma Level one, the process triggered memories of sexual abuse and other forms of abuse she experienced at the hands of her cousin. She says,

My Cousin who had traumatised me in my early years had died, I had wanted closure and to get answers from him, why he had done what he did and not protecting me from his wife when she beat me up, When I slept without food where was he? When I was sick sleeping in a dark room with no light clinging to the only bed linen I knew, where was he?

Noma is reflecting on very painful repressed memories she experienced at the age of between ten and twelve years and thirty-five years later she was confronted by them. That is why she says, "I was a lost angry soul and when I started with level one I became very angry and I opened all the old wounds." The process was such that it triggers old memories so that we revisit them and re-construct them into life-giving narratives. Upon the surfacing of these memories, Noma did not just sit at rock bottom raving mad at her deceased cousin, or massaging old wounds, she gathered herself with the love, care and support of significant others in her life and utilised the input she received during the four years of the Trauma Healing Project to find meaning and recovery from traumatic experiences. She notes a very significant finishing line in her story,

"This pain has brought me closer to God, as I have seen His hand on my life."

For me as a researcher, this is mission accomplished. The project aimed at helping research participants to re-author their narratives which were shattered by trauma. Another dimension was to find out what role spirituality played in their re-authoring of narratives. For Noma, her pain has brought her closer to God as she has seen God's hand on her life. Not only has she found meaning but has also regained her humanity and is now using her experiences to support

other people in need. She has also regained her relationship with God. Now she can invest in other persons to heal their own unfinished business of the past. She acknowledges,

The Stress and Trauma skills Diakonia and PACSA have given me have equipped and strengthened me, my family and my community at large. In the future I am planning to register as an NGO dealing with HIV/AIDS on a deeper level and work with different organisations in the greater Pietermaritzburg in KwaZulu-Natal.

Gains in her life are evident. Although she had sold her business thinking that she was going to die, after she realised that HIV and her had a long term relationship, she regained the businesses and now using them to enhance her work. For example, she proudly asserts,

“I am using the beauty hair salon for people to feel safe and speak openly about all issues regarding women and I do HIV/AIDS Awareness while they are having their hair done. They begin to share and some disclose, then I collect data and follow up with them.”

Concerning the Trauma Healing Project, she says,

It has made me learn to feel the pain they are going through and my dream is to open a big safe space for surround[ing] areas in greater Pietermaritzburg, I hope to be a pillar of strength for other people in my community.

This suffices the goal of the Trauma Healing Project that research participants travel their own journey from victims to survivors, survivors to wounded healers, and wounded healers to facilitators of healing and transformation in their communities with the support of the researcher and other resources persons.

5.2. Escape from Civil War: The Life Narrative of John

Background

John is a research participant, who comes from the Democratic Republic of Congo (DRC); but currently lives in South Africa under refugee status. The 1951 Refugee Convention defines a refugee as,

a person who, owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his[sic] nationality and is unable, or owing to such fear, is unwilling to avail himself[sic] of the protection of that country; or who, not having a nationality and being outside the country of his[sic] former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.

Robertson (et al 2006), in her study titled: *Somali and Oromo refugee women: trauma and associated factors*, asserts, “Nearly all refugees have experienced losses, and many have suffered multiple traumatic experiences, including torture”. She adds, “Their vulnerability to isolation is exacerbated by poverty, grief, and lack of education, literacy, and skills in the language of the receiving country.” Refugees are separated from their social support networks, such as friends and family, from familiar religious frameworks and are exposed to radically different views about spirituality and religion. These experiences can be very traumatic and can challenge and alter a refugee’s religious beliefs leading to feelings of impotence and being overwhelmed (Robertson, 2006). Robertson has captured the experience of John correctly. When civil war broken out in DRC in 1996, the whole family of nine children was scattered and John fled to South Africa through Zambia, and Mozambique. The road was hard and dangerous for him. He walked for thirteen days and thirteen nights through the Congo Forest before he reached the Zambian boarder. Although he was seeking a safe place, he did not find safety in Zambia either because of Zambians’ hostility towards refugees. As such he crossed the border into Mozambique where he got a job and later married.

In a constant move to a safer place he entered South Africa and joined a Bible college, a Christian place where he expected to receive care, support and love; but he never got any of them. Thus he was constantly on the move until he settled down in Pietermaritzburg despite xenophobic experiences. While still in Pietermaritzburg he went through a divorce with his wife. In 2009 he joined the Stress and Trauma Healing Project (he calls it train) not knowing the destination. But somewhere through the project he was amazed to uncover a pool of pain, anger and hatred he harboured. Through the Project's methodology spiced with love, support and care from other members of the project, he managed to drain the pool and heal. Now he is a facilitator and director of Hathisi Yetu. He says, "Through my life experiences of pains, I am leading a group of refugees with its programmes."

Childhood trauma

John started experiencing trauma from a very early age. Meintjes (n.d.:6) asserts that "Traumatic experiences are sudden and shocking. They involve danger and feelings of fear, helplessness, or horror." She adds that it is the person's experience of the event that leads us to call some events traumatic. If the person felt that he or she was in extreme danger, and if the person felt intense fear, helplessness or horror, then it would be called traumatic. In my conversation with John, he told me that he was circumcised when he was a bay in the hospital. He was later traumatised by the words of an old man in his village. He says, "One old man lived on our way to the river, where we used to go and wash. He told us, 'You must undergo the second circumcision using the hot knife.'"

As John and his friends were not ready for it, they ran away from him. John says, "The old man hunted the young boys of the village. To make things worse, he used his two boys to catch any boy from the group to be circumcised."

He describes his trauma,

I could imagine how painful it would be to circumcise a boy with a hot knife, so the pains in our minds were great. Our way to the bathing river was blocked and there was no

alternative way to get to the river. The situation became heavy for the children of the entire village. We suffered emotionally and psychologically imagining the terrible pains when being caught by these boys.

American Psychiatric Association [APA] (2000:463) defines *trauma* in DSM-IV-TR as “direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person.” APA adds that the person’s response to the event must involve intense fear, helplessness, or horror (or in children, the response must involve disorganised or agitated behaviour). It is clear from John’s description that their physical integrity was threatened and their response involved disorganised or agitated behaviour. Meintjes (n.d.:7) says because traumatic experiences are frightening and shocking, almost all people are affected for some time afterwards.” One of the normal responses to such an experience is avoidance. Meintjes adds that the one way that we respond is to try to avoid what happened. We try to never think about the experience, we avoid places and things associated with the event. John and his friends started avoiding going to the river for fear of being circumcised with a hot knife. The trauma changed John’s attitude and behaviour towards elders. Bowlby (2002) explains that, “Childhood trauma sets the stage for psychopathology in the future.” He says, “I developed anger against old people because of their cruel habits and the way they undermined young people.”

Bitten by a dog

The second traumatic experience John had was a dog bite. He grew up in an environment where villagers planted fruit trees in their homesteads.

These fruits would be eaten by anyone in the village, even passersby. John says that as children they picked fruits without any boundaries because it was assumed that these trees were planted especially for any children of the village. The village’s philosophy of life was “*Your child*

is my child". To his surprise, one day he and his friend went to pick mangoes from one of the yards around them, not knowing that the owner was at home. Their intention was quite mischievous this time. They did not want to pick fruit but to destroy his trees because he never allowed children to eat the fruit. Like any rebellious child, they picked fruit mostly from those people who refused children access to eat from their trees.

John still remembers this day when they entered the yard. The owner let loose his dog and it chased and pounced on him. He sustained wounds from the canine teeth. This incident caused conflict between John's family and the owner of the dog. The traditional village council had to intervene. All people of the village blamed the man for letting loose his dog to attack children. The verdict was that children of the village had the right to eat ripe fruit from any yard where they were ripe; all children deserved healthy food without distinction or discrimination. The man lost the case. The wise men also ruled "Every person of the village is obliged to plant many types of trees in his/her yard." Although the judgement went in favour of John, the experience affected his relationship with dogs. He says,

"I still do not like to be close to a dog because of this memory."

Imposed career

Time passed and John grew up and excelled in school. Like any teenager he had his own dream career and pursued it passionately until one day his dream was shattered. He had a conflict with his father regarding his vocational choice. Collins (1988:540) asserts that vocational choices are crucially important, frequently difficult, and rarely once-in-a-lifetime events. They are important because they determine one's income, standard of living, status in the community, social contacts, emotional well-being, feelings of self-worth, use of time and general satisfaction with life. However, there is a cost to pay when one chooses the wrong career path or vocation. Collins gives an example of one study which revealed that twenty-four point three percent of American workers are unhappy because they chose the wrong occupation or profession, one-third of middle managers wish they could work someplace else,

and about half of all employees feel they are underpaid. John says that according to the government education system (French), curriculum was divided into three stages: primary school, basic or orientation, then from grade nine to twelve. A student would be allowed to select a career. John's dream was,

I wanted to do auto-mechanics, but my father wanted me to teach. Doing auto-mechanics was the road to physics to reach my dream of becoming a jetfighter pilot one day. This dream was mine. Even my close friends never knew what I was planning to do with my life.

However, there was a clash of civilisations between his choice and his father's choice for him. This clash brought tension between them and John didn't care for his father's justification,

My father, being the sole sponsor of my studies, imposed his will on me. To do auto-mechanics meant going away from the family. He justified his position by arguing that 'You are still too young to be so far from us. How could we monitor what you are doing at school?' He drew from his experience as a retired teacher.

However, he felt powerless because it was his father who was paying his fees. He was hurt because he felt his father did not want to listen to his opinion. As such John ended up taking a teaching career as his father imposed.

Food poisoning

In his second year of studies somebody unknown from his mother's family poisoned his food. This caused a serious dilemma between John's family and his mother's. Because of this incident, his father took him away from his mother's side to his younger sister as he had lost trust in any of his in-laws. His care would be assured in his aunt's hands.

This meant that John had to leave the family he was staying with and live with his aunt. He survived the food poisoning and completed his education. He taught mathematics, science and history in different schools. He was excelling in his "imposed" career until the day the war broke out.

Civil war in Democratic Republic of Congo

War is a common and relatively powerful source of enduring psychological disturbance. In their book *Principles of trauma therapy: A guide to symptoms, evaluation and treatment* Briere and Scott (2006) argue that war involves a very wide range of violent and traumatic experiences, including immediate threat of death and/or disfigurement, physical injury, witnessing injury and/or death of others, and involvement in injuring or killing others (both combatants and civilians). They add that for some, war includes witnessing or participating in atrocities, as well as undergoing rape, capture, and prisoner of war experiences such as confinement, torture, and extreme physical deprivation. These traumas, in turn, can produce a variety of symptoms and disorders. John's experience of fleeing war from DRC does concur with Briere and Scott's description. John left DRC in 1996 with the first confrontation between Kabila and former president of Zaire, Mobutu. By this time he was living in Uvira City, Eastern Congo as a teacher. He planned to flee the country on 25th October and on the eve of running away; he attended a funeral of one of the families in the neighbourhood about three kilometres from his home. The bereaved family also planned to flee due to the turmoil in the city. They asked if John was going to flee but he refused. So the family gave him responsibilities over their house.

They asked me to look after their belongings as I refused to run away with them. My reasoning was, 'I cannot go if I don't see these Benyamurenge people (or the rebels), lest I give wrong information (or lie) to those who later ask me about the history.'

In the morning around seven o'clock the entire family left for the harbour to board a ship to Kalemie. They left him with house keys and everything. They assured him they would return "when everything is normalised." The distance from Uvira to Kalemie was around four hundred Kilometres. They asked him to escort them to the port.

When the ship came everyone rushed to board. The ship was supposed to take people from the city. While John waited to make sure the family was aboard, the crowd fleeing from the bombing overwhelmed him. He decided to fetch his academic papers.

I tried to go home to fetch my education papers which were important. I failed to reach my place because the way was crowded, so I ran away unwillingly leaving my certificates behind. I left everything. There was no chance otherwise I could die.

During the interview with him, among the many losses that John experienced as a result of fleeing from war, he expressed the most pain when he talked about certificates. He was a professionally trained teacher who excelled greatly in teaching mathematics, science and history at high school level. As he fled DRC into South Africa, he was going to land a good job since the country is lacking teachers for mathematics and science. But he has nothing to show the employers because his certificates were destroyed when his parents' house was bombed. He says,

I was quite good in mathematics and science in general. I taught mathematics in Grade nine. [In] my university studies I did history I was teaching history in Grade twelve, Grade eleven. I was teaching geography because I was good in science. Grade eight, according to the structure of our school, because high school starts in Grade seven, I was teaching technology. Here [South Africa] it is like the engineering courses I was teaching actually. My career stopped because I had no certificates to prove it ...It is the past I cannot bring back. I am paying the consequences of what happened in 1996. Ya! Thus who I am now.

John was not the only one who lost his certificates during the fleeing from war. He told me of another lady who managed to rescue her academic certificate only to be stolen and destroyed in the commotion of fighting for entry onto the ship.

He says,

And I remember even one girl from the bereaved family on the ship waiting, while she was talking to other people around there three or four guys came to steal her bag where there was a certificate. She was working as accountant in this company; it is like ESKOM here [South Africa]. They found her certificate and just tore it into pieces and took everything. She was extremely traumatised.

Her bag was stolen while her father was inside the ship trying to secure a place for the whole family. When John came back he found her crying. He thought she was crying because of the bombings because no one is used to those big guns. He was wrong. She had lost her certificate, five expensive brand new kitenges (khanga fabric) for her mother and herself and money.

John says he imagined the picture of losing her certificate and he did not have any qualifications himself since he could not rescue his own certificates. While he was going through these traumatic emotions, the bombing continued. The government soldiers used only two bombs which exploded at eight o'clock in one morning.

He says,

...no one was used to those big guns. Those bombs scared me. My first experience of hearing such noise was in Iraq, they were called tanks. I think Mobutu bought them from Russia twenty four bombs at once. You just push once and all twenty four go off. They can bomb and burn fifty square meters.

He adds,

“In fact we were shaken for that because it was my first time to hear those things, we were shaken really. It was the time I thought if there is any *muthi* (traditional medicine) to take me once to my parents, I would be number one to use it and leave this place.”

What was even traumatic for John was to see how life collapsed in a day.

He says,

Where I was with this family waiting at the ship the tension was scary and you can be frustrated because this entire event is caused by Kabira with his rebels-Rwandese and how people are suffering, children suffering, leaving their homes and it becomes sad to see the life collapsing. You see, what I saw when I was there. You see how life becomes down, you see it.

He never imagined events could turn like this. People established their lives for generations only to crumble in a day. Kaminer and Eagle (2010:2) in their book *Traumatic Stress in South Africa* argue that traumatic experiences are usually unanticipated and by definition place excessive demands on people's existing coping strategies. Thus traumatic events create severe disruptions for many aspects of psychological functioning (2010:2). In describing the response to trauma, the APA (2000:463) argues, "The person's response to the event must involve intense fear, helplessness, or horror." These symptoms fit John's experience. He said "I was afraid to lose my life...In fact we were shaken for that because it was my first time to hear those things, we were shaken really." A sense of helplessness is expressed in the following statement: "It was the time I thought if there is any *muthi* to take me once to my parents, I would be number one to use it and leave this place." He sought magical powers to escape the situation, but nothing happened. He was there in the midst of it.

John attempted to run against the tide of people who were fleeing in order to fetch his certificates at home. But the bombing became heavier with flames and smoke. It seemed there were houses on fire. There was no short cut to his house only the road full of people.

"I failed; I failed to get my certificate."

He thought of an alternative route to get to the house but even that one was a dead end. He thought another way was to escape via the lake shore, but there were people on all sides. He says, "You move only one metre without your child and you lose him or her, only one metre, that's how thick the crowd was. There were so many children who lost their parents."

As he tried to penetrate the crowd, some people advised him against that idea. He says, "I met people shouting. 'Oh, now you are going to die. Everybody left behind is being killed. Run!' He would not listen but at the end he failed to reach home. Coming back to the ship, he found it had left the harbour. Finally he gave up his pursuit for certificates and joined others in fleeing.

Escape from Civil War in DRC

Escaping from bombs was a nightmare. John says, “Bombs left no way to go.” He just joined multitudes fleeing in all directions. The American Refugee Committee (n.d.) points out that most often victims of war and oppression flee in large numbers, arriving in poor, underdeveloped states without the means to care for them because most of these developing countries lack the sound infrastructure needed to facilitate a massive humanitarian response. Sometimes the situation is worsened when the conflict that forced them from their country may destabilise the region in which they have sought refuge. The American Refugee Committee (ARC) adds that the refugees may flee to the safety of a refugee camp or settlement, only to be forced to flee again a few months later. ARC continues that what aggravates their situation more is when a refugee is forced to flee their home; they must leave all of their belongings behind. They walk dozens of miles to safety. If they arrive safely at their destination, they are still without food, water, shelter and medical care; provision of trauma counselling, and help to rebuild their lives (ARC). There is no guarantee they will be able to stay because of the above mentioned challenges. This resonates with John’s experience. He had no extra clothes besides the T-Shirt he was wearing on that hot day, no certificates, and no money because he was not prepared to flee. He thought he was going back to his house and then look after the home of the bereaved family that fled. That never happened. He joined the multitudes in fleeing on foot. He set off; he did not know whether it was five kilometres or more. What he remembers is passing through Makobola and Kivovo villages close to Uvira City, where he met his neighbours. His neighbours exclaimed,

“Oh you are here, we tried to resist not running away but we will go far from the city of Uvira for good.”

Fortunately together with the neighbours they boarded a ship at Makobola to Kalemie, and from Kalemie he walked to Zambia.

A long walk to safety

Thompson and Smyth (2001:181-182) assert that people may be met with a number of experiences while travelling. At any time of day or night, millions of people are travelling, looking for safe homes. Most travel on foot and have no food. They are vulnerable and face many dangers: physical hazards; rebels or armies chasing them; moving illegally across borders in the hope of safety. Their focus is survival. John walked towards the Zambian border for thirteen days and thirteen nights through the fierce and dense Congo forests. When he left Kalemie, he did not have the idea of going for good. He thought he would run only around 3 to five kilometres to the nearest village. There he would meet friends and neighbours and return when the dust had settled. That never happened. He had no chance to see or meet any familiar faces, not even one family member or neighbour. He continued to flee,

I walked fifteen Kilometres by day and spent nights in the bush. After two days we were eight with one woman until we reached, Zambia. Thirteen days thirteen nights of running away from government soldiers.

As they fled, they left behind the sounds of bombing and shooting. Congolese government soldiers started abusing civilians and robbing people, beating them, raping women and children on their way as they were fleeing. John describes his encounter with a soldier,

There was one couple with us from Rwanda. They carried a small bag. One morning at six o'clock a young soldier confronted them. Then this soldier commanded them to 'Put your bag down otherwise I will shoot you.'

John was furious. He thought,

"Here is a young boy intimidating an elderly couple." He says, "I looked at him and he looked back with fixed eyes. I don't know what he read in me for he just put down his gun and said, 'Take your bag and go.'"

Although government soldiers were stopping people from fleeing saying they would protect them from Kabila rebels, evidence proved otherwise. Now it was evident that they were

exploiting and aggravating the situation. They waited for people running away with their wives. Some people who fled on bicycles had them confiscated. John says that if you had a bicycle “You had to escort them with their belongings to the next village. Along the way they did what they wanted to you. They stole your bicycle.” For those who did not have bicycles, the soldiers had them carry their bags no matter how heavy, sometimes for a distance of one hundred Kilometres.

Seeing what was happening, John’s sense of helplessness and frustration reached its peak. He says,

I wished I had a gun to finish off all soldiers in uniform. I would show no mercy, shooting them would be like play. Once you have a weapon you are powerful and everyone will run away from you. Any soldiers with a gun were kings of the village. I saw the way people had been intimidated. I saw the signs everywhere. They had no one to advocate for them.

He describes their desperation,

We came to one of the villages. I don’t remember its name. We found the rivers polluted; no chance to take a bath. Sweat poured off us. Hunger became our daily life. We had no money, nothing, luckily in the Congo due to huge forests; we find fruits in any season. So the forest provided for us. Once we found mushrooms in the forest. We came across an abandoned village. No people, only fire. We cooked our mushrooms there without salt.

The villagers had fled and left everything in their houses. The fire meant that people had fled not very long ago.

Thus John and the other “seven companions on the journey” had an opportunity to find and prepare food that was abandoned by the owners. After several days of living on fruits, they ate a warm meal. This is one of the most memorable days in John’s life. John says,

We found a pot. I will never forget the moment. From cassava [cassava is a tuber which is used as staple food in some parts of Africa] we made flour. We ate this with mushrooms, no salt, no cooking oil, nothing only water. We boiled it and ate the pilings of cassava

which we usually threw to the pigs. I ate it for the first time in my life and I said to myself, 'One day I will tell my children and my parents [that] I ate this pig food.'

Encounter with hostility

In the same village John's team came across an elderly couple and a girl. The man was a shepherd. They saw green maize [mealies] and asked them if they could have some. The man responded, "It is not for free. You are supposed to buy." Although John explained that they were running away from Kalemi expecting to get mercy but it did not work. The man retorted, "It is your problem if you have no money."

On hearing this and strengthened by the food they ate, they continued with the journey. But the elderly man advised them that at night no one is allowed to walk. Then John negotiated for a place where to sleep. The elder told them, "I have no place for you to sleep." This was tough for John who fled Uvira in a T-shirt in October when the weather was hot. Now it was cold. So they decided to sleep outside and make a fire but the old man refused saying, "You will not make fire in my yard." Instead, he told them to sleep far away from him with the sheep. John says,

"It was the first night in my life that I slept in a sheep's kraal with fleas and lice. We passed a bitter night shivering."

By this time they have walked for eleven days and eleven nights in the bush. They could not walk in the road in case the soldiers or rebels apprehend and kill them. John describes his journey in the bush,

"I didn't know where I was going, crossing rivers big ones, and small ones. No bridges. I didn't even know whether I had stepped on snakes or crocodiles. On the eleventh day there was turmoil."

They met another shepherd who scared them to the bone. He told them that up ahead a lion was devouring his cows.

“Don’t go on,” he warned them.

However, John did not bulge. He thanked the guy for the caution but decided against his advice to proceed. Desperate times desperate measures. He says,

“I told the guy, ‘Thank you very much for the information. How many days do you want us to stay here?’ He said ‘until we hear that the lion has moved on’.” They were stuck. They cannot proceed because there is a lion; neither can they go back where they are coming from because fighting is going on. John says,

We saw the footprints of a lion, fresh, fresh, fresh. It’s as if it saw us somewhere and was trying to hide. I thought- ‘I can die from a bullet anytime. Why should I be afraid of a lion? If God wants me to die this way I will die’.

So he persuaded the group to continue walking until they reached another village where people did not flee. Not sure of the reception by the villagers, John hid the woman with a few of the other men in the bush. Accompanied by one man, they entered the village. Their faces elated because they found a village full of people, but they were in for a surprise. John describes the experiences at the hands of his fellow Congolese,

I was shocked when the people accused us saying we were spies for government soldiers. I tried to explain, ‘Please, I am not a soldier. I have never been involved in politics. I am a qualified teacher’.

This explanation fell on deaf ears.

“We suspect you,” they said.

In desperation John cried, “I am hungry; I don’t know where I am going to; I just follow the road.”

His cry did not rescue the situation. The villagers surrounded them with machetes and spears and demanded,

‘If you don’t clarify clearly, we will kill you.’

Saved by a woman

To show that they were not soldiers John told them that they were fleeing together with a woman and she was resting in the bush. This added pepper to the wound. Villagers insisted they were spies. They demanded one of John’s men escort them in the bush to fetch the woman. This woman was tired and had lagged behind all along. She was struggling because of the long distance they walked. The woman finally arrived worn out.

“Look at her, how can someone who has had to walk for so many days be a spy?” John asked.

The moment the villagers saw the way she was talking, their attitude changed. They ended up listening to the explanation and suspended judgement. They allowed them to cook something for this woman. After eating they were allowed to continue with what John calls, “our endless journey” accompanied by one villager to show them the way to the next village.

Dusk before dawn

Finally on the thirteenth day they stumbled into the last village before entering Zambia. The village was not any friendlier. John says,

“It was at ten o’clock when civilians confronted us, surrounding us with Panga knives and spears. People in that village thought that we were soldiers hidden in civilian attitudes. Since [they felt] we were not telling them the truth, better to finish us off.”

After a standoff for some time, they were released.

Then the same people, who had kept us captive, showed us another way to cross the border and escape the soldiers. We found two men who were running away who knew the route into Zambia. We didn’t use the road but took a short cut through the bush.

We entered Zambia at seven o'clock in the evening. Once I crossed, I prayed 'God, thank you.' That's what I said, 'God thank you.'

Reception into Zambia

After a long walk of thirteen days and thirteen nights, John and his group entered Zambia. John gave a big sigh of relief and thanked God for their escape. Thompson and Smyth (2001: 181-182) say that on arrival, refugees experience a sense of relief. They often have a perception that the host country will be safe and able to protect them. Most countries in Africa have camps for refugees to which people are taken on arrival. The United Nations High Commission for Refugees (UNHCR) works within the camps to provide food and shelter. Some camps have medical facilities and education facilities for children. They add that experiences in refugee camps are often unpleasant, due to conditions of overcrowding, bad sanitation and food produced on a large scale. Thompson and Smyth are right; John experienced a lot of unpleasant things in the camp. One such experience was xenophobic speeches from Zambians, those from whom refugees sought assistance. Thompson and Smyth (2001:185) assert that Xenophobia is perpetuated on many levels by the state, officials, employers and the person in the street.

A refugee is often a target of statements, innuendoes, threats, and derogatory names. "Refugees are told they deserve to die, and that they are second rate. They are victims of violent attacks such as train attacks, police abuses, prison violence, and stabbings." Thus Thompson and Smyth, citing (Melzak 1991; Rousseau 1995; Van der Veer 1992) conclude, "The refugee experience is composed of trauma and losses, circumstances that upset the family and social structure."

John stayed in Zambia for some years before he proceeded to South Africa through Mozambique. His loss of academic certificates made life no easier in Zambia. He says,

I found myself in a strange land, full of teaching knowledge but not an academic paper to define my world. I was good at mathematics and science. I had taught mathematics,

history, geography and technology. Suddenly my career stopped because I did not have the certificate to prove it.

After such traumatic losses in Congo, John did not lose hope. John started reinvesting in his life and future. The United Nations (UN) in Zambia offered bursaries to those refugees who wanted to study in any college or University of Zambia. So he studied Financial Accounting at the University of Zambia. This is the only academic certificate he had now because all academic proof was lost. He hoped to get some employment but he encountered xenophobic tendencies. He could not have a chance in Zambia as refugee. He cites an example of the caretaker of the UN bursaries, Mr. Chanda Musonda, who asked refugee students,

Do you think that we are happy if we keep money for people whom we do not know and our children are at home? We are not happy. Do you hope that if you complete your course you will work here in Zambia? You are lying to yourself.

John adds that,

“He forced us to take teaching and nursing courses. We said ‘No! Everyone has got his or her calling. It is not everybody who enjoys teaching. Not everyone is to be a nurse. Do not force us to do things which are not in our plans.”

However, their argument did not change the situation. Although John and his other refugee students studied what they wanted, they could not get jobs in Zambia. Thompson and Smyth (2001:185) assert the fact that some of the refugee clients are well educated and have been in high status jobs such as managers, teachers, doctors and nurses prior to displacement. Now their lives have turned upside down, they have no jobs and no homes. In spite of John having a Bachelor’s degree in Financial Accounting he could not find employment and hostility continued. Thus he decided to continue his journey to another destination.

Reception into South Africa

From central Africa John finally arrived in South Africa, his desired destination. Thompson and Smyth (2001) say that when entering South Africa, the refugee must apply for a temporary three month asylum seeker permit from the Department of Home Affairs. Since there are no refugee camps in South Africa, refugees must then fend for themselves. They add that although the policy is to assist refugees to integrate into the community, since the permit is temporary, it inhibits the refugee's potential to get work. Such temporary status does not promote the refugee's sense of being respected as a person and limits their capacity to make plans other than for daily survival. Once refugee status has been granted, however, the refugee is legally admitted to the host country, which provides greater stability and the scope to work and/or study for two years.

Thompson and Smyth (2001:183) argue that South Africa is being perceived by many refugee clients to be a developed and prosperous African country. The expectation among refugees is that once they arrive in South Africa, there will be a safe place for them and their families, far from the conflicts that occur in the rest of Africa. This expectation leads to hopes that they will be able to settle, have a job and be free from violence and discrimination. These hopes that have sustained people and led them to enter South Africa are severely challenged on arrival. South Africa may quickly be seen as an *empty house*. While it may be a place of safety other hopes are not realised.

Refugees' basic needs are not met, material support is limited and they are often placed in situations where they are exposed to violence. Furthermore, refugees have become objects of hatred and wrath within the society.

John's main question on arrival in South Africa was: Would I be able to further my studies here? He says in 2005 he was "baptised" into the same story that he had heard in Zambia.

I went to the University of KwaZulu-Natal, Pietermaritzburg campus to inquire about bursaries to do my further studies in finances. Naidoo at the School of Management help desk told me the old, old story. 'Bursaries are entitled only for South African

students not foreigners.’ The guy was confident about what he told me so it was difficult to argue with him. Yet I ended up in the Department of Theology and Development Studies at the same campus.

Besides obstacles in furthering his studies, John did not find joy in the marketplace either. He says,

Wherever I applied for a job, I was always asked to provide the green magic ID [South African Identity Card is green in colour]. This was followed by the humble statement, ‘If South Africans are not getting jobs, what about you who are not from this country?’

What surprised John was that it is so easy for South Africans to say, “We’ll take our fellow brother and sister according to nationality rather than the knowledge and skills that we are looking for hidden within foreigners”.

Lack of employment aggravated John’s situation. Unlike in other countries where refugees are in camps and all their basic needs are met by the UNHCR, this is not the case in South Africa. Thompson and Smyth (2001) argue that although camps have not been set up in South Africa, there is provision in 1998 Act to do so if there is a mass influx of refugees. They add that this new set of provision in South Africa has allowed UNHCR to be a lot freer and innovative in its support of refugees in South Africa.

For example, UNHCR has financially backed the Refugee Forum, which supports development and integration into the South African community for refugees. UNHCR also gives funding to the South African Government in their agreement that South Africa takes care of the basic needs of refugees. But besides the free public hospital visitation, refugees have no access to free water, shelter, food or education for themselves and that of their children. They have to fend for themselves to provide the above needs for their families. Even at the hospital they have to pay a minimum fee once a year in order to access treatment. Refugees wonder what the South African Government uses the UNHCR money for if refugees cannot access even the most basic of their needs. The case of Pietermaritzburg Municipality still remains hostile to refugees who in their lack of basic needs will sell some sweets in the streets like South Africans do; but the

city police will confiscate their goods which they have to redeem. The city officials will require of them to produce a licence to sell on the street. When they go to the Municipal office to get the licence, they are told that they do not give such licences to foreigners. Thus they are “caught between a rock and a hard place”. As such they are vulnerable to exploitation in order for them to put food on the table. For example, John says,

I approached a businessman called Farouk for help, because I could not study without any income to sponsor the rent and other human needs. He accepted me to work for him yet he took advantage. When I tried to talk to him about my wages, the response was always, ‘I am doing you a favour, because our government does not allow foreigners to work.’ So my wages have remained the same while covering the work of three people. As a foreigner there is no way to defend myself and claim my rights. You take it or you leave it.

Although John managed to acquire some postgraduate qualifications at the University of KwaZulu-Natal, he could not get a better job and as such his employer has paid him not more than two thousand five hundred Rands almost seven years as a security guard. He has no choice but continue to be exploited so that he can get a bit of money to support his family.

This is a real situational crisis facing John. He has no support system like family. Although the Trauma Healing Project family gives him care, love, and emotional support, there is more to his needs than meets the eye. In his attempt to reconnect with his family, he has tried to locate them but no success. He says,

When I came here to SA, I tried [through] the internet to connect with the University of MbuJomai, hoping that some family members were studying there. Our second sister had gone as a teacher with her husband to western Kasai. I could not find any one. So I don’t even know who is still alive.

He is “caught between a rock and a hard place”. While he cannot locate his family in Congo and the civil war is still raging on, hostility on the ground where he currently lives is alive. He tells of an incident,

In 2008 at the University of KwaZulu-Natal one of my colleagues approached me asking to name some parts of my body in Zulu [language predominantly spoken in KwaZulu-Natal Province of South Africa]. When I failed to answer, he said: ‘You are one of [the] people we do not want here in our country.’

He adds,

After burying one of my close countryman, killed in Imbali Township, I thought I’d better leave their country in peace. I might be next. In 2010 during the world cup, when Ghanaians failed to qualify for the semi-finals, one of my co-workers told me to go back with them. ‘I do not wish to see you again after the Ghanaians have left South Africa.’

Although John is relating his experiences in South Africa, he is not a unique case. Generally foreign nationals are under constant threat in South Africa. Over recent years, especially after the large scale xenophobic attacks on foreigners in May 2008; South Africans have seen foreigners as scapegoats. Whenever they are frustrated with their government’s inability to deliver the services it promises them during election campaigns, they turn to foreigners.

May 2008 xenophobic attacks on black foreign Africans are a classic example which left sixty-two people dead most of whom were foreigners. The main claim was that foreigners were taking their jobs and wives.

Herman (1992) asserts, “Violence has the potential to break down our understanding and trust in the world.” “In the greater political scheme”, add Thompson and Smyth (2001), “human rights are considered important and we believe that people who are violated should be supported, but the situation on the ground is different, minorities and foreigners remain unprotected.” This defeats the purpose of Integration. According to UNHCR (2002) Integration requires preparedness on the part of the refugees to adapt to the host society, without having to forego their own cultural identity. From the host society, it requires communities that are welcoming and responsive to refugees, and public institutions that are able to meet the needs of a diverse population. The increasingly hostile environment towards refugees and other foreigners in South Africa negates the ideals of integration as UNHCR expected.

The journey towards re-construction

Hard pressed on every side, John accepted my invitation to join the Trauma Healing Project at PACSA in 2009. By this time I had known John a bit more through his participation in the HIV and AIDS work my organisation was facilitating in its partner communities. By then he was leading an organisation called Hathisi Yetu. Our goals coincided; I wanted research participants to go through trauma healing process and finally document their life stories and his organisation was also about documenting experiences of refugees living in KwaZulu-Natal.

Thus on 30 October 2009, John pitched at Kenosis, a venue we used for Stress and Trauma Healing Workshop Level 1. However, he struggled in the beginning of the workshop with trust issue.

He says,

“So before the stress and trauma workshop, I could not share my story with any person, because my story was taken as my own personal life to be kept in my heart due to lack of trust.”

This is a normal feeling observed in workshops where people have to tell traumatic stories because trauma destroys trust. Knowing very well of this challenge, the process helped create a safe space where participants felt safe enough to trust others in the group. After defining what is stress and trauma through creative exercises with a bit of input from the Trauma manual, participants were encouraged to draw their stories individually and then shared in smaller groups. John says,

I learned to share my life experience with others as well. The thing that motivated me to open up to other participants was the drawing or collage, whereby stress and traumatic events were identified and well defined. I also learned about forgiveness of the causers of stress and traumatic situations of my life.

This was already a milestone for John towards his healing now that he was able to trust others enough to share his painful story. Because of what he experienced, John committed himself to

become a research participant and completed the Harvard Trauma Questionnaire. John attended Level 2 where he was trained as a caregiver and finally Level 3 as a Facilitator of the Stress and Trauma Healing. During the interview John told me,

“The result of sharing my story with others brought relief to my miserable life, as I could not breathe well whenever I encountered any situation similar to one of the past events experienced before.”

He continues that,

I was very much afraid to socialise with unknown people due to my past life after being betrayed several times by my own people. The good news from the Stress and Trauma Workshop is that, all participants became my family members whom my life experiences are handed openly and with encouragement, as I am not alone in the jungle or the only one having these kinds of situations in life. These workshops opened ways through sharing of my personal life experiences with them, broke barriers of separation and distinction of otherness.

The process successfully moved John on the journey from victim to survivor and from survivor to a victor who, using his wounds, is now able to facilitate the same process of healing he went through to heal other people including members of the refugee community in South Africa. He says,

“I am leading a non-profit organisation called Hadithi Yetu (our story). The success of Hadithi Yetu has been fuelled by Charles who has been alongside our project and as our mentor.”

In conclusion John aspires,

Along the way of this journey, I am a trained Stress and Trauma Facilitator, which I look forward to carry this skill to go and facilitate stress and trauma workshops in central Africa where people are experiencing traumatic events on a daily basis.

5.3. The Life Narrative of Bongekile Motaung

Born on 26 December 1986 and coming from a family of six, Bongekile is the second born of four girls. They lived on a farm, two kilometres away from Howick. She has known poverty and says: “On the farm you could smell poverty.” She has also been a victim of domestic violence at the hands of her aunt, betrayed by boyfriends and church, and abducted. Kaminer and Eagle (2010:1) assert that South African citizens are widely and commonly confronted with anecdotal accounts of traumatic events, both in the course of their everyday lives and in the mass media, often articulated in the discourse of living in a dangerous and traumatised society. They add that along with this awareness of the frequent occurrence of trauma is a preoccupation with its psychological consequences. Through the Trauma Healing Project, Bongekile recovered her own humanity, reconnected with God and has learned to listen and accompany any person on their journey towards healing. Among other things the love, care and support she experienced on the project is a deposit she is pouring into other people.

Life on the farm

Growing on the farm had its own joys and challenges. Bongekile says: “every month you could hear people shouting, ‘Take buckets and big dishes to collect meat from the dairy farm.’” Thus every Saturday farm children gathered to collect milk from that dairy while during the week their parents collected milk from the dairy in two-litre containers. Besides collecting milk Bongekile and her siblings used to clean their house and scrub the floor.

Her mother would get angry when she arrived home and found that they did not do anything. Life became difficult for her when her sister, who was two years older than her, went to start school at uMzimkhulu where she stayed with her grandparents. She did Grade 1 and Grade 2 before she came back to the farm in 1993. By this time Bongekile was six years old and ready for Grade 1.

For reasons unknown to both sisters, they were sent to live with their aunt at Hanbury Chicken Farm. “We were going to live with our aunt, my mother’s younger sister.” Their aunt worked on that farm and she was not married. She had a son of her age but he was living with his father somewhere else. I didn’t know why. Hanbury Chicken Farm was far away from her parents and there was no way they would go by themselves to their parents.

The difference between these two farms: where her parents and her aunt lived on was poverty. Bongekile says:

“When you entered the farm you could smell poverty.”

The workers lived in compounds and the whole area was filled with the smell of chicken dung. This was going to be their home. She says:

“It was fine for the first day. On the second day I started missing my parents.”

The environment changed completely from the first farm. She describes the poverty:

We lived in a small room where we cooked and slept. We slept on a thin sponge mattress. The floor at night was cold. The farm had twenty occupied rooms in those compounds and five family houses. There were two community toilets which were so full that nobody used them. Downhill there was a river where the cows drank. Children swam here and people used to relieve themselves in it. We crossed that river when we fetched fire wood from the bush.

In spite of the poverty, Bongekile and her sister managed to go school. There was only one farm school, at the centre of all the farms, called Ashley and had only two classrooms. Grades one and two shared one classroom and three to seven another. On Sunday one of the classrooms was used for a church gathering. All learners were forced to attend church on Sunday. If you did not attend you would be punished.

Domestic violence

Bongekile experienced domestic violence at the hands of her aunt. Violence is about using force to maintain power over others (PACSA 2011:4). Collins (1988:294) points out that violence and abuse, especially in the home, appears to be increasing. He adds that it is possible, of course, that we are only now beginning to recognise the widespread prevalence of a problem that has been with us for centuries. “Media attention and public outcries have riveted attention on child neglect and abuse, sexual violence, psychological maltreatment of children, rape, mate beating, and mistreatment of the elderly.” Kaminer and Eagle (2010;8) assert, “certainly, South Africa is one of the few countries in the world that has endured protracted political violence as well as high rates of criminal violence, domestic abuse and accidental injury.” They add:

This translates into a large number of trauma survivors in our society, with one nationally representative survey reporting that seventy percent of respondents had experienced a traumatic event in their lifetime and over half had experienced multiple traumas.

Bongekile and her sister experienced domestic violence. PACSA (2011:4) calls it domestic violence when the violence takes place in a personal relationship. Partners may be married or not married (according to any law, custom or religion); heterosexual, gay, or lesbian; living together, separated or dating. It also refers to violence between members of the same family who are not partners. Time went by and Bongekile started getting used to the farm when their aunt’s behaviour changed:

Things changed. My aunt was paid every fortnight. One fortnight she came back from work wearing a short skirt and a bare stomach. She was drunk. In the evening male and female friends visited her, bringing alcohol. They drank all night. We tried to sleep sitting on the bench.

The same room they lived in became a drinking hall. A weekend ceased to be a joy for them because they could not sleep because of the noise and their sleeping space was occupied by drunkards. They watched their aunt sink into alcohol until she became a real alcoholic. Bongekile says:

Every weekend her friends visited. If they did not come to her she would go to them and not come back to us. Then she started not coming home during the week.

Young as they were they slept alone in the room. Besides her addiction, she became physically abusive to them. Grant (1987:131) says child abuse involves physical or mental injury, sexual abuse or exploitation, negligent treatment, or maltreatment of a child under the age of eighteen, by a person who is responsible for the child's welfare and under circumstances which indicate the child's health or welfare is harmed or threatened thereby. Bongekile describes her aunt's brutality:

She enjoyed beating us. As she beat us she would lift us up and drop us onto the floor. Sometimes she made us stand in front of her and banged our heads together. Or she'd make us lean on the wall and tried to choke us shouting, 'I don't want you to go to play because you will play with boys.'

Kaminer and Eagle (2010:21) argue that the prevalence of physical abuse of children by a family member is extremely difficult to estimate reliably, once again, police statistics reflect only the reported cases, which represent a very small minority of all incidents, and for a number of reasons it is extremely difficult to interview children directly about their experiences of physical abuse. Thus they suggest that one way to estimate rates of childhood physical abuse is to ask adults whether they were abused in childhood. For example, Williams (et al 2007) in the *Multiple traumatic events and psychological distress: The South African Stress and Health Study* showed that twelve percent of the South African adults reported that they had experienced physical abuse by a caregiver in childhood. The idea of interviewing adults is very helpful given that many children are afraid to report about the abuse for various reasons.

Bongekile never reported the abuse she experienced even when they visited their parents:

We never mentioned how she treated us. We were afraid that they might tell her then she would beat us more when we went back.

They suffered in silence. She was only able to talk about this in the Trauma Healing Project as an adult. Collins (1988: 295) concurs with Kaminer and Eagle (2010:21) about the difficulty in measuring child abuse. He points out that many victims are reluctant to report abuse, especially when the abuser is a family member. He adds that children and the elderly often are unable to report abuse, and some people aren't even aware that the pain they experience is abuse. Bongekile's aunt inflicted physical as well as psychological abuse. For example, she told them that her father had beaten her with a cane. "I will also organise one for you because you don't listen." Bongekile says:

I became so afraid that whenever she appeared I would shake, thinking that she was about to beat me. When she opened her mouth to talk, tears filled my eyes. That irritated her so much she beat me for that as well. My aunt only spoke to us while she was beating us. She swore at us and if we responded to a question, she carried on beating us shouting, 'You respond, heh?' I started to wet myself at night.

American Psychiatric Association (APA 2000) points out that the effects of abuse vary depending upon the circumstances of the abuse and the child's developmental stage but may include regressive behaviour (such as a return to thumb-sucking or bed-wetting), sleep disturbances, eating problems, behaviour and/or performance problems at school, and nonparticipation in school and social activities. This applied to Bongekile: "I started to wet myself at night."

The abuse extended to denying them of food. They went to school without food and money. Back at home they went to bed without food. Poverty filled their daily lives. They were so malnourished: "We shifted from being slender to thin." Even their cleanliness was neglected.

Aunt did not even buy soap at home and Bongekile hated school during the winter because she could not stand to bath in cold water without soap. Although neighbours knew what the children were experiencing they were afraid to confront the aunt.

Neighbours knew how she treated us but they were too afraid to confront her. If you said something that she didn't like, she would simply say, with a smile: 'Hey, you dog, please don't start with me.' She would fight to the death, and never leave without striking you.

However, some neighbours showed some kindness by giving Bongekile and her sister some food even though often this was stale.

Bitten by a dog

One day a dog bit Bongekile. As she was coming from school, she went to fetch a house key from the neighbour's house. A dog came running towards her and bit her on the arm. Although she screamed the dog did not let go of its grip until Bongekile had to pull it off by its ears. She expected sympathy from the owner of the dog instead the blame:

The neighbours saw the dog biting me and blamed me. 'It's your fault. If you had not screamed, the dog would not have bitten you.'

It was quite confusing to her because she had expected compassion and help with the wound but here she was blamed:

I became confused as the dog kept jumping on me. I did not go to the clinic. Nobody cleaned the wound. I told my sister about it but she was also young and she did not know what to do. Luckily the wound never went septic.

The aunt had no concept of care at all. Bongekile's mother would give her money to give to the girls but she never gave them. Instead she would buy things from the shop like chips and nuts with that money and ate them alone while they watched.

On the way to school there was a tuck shop which the other children visited every morning. Though they had no money Bongekile and her sister joined their friends to the shop for fear of the farmer's dogs. On the way to school there was a farm owner's house along the road. The gate was always open and his dogs bit. Besides trauma from the dogs, there was bullying every

day after school. The older children chose who you had to fight with. Bongekile won those fights but her sister did not have the power to fight so she was always defeated. Bongekile cried because she did not have the power to help her. A sense of powerlessness was evident. Leach (1997: 2) states that bullying in South Africa has received scant attention even though it is a form of child abuse. Tattum (1993: 3) asserts that bullying is the most malicious form of anti-social behaviour practiced in our schools. As learners, educators or parents we have all experienced or witnessed it, in fact research indicates that it is more prevalent and damaging to children than most adults know or are prepared to accept. In her doctoral thesis on the *Effect of bullying on the primary school Learner* Pillay (2007: v) investigated educators' perceptions of the prevalence of bullying and the effect it has on the primary school learner. The study established that primary school learners are increasingly coming into contact with bullies and the problem of bullying is escalating in schools. Learners who are being bullied experience difficulty in establishing confidence, forming healthy friendships and developing skills. Bullying has physical, psychosocial and normative effects on the development and well-being of the primary school learner. For example, Bongekile began hating and bunking school. She hardly went to school, maybe once in every two weeks she did go. She was confronted by physical abuse on both fronts: at school and at home. She had nowhere to escape. When schools closed for winter holidays, Bongekile failed her examinations and she did not care.

“The only thing I longed for was home. Our parents never noticed how thin we were. We had little or no communication with them.” There was neglect on both sides. Even the parents never bothered about their welfare because they never bothered to visit them.

Sleeping with a strange man

Circumstances forced them to sleep with a stranger in the same room. After the holidays they came back for school:

When we arrived at my aunt's room on that day, she was not there. We found a stranger there, a tall fit man staying in her room. We put our bags inside and stood outside, leaning against the wall until it was dark. Then the man called us inside and asked our

names and if we were going to go to school the following day. We all slept in the same room. He never cooked so we went to bed without food. I think we became used to not eating when we were at Mkhokhombela farm.

They went to school the following morning. On their way back they found the man still in the room. They stayed with him for several weeks. One day he left and never said good bye. Two days later her aunt came back. She did not bother to explain to them who that man was. She continued with her life of in and out of the room. Children were used to living by themselves. When she was around, Bongekile says:

She still beat us. Even her friends beat us when they came to visit her for alcohol. They would say, 'Your father has abandoned you. Children who have been abandoned by a man do this and do that.' They sent us all over.

Aunt's stab wounds

Her aunt was stabbed six times in the back. Every Friday to Sunday the house was full of drunkards. As if this was not disturbance enough for Bongekile and her sister to sleep, they began to drink during the week and there were affairs going on during those drinking moments. One day her aunt visited a friend who stabbed her six times in her back. An ambulance picked her up and took her to the hospital and the girls were once again left alone. This was very traumatic for Bongekile.

Williams (et al 2007) in their study, argues that there are many South Africans who have not experienced a trauma directly, however, they have been indirectly traumatised through the sudden death of a loved one, hearing about a trauma that occurred to a person they are close to, or witnessing a traumatic incident. Bongekile was traumatised by her aunt's stabbing. The positive part about the stabbing though was that it obliged Bongekile's grandmother to go to the Chicken farm and exposed their suffering.

She saw the condition we were living in and told my mother that we were going to die. She never took any other action to solve the situation. When aunt came back from the hospital, she was not able to do anything. She was carried out into the sun and back whenever she wanted to be.

However, she gained strength with each and every day that passed and soon she was on her feet. The girls cried on the day grandmother left. They were letting go of someone who took care of them and at the time she was around they never went to bed hungry. After grandmother left, the beating and alcohol started again.

One night of August 1993 the police arrested her aunt. She had killed the friend who had stabbed her. Early in the morning the neighbours warned Bongekile and her sister to pack their bags and flee: “The relatives of the woman who was killed are after you. Run for your lives.” Thus the girls packed their few clothes and with the taxi fare the neighbours gave them, they escaped the ghetto.

They were so disfigured by the malnutrition that one would hardly recognise them:

When we arrived back in town we saw our father. He did not recognise us. When we told him ‘It is us,’ he cried. We were so tiny. That was when we were able to talk about the pain while on the farm and how we had been hurt. I became sensitive and short tempered. The following year we registered in a new school and life improved.

Poverty in a new school

Although poverty followed Bongekile everywhere life at a new school was promising. Being an intelligent child she finished primary school in 2000 and received awards. Her primary school teachers suggested that she find a better school. There was a stigma that Black African schools did not offer a proper education. So she registered at Howick West Secondary, a school with African, Indian and Coloured learners. Her parents could not afford her basic school needs:

My mother bought me one uniform and then asked around for people who could give me a second-hand uniform. A neighbour’s child had written her Matric so she gave me her

uniforms. I wished for a school bag but my mother could not afford one so I covered an old file and carried my books in it. I carried that file throughout the year.

Bongekile appreciates her mother's efforts to get her basic needs and helping her in decision-making because she was more visible in her life than her dad who gave himself to drinking most of the time.

The school was good and had good-looking walls and teachers. The problem was some learners did not represent it well:

It was my first time to see children who smoked cigarettes. There was a place at school that learners called 'ghetto' where they often smoked and drank. During break times when you went to the toilet you smelt smoke, as if something was burning, only to find that it was a group of girls smoking in the toilets. The teachers knew about the smoking but were not able to control it. Learners had relationships, and it was known. Every Friday there were fights after school as girls fought over boyfriends.

Smoking was not the only indulgence, the girls also engaged with boys. They talked about their boyfriends all the time during break, lunch, on their way to and from school; they talked about all the sweetest things their boyfriends did for them. They bragged about the money boyfriends provided.

Because of this they were able to buy a quarter of bread with butter and polony at school. This lifestyle was enticing to Bongekile given that her parents could not afford bread money so she could also buy sticky sweets during break times.

Caught in a spider web

Bongekile was caught in a spider web. Eventually she fell prey to temptation and got a boyfriend. Many of her friends' boyfriends were not at school. But there were three boys in school who were eying her. They were in Grades eleven and twelve.

I wanted to be with them but I was afraid that they would demand time and persuade me to bunk classes. I saw what boys were doing to other girls. So I chose a boyfriend from another school so that we would not see each other all the time. I dated this Grade eleven guy when I was doing Grade eight. I found a sense of belonging. Now I was able to fit in my friends' conversations.

She faced a challenge. They saw each other once a week in public places so she could not experience the kiss her friends talked about. Also he never gave her any money so that she can buy things like her friends. She wished that her boyfriend could also afford to buy her stuff. Not satisfied with this poor boy, Bongekile found a man who was working:

I did not love him that much but he could provide and now I could also show things to my friends. The man owned his own house. He demanded my time. He wanted me to visit him every Friday and whenever there were school holidays. When I didn't want to do that, he told me to bring back all the things he had bought me. I was so afraid of him. I was afraid that if I broke up with him he might kill me.

On the other hand school continued and she passed Grade eight. She changed schools and went to Injoloba Secondary School. She had no friends in her class except for one who had been her friend at primary school. Although she wished she had more time with her friend, at break time she would stand up and leave without telling her where she was going.

She followed her all over until she realised that she was not interested in her. As such Bongekile stayed alone in class during break times until other learners joined her. They ate their lunch together.

Her relationship with the working man continued. He introduced himself to Bongekile's parents. She thought her parents were going to be mad at him but instead they were happy about his relationship with their daughter because they were going to get *lobola* (bride price in Zulu Culture which men pay to get a wife). He paid the amount that her parents requested in preparation for lobola and brought pre-wedding gifts and sent them home. His relatives called Bongekile *uMakoti* (bride). The age difference seemed no matter of concern to her.

“I was fifteen years old and he was twenty-six.”

The man demanded all sorts of things from her:

His demands were met. I did not want to lose my virginity but he had power over me. When I visited him he told me that as his Makoti or fiancé I had to satisfy him sexually. I was not happy at all but I did not take any action against him. I did not want to have sex but I thought it was something that needed to be done when you are in a relationship. I did not know what to do. I wished that I could confide in someone, but who? It was so painful. When it was sex time we fought until he got it. I did not want my schoolmates to know about this part of my life.

He never gave up his demands. When she was doing Grade 10 he told her he wanted a baby. But Bongekile refused:

“I am not ready. A baby is not included in my plans until I finish school and find a suitable job.”

“I am working and will provide for the baby,” He responded.

She says:

He continued forcing himself into me. This went on and on. I did not love him anymore. Yet my neighbours respected and honoured him. Some wished that their daughters could also get an honest man who could pay for their daughters.

Dating a born again Christian

Bongekile did not fall pregnant and so she was able to continue with her school. In the beginning of 2003, while still in Grade ten, she met another new admirer: “this tall fit dark guy with bandy legs”. He was new at school and in Grade 11. During break time he sat alone reading a book.

We introduced ourselves. We were both Sotho. The first question he asked me was, ‘Do you understand Sotho?’ and I answered, ‘No.’ He told me, ‘I love you.’

Bongekile fell for the guy:

My heart and mind loved him yet I was not able to tell him so because of the man who wanted to marry me. This new guy kept on asking but we did not become lovers.

When she was in Grade eleven - he was now in Grade twelve – and they were both doing commerce subjects. By the middle of Grade eleven Bongekile could not take it anymore with the old relationship. She longed for a way to quit but it was a dead end.

Unlike the old sex exploiter, the Grade twelve boy was a born-again Christian. In comparison with herself, Bongekile says:

“I was just a Christian. I gave myself time to ask him questions about being born again.”

But she was already a fly in a spider web because of the old man who paid lobola. She wanted to become born again herself but she remembered her primary school teacher talking about born-again Christians:

“They don’t fall in love unless they have decent and Godly plans in place.”

The Grade twelve boy persuaded her:

“I am not going to jolly with you. I have these big dreams about us.”

She was sure this guy really loved her and though she loved him too, she still did not tell him. He shared the Christian rules with her that you don’t have sex before marriage. This made Bongekile feel guilty and not worthy because she already had sex with her fiancé. But he assured her that even though she had sex before: “If you accept Christ you are a new creation. He cleans all our sins.” This assurance of salvation gave Bongekile hope and she tried to end the other relationship but the man refused to quit.

There is a time to hold back and there is time to let loose. By September 2005 Bongekile says:

I could not hold myself back any longer. I told him that I loved him. I did not care what other people thought about me. I told him, ‘Your love is killing me.’

Thus their relationship started. However, the matriculates' were busy writing trial exams so they never spent time together.

Teenage pregnancy

During the December holiday Bongekile suspected that she was pregnant. In 2008, the Department of Basic Education in South Africa commissioned a desktop study *Teenage Pregnancy in South Africa, with a Specific Focus on School-Going Learners* to document, review and critically analyse literature on teenage pregnancy with a focus on school-going adolescents. The study analysed both the prevalence of teenage pregnancy and its determinants. Mrs. A.M. Motshekga, Minister of Basic Education in her presentation of the report (2009:3) asserted:

South Africa has made significant progress since 1994 towards achieving gender parity in basic education. In fact, we have gone beyond achieving gender parity, to the extent that girls now make up the majority of enrolments in secondary schools.

However, she reckoned that pregnancy is amongst the major concerns that pose a serious threat to gains achieved in public schools thus far. She added:

Teenage pregnancy undermines the Department's efforts to ensure that girl children remain in school, in order to contribute towards a quality life for all, free of poverty.

In their findings Panday, S., Makiwane, M., Ranchod, C., & Letsoalo, T. (2009) revealed that teenage fertility in South Africa has been declining over time. Declines in overall fertility rates have been attributed to, amongst others, increased access to information on reproductive health and rights and improved contraceptive use. However, Panday (et al 2009: 3) expresses concern that despite the reported decline in teenage fertility rates, the high proportion of unintended pregnancies for teenagers in South Africa remains a serious problem. Pregnant teenagers face serious health, socio-economic and educational challenges. The study shows that learner pregnancies are more concentrated in the provinces of Eastern Cape, Limpopo and KwaZulu Natal. It states that learner pregnancies are higher in schools located in poorer

neighbourhoods. Like many other girls Bongekile from a poor neighbourhood in KwaZulu-Natal was not spared from the experience. She says:

It was a stressful time. By the time schools were about to open, the symptoms in my body said it all. What stressed me the most was that if I happened to see the one I loved again, how would I tell him that I was carrying somebody else's baby? How was he going to react? I did not care anymore about my fiancé. I did not love him anymore.

She told her fiancé that she wanted to quit the relationship. He told her parents and her mother was on his side. She said:

You were the one who brought your fiancé home and you should be able to handle everything that comes your way. We do not want you to have another man.

The forced relationship ended with Bongekile's teenage pregnancy and on 26 March 2005 she gave birth to a baby boy.

In December 2005 Bongekile's family moved to Tumbleweed. After her son was born, her boyfriend encouraged her to go to his church:

I did not find it interesting as it was not in line with what I had experienced in my own church - singing and joy. He encouraged me until I took courage to become a born-again Christian. I chose his style over my family's style. I joined his church. Everybody in his church loved him, especially women. He introduced me to his extended family. His parents had passed on. We did almost everything together. Every time when we met, he told me that he was going to marry me.

However, he warned her not to let anyone know that they were in a relationship. Although Bongekile cooperated she wondered that he loved other women so much:

He often chose them over me. When we came from church one night, there were two other girls. He dropped me at home and continued with these girls at night.

She adds:

One day I went to meet him at Hilton where he was staying. Our transport did not come so he fetched the car to take me home. Another girl from the same church arrived and he asked her to accompany him after dropping me off. I was so angry that day. This continued. This hurt me but I ignored the feeling because I loved the guy. I supported him through everything. I told myself that he was my future husband. I confronted him. He responded, 'You need to trust me. I do this as I don't want people to know about our relationship.'

She did not dump her fiancé but he could see that she was far away:

My new boyfriend asked me about my previous relationship. I told him that I was no longer interested. He confronted my fiancé and asked him about his plans. My fiancé told him that he was planning to marry me.

On hearing this, the new boyfriend dumped her:

He dumped me and went to do his own thing. But he came back and I accepted him with my heart. Sometimes he would dump me and say, 'I just need space.' He told me that he wanted to reconnect to God.

Abducted by a traditional healer

Bongekile's love life became unstable. What complicated the matter was that she did not love the man who impregnated her. Rather she loved a young man whom she met at school. Although the young man accepted her pregnancy and pledged his continued support, there were times in their relationship that were turbulent. She tried to conform any way. She says she joined him in his church despite its contrary worship style. She was quite disappointed to see that the pious man loved other girls as well. Thus they could break up and reconcile. During these break-up periods, she used to do what she calls "off line" things. For example, she fell for a prophet, a traditional healer. When she reconciled with the young man and wanted to dump the prophet, the prophet threatened to kill both of them:

My man came back again I ignored the prophet but the prophet did not take to my style of ignoring. The prophet threatened to kill us. He showed me a gun that he said was illegal. I was so scared yet told him that I was not going to leave my husband for him. I used to call this boyfriend of mine 'husband' because we would marry some day.

She was traumatised by the sight of a gun and the fact that he was threatening to kill both of them. She remembers the day when she met the prophet at the shop and they walked together:

That day the prophet forced me to go to his house. He threatened to beat me in the road. To save my dignity, I went to his house. I was crying. He locked the door. I could not sleep. He asked, 'You really love this boy?' I said, 'Yes,' and he responded, 'Hmm, sorry about that because he will never ever get you.' I begged him to let me go. He refused. In the middle of the night there was a knock on the window. He went to check.

I couldn't hear what they were talking about. They talked for a long time. When he returned he said it was someone who wanted *muthi* from him. In the morning he opened the door and I went home.

When she arrived home she found her boyfriend carrying her son. I cried as he hugged me and told me to get ready for work. He would take me. However this abduction messed things up:

After this abduction, he did not pay much attention to me. He spent his spare time with the other girls. When I phoned him and asked him to see me he promised but didn't arrive. I often saw his car parked outside the home of girls who no longer stayed with their parents. Yet he still told me that he loved me.

Betrayal

They worked at their relationship and things improved. They promised each other to be faithful and trustworthy. She believed they had passed through the valley of the shadow of death and she prepared to marry someone she created a mental picture of a happy family until one day:

One day, as I was coming from a friend's house, a car stopped. There was the prophet with other people. They offered to give me a lift and I jumped in. Just then my boyfriend phoned. I did not take his call. He kept on phoning until I couldn't ignore his ring. He asked, 'Where are you?' Before I could answer this prophet spoke to one of the guys in the car and he recognised his voice. I tried to explain but he ended the call. When I reached home I tried to call him. He did not answer. I kept on trying until his friend answered and said, 'He has gone to the University of KwaZulu-Natal.' I called him again one night, and the same friend said he has not returned. I had frustrated him.

She tried to mend the hurt but it never worked. She says that one morning in May 2009 she called him again and finally he answered:

"I hate you. Don't ever phone me again and please accept that I don't love you anymore."

She begged him to fix things but he refused to come back. He made it clear that it was over:

I cried day and night. I requested leave from work but the boss did not allow this. I wanted to talk to someone but who? I wanted him to help me heal. He told me not to phone him anymore because his new girlfriend would not like it.

What was even more hurting was the betrayal of trust she had in her friend. She confided in a friend whom she had hoped would listen with compassion; but instead:

She talked about my story wherever she went. Everybody knew that I was being dumped. Everybody blamed me. My family told me that I was not the first one and not the last to be dumped. I needed someone to tell me that things were going to be fine, that things will go back on track. Whenever I sat alone I cried.

Meeting a "Good Samaritan"

Bongekile continued to grieve the loss of her relationship. Collins (1988:345) argues that grief is a normal response to the loss of any significant person, object, or opportunity. He adds, "Grief

is an experience of deprivation and anxiety that can show itself in one's behaviour, emotions, thinking, physiology, interpersonal relationships, and spirituality." Bongekile lost someone of value and she was faced with the emptiness and difficult task to readjust to life without her boyfriend. Every time she went to Pietermaritzburg she would make sure that she went past his house, just to see the walls. She called him using a private number just to hear his voice. She longed to talk to someone who had grown spiritually, and mentally. To deal with her grief, she contacted a pastor who seemed open to her and related the whole story. The pastor comforted her saying that the relationship was never meant to be. He advised her to "Forgive him." He encouraged her also to make peace with the loss. He told her boyfriend to meet with her so that they could have closure:

"We met. He said, 'I never promised to marry you. Don't be selfish. Give others a chance."

These words hurt her although he asked her to forgive him, but she says:

Deep in my heart I did not forgive him. Instead it was as if he had stabbed me in my heart with a sharp sword." However, the pastor walked with her and she became more committed to Jesus even though her 'heart was sore.'

Exploited by the pastor

The news that her ex-boyfriend was getting married devastated Bongekile. The pastor told her that her ex-boyfriend was getting married on the 12 December. She pretended to be fine. She phoned him to verify and he agreed and told her not to phone him again because his wife did not like it:

Just those words made the pain worse. That December I wished to die but suicide was not going to help. He was going to live a happy life, while I left my son suffering with no mother. I wanted to be strong but I failed. I was studying but I dropped out.

In her longing for comfort she engaged in other relationships:

I wanted somebody to love me. I found a new boyfriend. I loved him but I was not satisfied. We broke up. I found another one. We broke up.

When all this was happening, the pastor never gave up supporting her:

“The pastor was walking with me, comforting me, keeping me busy.”

It is said that you cannot prevent a bird from flying over your head but you can prevent it from building a nest.

It seemed the pastor allowed the bird to build a nest:

He took me out for drinks and ice creams in restaurants and told me. ‘You are beautiful. You are a real woman. Your ex-boyfriend is going to miss you.’ The pastor hugged me whenever he told me these things. One day he kissed me on the cheek.

I was not okay with it but could not resist. The following time he gave me the warm hug and he kissed me again.

She struggled with a moral question: “What about his wife and children?” To show the depth of the moral and spiritual injury she asserts:

I did not care. My only concern was Jesus and God whom he preached about in church. The God who hates sin, the God who said adultery was a sin. I became confused. I was not sure if God really existed, if people who called themselves children of God acted in this way, never quit church.

The above quote demonstrates how she was morally and spiritually injured. She could not reconcile the God whom the pastor preached about in church with what he was doing to her. And yet she still continued with him. She talks about the pastor taking her wherever she wanted to go.

The pastor became possessive of her. They continued with their love affair until the pastor became jealous:

The problem began when he never allowed any man to come near me, he never said it with his mouth but his actions said it all. If a man talked to me in a friendly way he would approach, give me his car keys and send me somewhere.

Bongekile adds:

My prayers became weaker and weaker; I took only my body to church but mentally I was not there. If I decided not to go to church he would come and pick me up. I felt like the world was too small. I did not want to cause trouble between him and his wife.

I tried to quit church but failed. I believed that Jesus was going to rescue me and I prayed, but he never did. I kept on believing that Jesus was alive and saw what was happening to me. I thought that what was happening was meant to happen because everything happens for a reason. The whole thing that was happening made me doubt that there is an honest and perfect believer and told myself that I might as well do anything I like, there is no such thing called sin.

Whatever she had believed was morally and spiritually correct, her values against sin, were eroded during this relationship.

Rejected by the Church

Bongekile never imagined her behaviour would lead to rejection from church members.

I told myself to commit myself to church activities and I did so but church members sidelined me. Church members were invited to join the worship team and I availed myself to join it. They only called me once and after that nobody told me that I was not part of it anymore. They did not tell me when there were worship team practices. When there were women's gatherings everybody was given a task.

Although she was eventually given a task but hers kept her out of the way. She says:

I drove the pastor's car, taking people to church and fetching and carrying. They even called me out of church to go to the shop. They kept on telling me Jesus would bless me. At work they cut salaries. Stress went up and up.

Finding a married man brought more stress than relief. On the other hand she still missed her ex-boyfriend.

Coming Home

Bongekile needed healing from her traumas. Kaminer and Eagle (2010:105) assert that there are three main forms of widely used group psychotherapy for trauma. These are psychodynamic, cognitive behavioural and supportive. The main benefits of group therapy lie in the support that such groups can offer (beyond that of the therapist and existing networks) and the degree to which they aid in the reduction of stigma by facilitating the sharing of common experiences and reactions. One of the powerful means to healing in group therapy is normalisation. Kaminer and Eagle say that "Normalisation of trauma reactions is very powerful in group therapy, since members find that they can identify with others' accounts." They add that in some cases relational networks are created that are sustained outside of therapy. This is what happened with Bongekile.

In 2009 I invited her to the Trauma Healing Project with the hope that she would join the research participants. She did not know what the project was really about but had a slight idea that it was about healing. During the Stress and Trauma Healing workshop Level 1, she says:

I was given a platform to share my story in a group of five people. They first shared theirs and I listened. They were carrying heavy loads and I was scared to share mine because I had the feeling that they were going to say that my story was a familiar story and everybody goes through that. It was eating me up. In the end I shared my story.

Contrary to her fear, everybody listened:

"Nobody judged me. I cried but instead of the burden getting heavier it grew lighter."

Besides offloading her burden, she also found friendships:

I made real friends who walked with me; People who called me and encouraged me. After stress and trauma healing workshops we had debriefing meetings where we checked on each other, how have we been since we last met. That made the healing journey easier and faster. We could discuss our challenges and successes. The relationship grew stronger, we became a family.

Although she experienced rejection from the church whose pastor was in love with her, she experienced a different kind of family at the Trauma Healing Project. She gained momentum with each and every time that passed.

She is grateful she joined the project as a research participant:

I am so grateful that I got an opportunity to attend the Stress and Trauma Healing Workshop. After attending the workshop I understood that there is no big and small story. I realised that every story needs a listener and everyone needs to be taken seriously when sharing a story. I was very happy when we were given an opportunity to be trained as stress and trauma facilitators.

One of the benefits from the Project was that research participants received training to facilitate stress and trauma healing in their communities, in the language they are comfortable with. Thus Bongekile was trained as a trauma facilitator. She says:

“Today I am a stress and trauma facilitator. I can see where I am going. I am able to help many souls out there.”

I bear witness to Bongekile’s assertion because I have facilitated Stress and Trauma workshops with her in different communities of KwaZulu-Natal as consultants and each one of us was being paid three thousand three hundred Rands per three-Days workshops. She continues to get hired by organisations to facilitate their workshops.

During the process of trauma healing one of the things we dealt with was grieving or mourning the losses we have experienced in our lives. Besides the loss of virginity and other losses Bongekile had a task to mourn the loss of her boyfriend whom she had really hoped could marry. Towards the end of 2010 her ex-boyfriend phoned asking if he could see her:

He came to say that he still loved me. He made a mistake by rejecting me. I loved him, but could not allow him to come to me because I thought that he wanted to destroy me emotionally, to fool me.

Her sense of agency was loud and clear. She was able to assert herself and say no. She valued the measure of healing she had experienced and refused to expose her heart to another injury. During 2011 she picked herself up. Her new family (of Trauma Project Research participants) supported her. She acknowledges:

“The guys at the Stress and Trauma Project became my closest friends. They believed in me and encouraged me.”

When funding started dwindling at her organisation, Mpophomeni Gender and Paralegal office she started marketing her catering company which she had registered in 2007. Although competition was tough, she pressed on. She says:

“My new friends or family from Stress and Trauma were the first ones to support my business.”

It is encouraging to learn that Bongekile started as a farm girl who could not afford anything at school and had to start engaging boyfriends in order to have her needs met. All these years she has been exploited by boyfriends even older men like the one who paid lobola and finally the pastor because they were able to provide for what she could not make herself. But now after dealing with her emotional and spiritual obstacles in her life through the Trauma Healing Project and other support systems, she became a business woman, self reliant. As such she was able to say no to her ex-boyfriend who turned around after a long time of rejecting her. This recovered her humanity through the love, care and support from her new friends. Not only did she regain momentum to start a business, but she decided to further her education:

Towards the end of 2011 I submitted assignments to Damelin College where I had been studying in 2009, but it was too late. I should have finished the course in March 2011. My course had expired. I told myself that I was going to try again and give it all my time.

The sense of urgency in Bongekile cannot be denied. To meet her needs, she started baking cakes and sold them to school children. This kept her going when the economic problems at her work place were mounting. She wanted to go back to school and register for tertiary education but funding at work was becoming scarce.

Now she is studying social work with the University of South Africa (UNISA). It does not get better than this. She has found a new job with the AIDS Foundation and is stationed in Mpophomeni. As if this is not enough, Bongekile has recovered from moral and spiritual injury. She has begun trusting in God again after a crisis of faith especially after she fell in love with her pastor and when she was rejected or sidelined by church members in a worship group:

I still hope and believe that Jesus is alive and he is the provider at all times. I believe that he will provide for my tertiary education. God has become my strength. I read the Bible more and more; my faith has been rebuilt. I dedicated my life to God. The Stress and Trauma Workshops helped me realise that I am unique and am to be listened to. I also found a new family where I am able to express my feelings and where I belong. It is true. Life goes on. I have come home.

She ends her story with a poem:

My Family

I felt it, I experienced it.

I saw you, I was not sure

Whether should I trust you

How could I not trust?

After being prepared to trust?

I had a burden I wanted to flush away

Today I thank myself for trusting you
You laid a foundation in my life
You walked with me. You carried me through
You never forced me to forget while I could not
You never imposed advice,
We worked it through together.

The love you have shown me grew. It's endless.
Today I call you family and indeed you are my family
Through the sessions we engaged in,
I have learnt from you my brothers and sisters.
Through the process I have learnt
That forgiving is not about forgetting.
Forgiving is the process of letting it go and moving on
Letting it go doesn't mean that you are a coward
It simply means moving on.
Today I know a wound has healed
I can touch it without feeling pain.
But scars remain
I love you my family

Bongekile Motaung

5.4. The Life Narrative of Nokwazi Chiya

Born and raised at KwaMpumuza location in Phayiphini, a rural area under Chief Nsikayezwe Zondi, Nokwazi is the eldest, of six children, three girls and three boys. She was born on Sunday, 16 August 1970 at Edendale Hospital. She grew up in an extended family home on her maternal side. Nokwazi grew up not knowing her father and nobody said anything about her father. She felt it was not her space to ask for him. She was happy and accepted life as it was. In a space between 2001 and 2007, Nokwazi lost many loved ones through death from grannies to aunts and uncles to fiancés. Carlson and Ruzek (n.d.) in their article, *Effects of Traumatic experiences*, point out that people who go through traumatic experiences often have symptoms and problems afterwards. How serious the symptoms and problems are depends on many things including a person's life experiences before the trauma, a person's own natural ability to cope with stress, how serious the trauma was, and what kind of help and support a person gets from family, friends, and professionals immediately following the trauma. The losses shattered her belief in God and though a Christian, at one time she was so angry with God that she gave up going to church for two years and to anyone else who talked about church, she would swear. Coming back to God needed some intervention which she found on the Trauma Healing Project.

Survival in grandmother's house

Nokwazi lived in a four-roomed mud house. Her grandmother, the well-known *Umthandazi*, was still strong by the time Nokwazi grew up. She was the sole breadwinner. Together with her uncles and aunts there were twenty of them in the same house. During the day they shared one room, the kitchen. Her uncles were guitarists so their friends came home to play the guitar. Some stayed over for weeks or months, sharing the bedroom:

Imagine what I had to do when I came from school. I had to fetch water from the stream far away and wood from the forest. There was no electricity.

I cooked for the whole family. All the house chores sat on my shoulders yet I enjoyed every bit of it. My grandmother relied on me. We faced challenges and came up with solutions.

During the festive season she had to make sure that the house was neat and tidy. She had to *bhanda* (plaster) the house with different colours for different years and fetched the cow dung from people who kept them. At one time her mother and aunt were pregnant at the same time and this meant every house chore was to be done by her:

My grandmother was helpful though she was strict, getting annoyed easily if the chores were not done perfectly. If we did anything wrong, she shouted and swore while walking up and down the yard saying: 'I am tired of you and your mothers must take you to your father's house.'

Unlike grandmother, her grandfather was nice and did not side with her. Nokwazi acknowledges that although grandmother was strict and short tempered, she was good in that she would prepare lunch for them when they came from school.

Nine years later, in 1979 their family situation changed. Her mother found work as a domestic worker and she left the six siblings with granny. She says:

My aunt and my uncle also found work. God had answered my granny's prayer. She wanted to be treated like a queen. Suddenly things turned. My aunt and uncle left the house to stay with their lovers. So my mum, the only one left at home, she had the responsibility of raising us all as my aunt had left her two children behind.

These two children started drinking and thus showed disrespect to their parents, especially the granny as she was the most recognised *Umthandazi* and was treated as such at church. "Granny began to treat my mum as the only child who was with her through thick and thin." Even her grandfather felt that her mother was the only child who respected him.

Meeting her “alive but absent” father

Nokwazi saw her father for the first time when she was six years old. Studies show that South Africa has one of the highest rates of father absence in the world (Richter et al 2012: 2). Statistics South Africa (2011) reports that only about a third of South African pre-school children live in the same homes as their fathers and mothers. Using data from several national household surveys, Posel and Devey (2006) estimated that fifty-five percent of rural Black African children (age fifteen years and younger) in 2002 did not live with their fathers. Data from The Africa Centre Demographic Information System (ACDIS) of demographic and health data in eleven thousand households in northern KwaZulu-Natal provides detailed longitudinal data about the social and residential arrangements of biological fathers and children; it came up with similar findings (Hosegood et al., 2007). Hill (et al 2008) in their study *Children’s care and living arrangements in a high HIV prevalence area in rural South Africa* conducted in 2005 indicated that fifty-one percent of the twenty-two thousand seven hundred and thirty-two resident children with living biological parents (non-orphans) lived in a household where their biological father was not considered to be a member. And of the forty-nine percent of children whose fathers were considered to be a member of the household, forty-four percent of these children were not co-resident with their fathers because the father was living primarily somewhere else (i.e. he was a non-resident household member).

Richter (2012:2) reports on International research and some studies from South Africa which indicate that children whose fathers are present achieve better at school, have higher self-esteem and are more secure in their relationships with partners of the opposite sex.

The presence of the father does not benefit children only but the mother as well. Richter (et al., 2011) argues that women, who are supported in stable bonds with men experience lower levels of family stress, are less likely to suffer mental health problems and derive greater satisfaction from their roles as mothers. She adds that men not only contribute to women’s wellbeing and happiness, but in several studies men have also been found to buffer children against neglectful or harsh parenting by a distant, demoralised or overburdened mother (Martin et al, 2010).

Nokwazi missed out on the above benefits because her father was alive but absent. He only pitched when she was six. However, uncle and grandfather told her about him:

Your mother was engaged. After the lobola was paid he started cheating and your mother called off the wedding because your father was behaving like a monster. He beat her for nothing and called her names. Mum told her parents. They called the *abakhongi* and told them the story that my mum was not happy at all, and she didn't want to say [the vows that] 'I do.'

When she was six, a man pitched up and bought her a bicycle. She says:

Nobody told me that about this man but I heard my granny swearing at him. She called him names saying, 'You are here today to bully my child and I won't tolerate that.'

Her father responded:

"No ma, I'm not here to fight your child. I'm here to see my children."

He was not allowed to see his children. On hearing the direction of the argument, Nokwazi ran inside the house and told her uncle about the fight. He came outside of the house and smiled:

"Hey, my brother-in-law, but how are you?"

He told her:

"This man is not a stranger. Actually he is your dad."

When she heard this, Nokwazi says:

I was so confused. I didn't know what to do. He gave me the bicycle and I was so happy. What came into my mind was that he was a caring person. We talked and laughed and there were those hugs and kisses. I was so happy to tell everybody about the bike.

First traumatic experience

Nokwazi broke her leg. When her mother came from work her granny told her the story. She freaked out when she heard how Nokwazi had reacted when she saw him:

“She called me and told me, ‘Do not play with that thing. It comes from that devil.’”

Like any other naughty child, Nokwazi and her siblings used to ride the bike when her mother went to work. But tragedy was crouching around the corner:

One day I fell from the bicycle and fractured my leg. I ended up in hospital for six months. That delayed schooling so I only started school when I was seven years old.

She was such a bright girl at school:

I was the clever one, number one, the favourite of all the teachers. Whatever they asked I came up with the right answers. Some of the parents of friends were not happy saying that I was always on top but didn’t help their children.

She talks about one incident:

There was one incident that I won’t forget. I was doing Standard two when my friend Philile (may her soul rest in peace) said to me, ‘You know what my friend, I will buy you a pair of shoes when my daddy takes me to town if you can let me be number one in our class.’

Since she knew that her dad always bought things for her she agreed. She says:

Though I knew all the answers, I left my exam unfinished. Philile kept her promise and on Christmas her mother bought me a beautiful dress. We were best friends.

They were in the same class until Standard five before they went to different schools. But they managed to see each other every day. Life at her new school was quite lonely.

At my new school I didn't know anyone and the school was far from my home. By the grace of God I coped and I was there till I passed Standard eight.

Many deaths

Nokwazi experienced many deaths of her loved ones. In 1987, while she was in Standard 8, her grandfather became sick and by the end of that year he had passed away. She says:

I can tell you I never felt so empty in my life. I was coming from the store to collect my school report when he called me and my uncle said: 'Look after your granny.'

She longed to show him her school results but this was not going to happen:

Before I could tell him that I had passed, he closed his eyes in front of us. I rushed to call granny but by the time she came he was dead. People came to sympathise with the family.

Her life was never the same:

My life was so empty without him because he was like my friend. We mourned for the whole year and my granny wore that black dress for the year. After the year passed we did the cleansing.

She adds:

By the grace of God, though we were poor, the cow was slaughtered on a Friday and the people came to celebrate.

The death of her granny knocked a very significant attachment in Nokwazi's life. McCall (2004:34) states that everyone has numerous attachments that make up the web of real life. These attachments, connections, and relationships help to define and shape who we are. She adds that we define and shape who they are. When any of these positive or needed attachment, connection, or relationship is threatened, or becomes separated, or unattached, we experience loss. And our response is grieving. Collins (1988:345) acknowledges that this

grieving is never easy. We may try to soften the trauma by dressing up the corpse, surrounding the body with flowers or soft lights, and using words like “pass away’ or “departed” instead of “died,” but we cannot make death into something beautiful. Nokwazi struggled to come to terms with this loss. Collins (1988:349) is right that grieving is always difficult, but it seems to hit some people harder than others. Nokwazi was really knocked down by the loss of her granny, who according to her was her best friend. Collins (1988:349) emphasises that grief is so unique and individualised that we cannot list typical grief reactions that apply to everyone. He argues that griever differ in their personal needs, typical ways of handling stress, willingness to admit and express feelings, abilities to face the reality of loss, closeness to others who can support one, personal views about life after death, degrees of flexibility, and skills in coping with crises. In the case of Nokwazi some rituals had to be performed to facilitate the grieving process. Collins states that most if not all cultures have socially sanctioned ways of meeting needs at the time of bereavement. These social mores are built around both religious beliefs and practices and the racial or ethnic backgrounds of the griever.

Lament over new school

A year passed since the burial of granny. Nokwazi had finished Standard 8 and she needed a new school. So she spent the following year “up and down looking for a new school” as the previous one did not have Standard 9. She found a place at a nearby high School called kwa Laduma. The first time she attended the school, she “burst into tears. There we no toilets and there was no tap water and everything was upside down. The school had no fence.” In spite of the poor conditions she managed to study and passed. Besides school’s poor conditions, it was also the time of political violence between Inkatha and United Democratic Front (UDF). Levine (1999:12) states that Pietermaritzburg was mostly affected by political violence in the late 1980s to early 1990s culminating to the Seven Day War in 1990 between African National Congress and Inkatha Freedom Party from Sunday 25 March to 31 March 1990.

Among many traumatic events which were experienced, the Seven Days War yielded enormous damage in the Greater Edendale Valley, where both Nokwazi's home and school were located. Although many isolated incidents were happening during the time of political unrest, the Seven Days War was an event of enormous public significance. Many losses were accounted for. For example, Levine (1999):12) states that, "Over one hundred people were killed, a large number of houses were destroyed by fire and approximately twenty thousand people fled their homes as a result of the violence." Many local residents were internally displaced and became refugees in their own communities. They experienced losses, and many suffered multiple traumatic experiences. For those who were forced to flee their homes and communities, separation from spouses, children, and other family members was common.

In spite of the traumatic environment Nokwazi persevered with her studies until she fell pregnant.

Fiancé's death

Nokwazi fell pregnant and in 1990 she gave birth to a baby girl. She says her life changed:

I had to take care of the child though I also needed attention from my mum. I broke up with her father then met someone else. I fell in love again. Two years later, I had my second child, a boy.

The coming of two children was followed by pain:

Things went smoothly between me and his father until 2001 when he passed away. I lost my fiancé after a long illness that put my life on hold. He was the pillar of my strength and I relied on him for everything.

Collins (1988:348) argues that "it is almost axiomatic that the intensity of grief is determined by the intensity of love." He adds that the closer the relationship between the griever and the deceased, the greater the grief.

Grief even becomes more complicated if the griever was very dependent on the deceased. Nokwazi says: “He was the pillar of my strength and I relied on him for everything.” Nokwazi’s statement that “I lost my fiancé after a long illness that put my life on hold” is suggestive of dysfunctional grieving. According to McCall (2004:114) dysfunctional grieving is made up of a combination of thoughts, feelings, and actions that are not working productively toward recovery. In other words, dysfunctional grieving is a significantly disordered or impaired grief response. McCall adds that it is this non-productive response that often indicates significant barriers to the recovery process, and these barriers keep the person stuck in grief.

Traumatic death of uncle

While Nokwazi was struggling to return to former functioning before the losses of her granny and fiancé, more deaths entered her world. Four years later, in 2004 she lost her uncle in a tragic incident. In 2006 she lost her grandmother; she was eighty-nine years of age. She says:

But that shattered my dreams a lot because when I lost my fiancé she [grandmother] was my mentor and she is the one who taught me the word of God and to be responsible. In that same year I also lost my best friend who was like a sister to me. I recalled how I gave her the first position. My friend had come back from Durban because she was so sick.

Besides her fiancé, her uncle and granny were the most influential people in her life and losing both was traumatic enough.

She counts her losses:

Between 2001 and 2007 I had faced so much loss - a friend, uncles, aunties and my granny. All these deaths drew me closer to God. I found my love for people increasing as I cared more about those still depending on me.

Nokwazi gathered herself together and moved on:

Life goes on because I had to raise two children now. Keeping the family tree alive and raising children on my own fell on my shoulders. I found a job at Spar and I managed to take care of my family.

Carlson and Ruzek (n.d.) argue that most trauma survivors are not familiar with how trauma affects people, they often have trouble understanding what is happening to them. They may think the trauma is their fault, that they are going crazy, or that there is something wrong with them because other people who experienced the trauma don't appear to have the same problems. Survivors may turn to drugs or alcohol to make them feel better. They may turn away from friends and family who don't seem to understand. They may not know what to do to get better. Unlike turning to drugs or alcohol, Nokwazi in the midst of her losses, when it was the darkest in her life due to deaths of many family members says:

“All these deaths drew me closer to God.”

Nokwazi's response to traumatic loss is not a unique stance; Knapp (1987) in his study of grieving parents found that seventy percent turned to religion for answers and comfort. The study also revealed that even those who previously drifted away from the church and many who claimed to be agnostic eventually sought solace in religion and remained with their new beliefs long after the initial pain of death had softened. In comparison with those who ignored religion, the study showed that people who turned to God were better able to deal with their losses. However, Collins (1988:348) argues that when a griever has no religious beliefs or refuses to consider the claims of Christ, there is no hope. As a result of no hope, “the pain is greater, the grieving may be more difficult, and presumably there is greater, potential for pathological grief.” Nokwazi's losses brought her closer to God. While some people drift away from God because of tragic loss of even one person, Nokwazi acknowledges the presence of God in her predicament:

I saw God as the creator who needs to be praised all the time and that everything happens for a reason. There is scripture in the Bible that says: ‘I knew you when you were

still in your mother's womb and I counted your days.' Who am I to question Him? I love God more than anything and know that through Him everything is possible.

While her faith sustained her in times of losses, she acknowledges she was wounded emotionally. She says:

Before I attended the Stress and Trauma Healing Workshop I thought I had dealt with my past, not knowing that I was only covering the wounds.

She met some good advisers who told her: "Be a good listener. If all those things didn't happen to you, who did you want them to happen to?"

But instead of healing, their words made her to repress her emotional pain.

Finding and losing another lover

Nokwazi enrolled for computer studies. Her mother encouraged her to study computer skills thinking it would be easier for her to find a job. The college offered a one-year computer course and everything ran smoothly:

It was like home as everybody was friendly. My daughter turned two and her granny gave me two hundred Rands to spend on her birthday. I took cake and sweets to the aunties at the crèche who gave a party for her and even took photos. The students at my college were happy to see my daughter's pictures.

She met an admirer. She says behind her sat a guy who was doing his work quietly on the computer. He came to me during our lunch break and said:

"It is unfair, how can you show everybody your daughter's photo but not me?"

One of her friends answered: "Sorry we did not know that you were interested."

So she showed him the photos. Nokwazi describes how the guy hooked her:

A day or so later we went to the shop to buy chips. He asked: 'Can you please wait for me after school? I need to speak to you.'

On their way back to the classroom they met in the lift and talked and laughed about the weather. On that day she rushed home to do the ironing so she did not wait for him. The next day she was with her mother and hardly had she said goodbye to her mother before the guy greeted her and asked if there was any problem about what he had asked her to do.

She knew the guy was seeking her love but she was scared to get involved again after the death of her fiancé. Finally their relationship began and when time came for him to introduce her to his parents in Mooi River, Nokwazi lied to her parents in order to hide her new relationship. She told her mother that she was going to a wedding in Underberg and her mother bought her stuff so she could look good. She asked her to bring her a piece of wedding cake on her return and Nokwazi agreed. Meanwhile she went off to Mooi River where her boyfriend was living with his parents:

I met his mother and siblings and the father was around. They all loved me. We shared jokes. He took me to his other relatives. It was my first time on that side of the world. On Sunday we came back. I remembered the cake so he bought a fresh cream cake at Pick n Pay. I told my mum, 'The wedding cake was finished and only the cream cake was left.' My mum smiled.

She violated the morals she was brought up with resulting in guilt, shame and regret. According to Litz (et al 2009) "Guilt is a painful and motivating cognitive and emotional experience tied to specific acts of transgression of a personal or shared moral code or expectation. She argues, "Guilt, unlike shame, is associated with a decreased likelihood of participating in risky or illegal behaviour and often results in the making of amends." Not so with Nokwazi, she fell pregnant from that visit and did not know how to tell her parents:

I told my boyfriend that I had missed my period. He laughed: 'Don't worry, my dear. I will support you all the way.' We went to the doctor at Howick and the result was positive. He

was so excited but I was confused. What was my mum going to say after all the effort to get me a good education? I was angry with myself.

She had an opportunity of “making of amends,” but it passed her by. Later her boyfriend asked her to go with him to his uncle’s house at Hammarsdale. Another opportunity presented itself, but she says:

“I lied to my mum about a sick friend whom I needed to take to her home.”

Her boyfriend told his mother the news about Nokwazi’s pregnancy and she responded:

I will tell your father. We need to meet your girlfriend’s family.’ His granny was so happy. Her dying wish was to see a grandchild.

She felt so ashamed of herself for falling pregnant. Lewis (1971) points out that shame involves global evaluations of the self along with behavioural tendencies to avoid and withdraw. Litz (2009:699) adds that shame results in more toxic interpersonal difficulties, such as anger and decreased empathy for others, and these experiences can, in turn, lead to devastating life changes. Nokwazi turned anger towards herself. Generally, research has shown that shame is more damaging to emotional and mental health than guilt (Tangney et al 2007). Thus according to Litz (et al 2009: 699) consequently, shame may be a more integral part of moral injury. Nokwazi experienced moral injury. It is a culturally, socially, morally and spirituality acceptable norm and value that a woman should fall pregnant while she is married and it is a shame to a woman and her family if she is pregnant out of wedlock. Even the child to be born gets despised. That is why Nokwazi, upon realising that she is pregnant, talks to herself:

What was my mum going to say after all the effort to get me a good education? I was angry with myself.

In time the families met. Her boyfriend paid “all the damages” [when a man impregnates a woman out of wedlock, he is asked to pay ‘damages’]. After this process he was accepted by Nokwazi’s family as a member of the family.

In spite of the lies and pregnancy she passed her exams and graduated with a diploma.

Third child

The following year, on 10 August 1994, she gave birth to a baby boy at Grey's Hospital. She was discharged after three days and their relationship gained momentum:

“Our relationship strengthened every day. My daughter was like his own child.”

He was working at an Engen garage in Pietermaritzburg and when he worked late he slept over with Nokwazi. Then he got a job at Bradford & Company in Durban where he worked and studied civil engineering part-time at Durban University of Technology. He was given all the company benefits and was very supportive and caring, providing what the mother and son needed.

Death of her second fiancé

Nokwazi's fiancé died in 1999. He fell sick and everyone thought it was flu. They took him to Dr Tutu, his practitioner. He tried to help him. In the year 2000 the doctor called Nokwazi's mother informing her that the son-in-law was in a poor condition:

I left home to stay with him in Durban. By that time our son was doing Grade two so I stayed in Durban for two weeks, and then went back for two days to do the washing and other chores at home.

Spiritual Injury

The United States Department of Veteran Affairs defines spirituality as a sense of connection that gives meaning and purpose to a person's life. Any kind of illness or stressful event can

affect how you see the world and others in it. In these situations, you might begin to question your long-held personal beliefs and values. You also might have concerns about your relationships with others.

Louw (2000: 397) adds that the question regarding the relation between God and suffering is central in pastoral care to the suffering. Intense pain creates the impression that God is absent. This is how Nokwazi felt after pleading with God for her fiancé to recover:

I stayed with him morning till night. Whenever I tried to pray my sorrows were flooded in tears. I asked God, '*Ukuthi, why mina?*' [Saying, Why me?] When will I find happiness in my life?

She felt the absence of God. Louw (2000:397) continues to argue that the search for the presence of God in suffering intensifies the question of theodicy. By theodicy he means the attempt to justify God in the light of existing evil. In the beginning Nokwazi tried to justify God and she prayed every kind of prayer but her fiancé died. She asked God questions whose answers she never received. It was very traumatic for her. Louw (2000:397) adds that God's involvement with suffering becomes intensely problematic, especially when the believer confesses God's omnipotence.

On 22 March 2001 he was admitted to St Aidan's Hospital. He was on a drip because he had a running stomach and was dehydrated. Nokwazi pleaded with God for her fiancé's life:

In a relational, contextual view, McCall (2004:31) argues that life begins with the basic assumption that human beings are relational by nature. From our very beginning we are part of a wider relational context and we are dependent on people and environment to survive. When these connections are cut off, even by our own choice, we experience loss. McCall (2004:34) defines loss as an experience within whose context there is always grief.

Loss is separation and disconnection that happens in the process of living an ordinary day. McCall further states that we experience loss when we become separated from that which we care about or to which we were attached. The fact that her fiancé was in the hospital was

already the beginning of loss and separation. Although she had a bit of hope for his cure her spirit sensed otherwise. Grief had already overcome her as she cried to God for her fiancé:

Whenever I tried to pray my sorrows were flooded in tears.

She had already begun to lament the separation. McCall (2004:168) states that the period of lamentation is our experience of wailing in the midst of eternal power, knowing that we are at the same time subject to all the laws of spirit and creation. Thus to lament is to dialogue with the stars, the universe, and the divine. However, argues McCall, continued lamentation without cessation leaves a person spiritually raw and wounded. One runs the risk of living a life with lament. McCall is of the opinion that during the period of lamentation the spirit is an active presence. However, she acknowledges that sometimes the spirit is blocked. Thus sometimes lament turns to dysfunctional action and impaired relationships. According to McCall, spiritual dysfunction would consist of being left in the depths of Sheol or on the cross without corresponding resurrection. Sometimes lament can become so overwhelming that non-spiritual resources are called upon to fill the place of faith, trust, and hope. For example, sometimes the person will use drugs, alcohol, and impulsive behaviour gain a foothold and distract a person from the spiritual grief task of seeking a restoration of their place in creation. Although Nokwazi did not turn to non-spiritual resources like McCall describes, she abandoned her faith for the next two years. She says that on Tuesday 27 March she received a voice message from the hospital that her fiancé had passed away.

She denied:

“This cannot be true. He was not so sick when I last saw him,”

Although she believed that,

Nothing is impossible if you believe in God. Yet to tell the truth [although I thank] *Unkulunkulu* [God] each and every time I look at our child. His father’s death put my life on hold. On 1 April 2001 his body was laid to rest in Howick Cemetery, the saddest day of

my life. I told myself that God did not love me so I broke away from church for almost two years. I did not pray and if anyone mentioned God, I swore.

Nokwazi describes how she felt when she reached the Mortuary:

My heart bled to see him lying on that cold shelf. They gave me the death certificate form to fill in for Home Affairs for without that certificate I could do nothing. By the grace of God I handed it in and closed all his accounts. Every time I went to the offices people said, 'Shame, she is so young to lose her husband.'

She experienced sudden traumatic stress. According to Switzer (1974:33) sudden traumatic stress happens when a specific external event triggers a very rapid reaction of distress, usually involving extreme anxiety or some amount of depression, or both, and some breakdown in functioning. Switzer gives examples of a loss of a job; the loss of a person by death, separation, or divorce; or some other event perceived as threatening. With the death of two fiancés, it goes without saying that Nokwazi experienced sudden traumatic stress.

A return to God

Death of two fiancés knocked Nokwazi down spiritually. Her assumptions of having a husband and a happy family were shattered. However, although she gave up on God; God never gave up on her. She tells of how she turned around:

Then one day my cousin came to my house and called me back. 'You need to come to church. We are having visitors at church.'

She accepted the invitation but decided to play a low profile.

So I went but refused to wear my church uniform. As I heard the word of God, there was an inner argument inside me. The preacher's words were true but I struggled to accept them. On that day I came to my senses. I made peace in my heart and returned to church.

Getting and losing a job

Nokwazi finally got a job. In December 2001 she found a job at Spar where she worked for six years. On 12 June 2006 she fought with one of the Indians and resigned:

“So I quit, and, *Unkulunkulu Emuhle*, [God is good] I found another job. By that time my son was doing Grade 5 and my daughter Grade twelve.”

Experience of Trauma Healing Project

Nokwazi was invited to a Stress and Trauma Healing workshop in October 2009. Among other sessions that took place to heal participants one was called: *Naming and Grieving the loss*. During this session, research participants were encouraged to name the losses they have experienced in their lives. It could be the loss of a loved one through death, separation, divorce, moving to a different place, or loss of materials, loss of health, and many more. Given more than seven deaths of her loved ones, Nokwazi found this session very productive. She found a safe space to name the losses and grieve about them. McCall (2004:36) argues that “naming losses is the first step in grief work.” She adds:

Naming losses accurately promotes recovery. But failure to identify a loss can lead to complications and inadequacy of treatment no matter how sophisticated the professional involved.

Nokwazi had an opportunity to name the losses she experienced in supportive group psychotherapy. Kaminer and Eagle (2010:105) support the use of group psychotherapy to treat traumatised people. They argue that group treatment is economical and has particular merits. For example, one benefit lies in the support that such groups can offer and the degree to which they aid in the reduction of stigma by facilitating the sharing of common experiences and reactions. Another benefit is the normalisation of trauma reactions. Kaminer and Eagle point out that normalisation of trauma reactions is very powerful in group therapy, since members find that they can identify with other’s accounts. I agree with Kaminer and Eagle. During the

sharing of stories in small groups I do not know if, of the thirty-eight participants, there was anyone who had not lost his or her loved one. Thus there was such identification of experiences that eliminated the chances of stigma.

Reflecting on the process, Nokwazi says:

Before I attended the Stress and Trauma Healing Workshops I did not know the difference between stress and trauma, and was not familiar with the word trauma.

She adds:

After level one I was able to differentiate between these two words. I came as a victim, became the survivor and now I am a healer.

On the impact of the project on her life and her systems, she responds:

The impact that the workshop had on my life was that now I can cope with all the different difficulties that wish to conquer my way. I can even look at the people around me and see if he/she is stressed or traumatised even if he/she doesn't say a word. No matter how old or young you are, you get stressed. I can observe stress in infants.

She states:

I have learnt that if they chew their clothes that is a sign of stress. I have two teenagers and now it is easy for me to talk to them.

Not only is she able to diagnose stress and trauma in those affected, and improved her communication skills with her teenagers, she says:

I now work in the community, dealing with their daily stresses. The course has made me sensitive to other people's emotions. And I have grown to learn not to be judgemental.

5.5 The Life Narrative of Bonie Madondo

Born and raised on a farm Bonie and her four siblings relocated to KwaHhaza near Mpophomeni Township in 1999. Her parents stayed on the farm and came home on weekends to check up on them. She attended Injoloba High School in Howick where she matriculated. She praises her mother as her role model. She is the one who taught her to worship God every time. She is now a member of the Zulu Congregational Church by choice because she taught her the importance of being a child of God. Bonie experienced the traumatic deaths of three family members: her mother who died of natural causes, her brother and father were both murdered. She talks about how hard it was to forgive the attackers and how difficult it was to share such stories until a safe space was created for her during the Trauma Healing Project. After taking the courage to share her story, she has never been the same.

Present but absent father

Bonie's father was present but absent emotionally. Holborn and Eddy (2011) in their study *First Steps to Healing the South African Family* report that the effect fathers have on their children's development suggests that the presence of a father can contribute to cognitive development, intellectual functioning, and school achievement. Children growing up without fathers are more likely to experience emotional disturbances and depression (2011:4). Citing Richter of the HSRC, they add that the influence of a father is both indirect and direct. The indirect influence includes support for the mother as well as influencing all major decisions regarding health, well-being and education of children – for example, access to health services, nutrition, as well as the length of time spent in school. A father's influence is direct in terms of educational level or length of time spent in school, educational achievement, and self-confidence, especially among girls, as well as adjustment and behaviour control among boys.

The latest available data about fathers in South Africa, shows that the proportion of fathers who are absent and living increased between 1996 and 2009, from forty-two percent to forty-

eight percent (2011:4). Over the same period the proportion of fathers who were present decreased from forty-nine to thirty-six percent. Bonie's father can be described as "absent and living". You will note that she begins her story with praising her mother. Her mother was everything to her and her siblings. She says that she was both mother and father to them:

Even though my father was alive, he was concentrating on alcohol. My mother always told me that she wanted me to be a nurse. She wanted all her children to finish school and be something in life. I am who I am today because of her.

Bonie recalls a time when her mother was admitted to Edendale Hospital. She went to see her and found her recovering well. That was a huge relief for her given their mother's role in their lives. She stayed there for a while and Bonie kept on visiting her until the doctors discharged her.

Death of her mother

Bonie lost her mother to illness. Although she was released from Edendale Hospital she was still weak and as a result she never worked again. So she went to stay with her children at kwaHlaza. One Thursday morning in July 2001, at around four in the morning, her father entered her room.

"Wake up, your mother is very sick. One of you must go and call your aunt."

She says:

I went to call her, then rushed back home to find all my sisters crying. Our mother had just passed away. I did not believe them. I thought of my younger sister who was still schooling. I thought if our mother has died, who will look after us? My father, the alcoholic? He did not support us.

Every time we needed anything we could tell our mother and she would take care of our needs. She was not earning a lot of money yet she was a strong woman. I respected her for that. So now what would happen?

She entered her room to find that her father had already covered her up with a blanket. Her aunt started cleaning the room where the body was lying. She packed all mother's clothes and shoes. She separated her things from her father's. That morning the undertaker arrived around seven to take the body to the mortuary:

"I could not stop crying."

Her mother died a Christian in the Zulu Congregational Church. She had belonged to that church since her youth and as a grown up woman still worshipped there. On Friday the Christians arrived to support the family with prayers. They put up a flag which symbolised that she was a member of the Zulu Congregational Church. Some of extended family started arriving on Friday and others on Saturday. She was laid to rest on Sunday.

Death severed her attachment bond with her mother. Bowlby (1969:194) defines attachment as a "lasting psychological connectedness between human beings". Bowlby (1958) proposed that attachment can be understood within an evolutionary context in that the caregiver provides safety and security for the infant. Attachment is adaptive as it enhances the infant's chance of survival. Bowlby is right Bonie was so attached to her mother that she could not imagine life without her.

Breaking news: Murder of a brother

Bonie's brother was brutally murdered in 2008 at kwaHlaza. Brutalisation and the culture of violence is worrisome in South Africa. In its report *Why does South Africa have such high rates of violent crime?* The Centre for the Study of Violence and Reconciliation (CSVR 2009) points out that South Africa has been distinguished by high levels of violence for most of the last century.

For instance Kynoch (2006) has compared written reports on African cities over the last century and indicates that from as early as the 1920s South Africa (Johannesburg) appears to have been affected by a serious problem of violent crime (2009:5). Yet this violence is not limited to cities only even rural areas and townships have been affected as well. Among other factors influencing violent crime, CSVR attributes to the impunity in township areas by the apartheid government. CSVR argues that under apartheid the criminal justice system primarily focused on protecting white South Africans against crime, whilst in relation to black South Africans the major focus was on the enforcement of apartheid laws. A major focus of policing was also on suppressing resistance to the apartheid government. As such investment in addressing crime in township areas was minimal, contributing to the reliance in township areas on informal mechanisms of justice, though these too were not rigorous in addressing crime. The result was that criminal groups and a criminal culture entrenched itself in some township areas (2009:7). Although a democratic government has come to power since 1994, the levels of violent crime are not rescinding. We must admit there have been significant changes in South Africa brought about by the process of democratisation, but there are distinctive challenges that reinforce the legacy of apartheid in contributing to violence (CSV 2009). Bonie's brother's brutal murder is a case in point. Although the motivation for the murder is not known until today, the criminals were not apprehended, despite the police receiving a tipoff from the community. Crime of a violent nature and the availability of guns can be blamed on the above mentioned factors.

Describing the death of her brother, Bonie says one morning around five thirty in the morning, she heard the voice of a woman screaming and shouting. She woke up, dressed and opened the door to check if she could see anybody outside because she was surrounded by relatives. She did not see anything so she went back to sleep. A few minutes later she heard a knock on the dining room door. A young man stood there knocking. Her father opened and the young man, Bonie's cousin, was crying and asked her father to go with him. Bonie states:

My father went with him. Thirty minutes later he came back and woke us all up. 'Your brother has been stabbed several times. He is dead.' I could not believe my ears. I went to his room but he was not there. The woman I heard screaming was my aunt.

I went to the scene. The body was facing south. He had wounds all over his body including on both hands.

The scene attracted people and others were crying bitterly. Bonie describes her reaction to the traumatic scene:

I cried and shook at the thought of my brother. He was the only boy in between four girls. He was funny, loved his family and was protective towards us. I could not believe my eyes. Part of me was so sure that my brother was still in his room sleeping with his girlfriend.

This was the denial stage for Bonie. Switzer (1989:143) argues that the operation of the mechanisms of denial and the repression of affect, and even memory surrounding death of a person with whom one has been closely tied emotionally, has been observed by almost every person who is frequently involved with the bereaved. For example, McCall (2004:48) states that the first thoughts after learning of a loss are also somewhat predictable and automatic. The purpose of these thoughts is to protect the newly grieving person from the impact of the loss. In a sense, the person takes momentary flight from the loss. This modulation of feelings and thoughts, argues McCall, is essential to defend the self from that which can otherwise threaten to be overwhelming. McCall adds that more subtle forms of denial are often found intermittently throughout the grieving process. In fact, it is common for some aspect of denial to occur during each of the consequent stages. However, the function of denial in any stage is the same, to protect the person and gain time and temporary distance. The actual denial of the loss varies however from loss to loss and person to person and may be more possible over subtler or less tangible losses. McCall's description of denial fits Bonie's experience when she heard the news. While she saw her brother lying dead facing north, the pain was too much for her psychic and person to take in. Thus to protect herself from excessive trauma, she was fluctuating between acceptance and denial. She was telling herself that her brother was in his room sleeping with his girlfriend.

Community reaction

In systemic model the impact of trauma extends beyond the individual who was directly involved in the event. When something bad happens, our family, friends, neighbourhoods, communities and even society at large may be affected (Mentjies n.d.:12). To demonstrate how they were affected, some of Bonie's extended family, in anger and intent on violence, marched to the murderer's house carrying twenty litres of petrol. Their aim was to burn the house down. But when they arrived they met an old woman who lived there and how could they burn the house with an innocent granny inside? The two culprits were long gone. Nobody knew where they had fled. Wicke and Silver (2009) state that disasters, extreme events and collective traumas provide situations that demand a multi-disciplinary response. After such an experience, it is not difficult to imagine figurative and literal ripples spreading across the social landscape affecting communities at every level. The impact is not only short-term but may linger into the future and have a profound effect on identity, social relationships, and future policies. Wicke and Silver are right, since criminals are still at large there is fear in the community that they may murder another person since the motivation is not known. They are roaming around like a roaring lion looking for whom they may devour. Kaminer and Eagle (2010:48) assert that a vast number of South Africans do not enjoy a sense of physical safety and security either at home or outside the home, and often have been victimised by multiple perpetrators of violence, some of whom may be familiar such as a spouse or neighbour and some of whom may be total strangers. Kaminer and Eagle add that the occurrence of violence is therefore common yet unpredictable with regard to where it may happen, what form it may take and who the perpetrator might be. Thus a person who lives in such a highly violent community must not only deal with their own experiences of direct traumatising, but also with the indirect trauma of hearing gunshots and seeing weapons in the neighbourhood, witnessing others being assaulted, and hearing about the violence experienced by family members, neighbours and friends. What exacerbates the situation is the constant anxiety of worrying about the safety of themselves and their loved ones.

Kaminer (et al 2010:49) argue that, as a result of continuous exposure to traumatisation in South Africa many people do not have a 'post'-trauma period in which to process, or attempt to adapt to, their recent trauma experiences, before the next traumatic experience whether directly or indirectly occurs. Unfortunately this is the reality in many communities of South Africa. Thus people's adrenaline hormone levels are constantly on a high making many people very aggressive and respond with anger to some events. Anger is one of the first feelings that people express when a loved one has died. In grief and mourning, McCall (2004:49) expresses that for many people, first feelings are expressed in anger or a form of that efforts to establish control, or discover what happened. McCall argues that as a rule, people who tend to get angry quickly will feel anger as a first response. Going back to Bonie's family, they struggled to accept the fact that the boy is murdered. Collins (1988:350) states that grieving often begins with a period of shock, numbness, denial, intense crying, and sometimes collapse. Then it moves into period of sorrow, restlessness, apathy, memories of the past, loneliness, and sleep disturbances. Bonie comments:

It was hard for my family to accept the death. They, as well as the community members, were shocked. Some of them blamed themselves, for my brother had died among neighbours, many of whom were our relatives. They had heard people shouting at each other but they just closed their doors because they had thought that they were drunks fighting.

Mentjies (n.d.) points out that when a family has been involved in a trauma together, this may complicate their feelings towards one another. For example, they may blame one another for what happened. Children may feel devastated that their parents were also helpless and did not manage to protect them from the event. All of those involved are likely to feel intense guilt that they did not manage to protect their family members. These feelings are normal. McCall (2004:49) says that often feelings of guilt and fear may underlie feelings of frustration, anger, and even sadness and regret. It seems the community regretted and beat their breasts for not intervening when they heard people shouting.

For Bonie:

The painful part, which kept me from healing and forgiving, was that the murderers ran away and did not apologise. They had done this on purpose. They were known in the community yet the police did not arrest them even though people gave them the names of the murderers who had stabbed my brother and they were told where they lived. I feared that this could also happen to others because the murderers were still out there, and free. My brother left a girlfriend who was two months pregnant. The baby boy is now two years old.

She adds:

I felt he would appear any time at home yet I prepared for his funeral service along with my father and other extended family. Since my sisters were in Johannesburg working there, I cleaned the house where my grandmother would be sitting in mourning while waiting for the funeral. I lit the candles and laid out my brother's clothes.

Among members of the community that Bonie mentions are Christians. She says the Christians were in and out of the house during the week to support the family, praying for the family to be strong. The funeral took place on Saturday at her home and family, friends and neighbours came to pay their last rests to her brother. As painful as it was, it was a powerful service. Collins (1988:348) on the role of religion in grief recovery says that many people who are grieving have pointed to the sustaining power of religious beliefs. He says there may be periods of doubt, confusion, and even anger with God, but in time the healing power of one's faith becomes evident. He asserts that religion gives support, meaning, and hope for the future. Christians believe, in addition, to hope, that the Holy Spirit who lives in each believer gives supernatural comfort and peace in times of mourning. Thus the family was surrounded and supported by Christians and even non-Christians. Even in their expression of anger and wanting to set the perpetrators' house on fire was a demonstration of solidarity with the family.

After all necessary preparations were done; the remains of Bonie's brother were finally buried. Support continued to pour from relations and they helped the family in everything they needed at home. When they were hungry they brought food.

Father's murder

Bonie experienced another violent death in the family. She experienced multiple traumas. According to Mentjies (n.d:11) the term multiple trauma is used when the same person has been exposed to several traumatic experiences. For example, someone may survive several car accidents, or a car accident and an armed robbery. For Bonie, she first lost her mother to natural causes, then her brother was murdered by criminals who were never apprehend and now it is her father who has been killed as well. Describing how the events turned, she states that one cousin was like a brother to her, a close member of the family helping with whatever they needed. So close was he that when he needed a cigarette he asked her dad for one and in return he shared whatever he had with Bonie's dad.

Bonie remembers:

One day my cousin came around at six thirty in the evening. He was drunk. I was in the kitchen cooking supper and had lit candles in all the rooms. We had no electricity on that day. My cousin came into the kitchen to greet me. As we spoke he walked up and down the kitchen, talking away. Then he asked permission to check the electricity for us. I turned down his offer as he was too drunk to fiddle with the wires in the dark.

Then he did a strange thing. He entered one of the bedrooms and stole a globe, putting it in his pocket. When Bonie confronted him he shouted:

“What can you do if I don't bring the globe back? Leave me alone.”

He swore and screamed at her. Her father, who was already sleeping, woke up and came into the kitchen. He told him:

‘Leave the house. Go and sleep at your place.’ My drunken cousin replied: ‘I won’t go. I am not afraid of you. I will leave when I like.’

Bonie’s father grabbed him as they stumbled outside the kitchen. He tried to chase him out. She says:

It did not cross my mind that they were going to fight or that someone might be injured. They were like father and son. I called my cousin’s brother. ‘Your brother is swearing. He has stolen a globe. Come and take him home.’

There was silence for five minutes. After that she heard her cousin’s older sister shouting and calling Bonie and her sister:

“Call the police and an ambulance. Your father has been hurt and my brother has run away.”

Bonie:

I opened the door to find my father lying down. His face was covered with blood. I was shocked. I never thought that my cousin would attack my father.

Another cousin, who owned a car, took him to the clinic. The staff nurse assured the family that:

“Your father is not seriously injured. It’s not that bad. He’s drunk that’s why he collapsed. I’ll call an ambulance to take him to the hospital so the doctor can check him out.”

Two hours later the ambulance finally arrived. Bonie accompanied her father. The doctor took him for tests and when they brought him back he asked her some questions. They were trying to figure out what her cousin had hit him with. Unlike the staff nurse, the doctor told Bonie:

“This is serious. He had a clot in his head. I am admitting him because I need to run more tests tomorrow.”

Bonie went home hoping she would hear good news the following day. She says:

My father was the only parent we had. The next day my younger sister went to see my father. She told me, 'He does not move. He is not talking, just lying in bed but still breathing. We must put our trust in God's promises to do His miracles so that our father will wake up.'

Two weeks later on Wednesday 23 April her father died. Bonie was at work in Mphophomeni. It was midday when the hospital called. Her sister spoke about their father's condition then asked Bonie: "Have you heard the news?" Bonie replied, "What news?" And sister (nurse) said, "Your father has passed away. I am sorry about your dad. You need to collect his clothes."

This was very devastating for Bonie and her siblings. She laments:

I so hoped my father would wake up so that we could be together again at home as a family. When I got that call, my colleagues supported me in every way you can imagine. They were the ones who made phone calls to the members of my family. They comforted me through the day. The family members from my father's side were angry. They asked the police to track down my cousin as he had disappeared.

The news shocked the community:

"A son has killed his father in his own home. What had got into this boy's head?"

In two to three days after the death, they found and arrested him. Bonie's fear was that this was going to spoil the relationship between her family and the cousin's. Luckily such a thing never happened. Families understood the situation and reasoned that they did not send him to kill his uncle. They had nothing to do with the accident. My grandmother arrived later that day and instead of observing the normal period of mourning, they decided to bury the deceased earlier to save the grandmother from complications with her health due to sitting for too long in the mourning house. In this brief instance, Bonie and her sisters supported by community members planned to bury him the following Saturday.

She acknowledges:

The community supported us as we made the funeral arrangements. I experienced things that I never thought I would. Since there were no men at home, we women performed the tasks that are culturally set aside for men, such as identifying and fetching the body of the deceased from the mortuary. These are the tasks I took on. I believe this was another way of growing. That was the end of my father's life and we laid him to rest that Saturday.

This was a second traumatic death of men in Bonie's family but in total she lost three loved ones. First was her mother, followed by her brother who was killed in the neighbourhood, now her father apparently killed by her cousin.

A safe space

It was necessary for Bonie to seek help after all the traumatic experiences in her life. Kaminer (et al 2010: 57) points out that since increased trauma exposure amongst South Africans is strongly related to an increase in levels of general distress, it is likely that many trauma survivors in South Africa experience psychiatric symptoms that are, in fact, sub-clinical, or below the threshold for diagnosis. They add that these sub-clinical symptoms may nonetheless reduce the quality of life of trauma survivors in numerous ways. It is with this awareness that I initiated the Trauma Healing Project both as a project for my doctoral studies but also as a beneficiary programme for a group of trauma survivors living in Pietermaritzburg and its surrounding areas. The main aim of the project was to allow expression of the traumatic experience and related feelings; and to do this in a manageable way, within a safe relationship with someone who is in control of the process.

Bonie finally found a shoulder to cry on. Like other participants, I invited Bonie to attend a Stress and Trauma Workshop. By this time my organisation PACSA was working in partnership with Bonie's Umngeni Gender and Paralegal Office in Mpophomeni. Although she was not sure what she was joining, she found herself joining the Trauma Healing Project. She says:

Every time I tried to talk to my family about what happened I cried. I could not tell or talk to anyone until I got an invitation by PACSA to attend a Stress and Trauma Healing Workshop held at Kenosis Retreat in Pietermaritzburg. I did both level one and two of stress and trauma.

She describes the process:

During session time, every participant was given a safe space to share their traumatic experiences. I was a shy person who was afraid to share my stories, even the happy ones. During the facilitation session we were told that there was a story that's below the line and above the line. The story above the line is the one that you are willing to share with others while the story below the line you are not.

She adds:

One of the tasks we had to do was to draw our traumatic stories on a flip chart using crayons. I divided mine into four periods: my childhood, adolescence, young adulthood and adulthood. This task brought back memories, and the things that I thought were over came back as if they happened yesterday. I thought the past was over but I was lying to myself.

Mentjies (n.d.) points out that re-experiencing the trauma is extremely frightening and painful for the survivor. This is because talking about it or even thinking about it is like going back to that event, and living through it again. As such she advises that the trauma support worker needs to help the person to feel safe or contained while talking about what happened.

The second part of the session was about collage-making where people were asked to identify stressful and traumatic events. We cut out pictures from magazines and newspapers that showed stress and trauma. The session helped me to be able to identify people with stress and people with trauma.

She confesses:

This was the first time in my life I shared my stories with people I did not know, and the group that I was part of really helped me because people were open and shared all their stories. Every one of my group was crying during storytelling. I felt comfortable being part of that group, and I asked myself, ‘Why not share mine?’ Although I felt pain, this helped me. I learnt that talking or sharing traumatic experiences with others is an important medicine to cure myself.

She discovered the importance of talking about painful experiences. Mentjies (n.d.:17) argues that trauma work tries to help the person to release the trauma from being so stuck inside, by talking about it, or expressing what happened. She adds that trauma intervention takes care of the need for avoidance. By helping someone to face these bad experiences within a very safe setting and with someone highly trusted it will help that person to feel relieved and more in control.

Finally Bonie comments on her progress in the project:

I discovered there are people who carry greater burdens compared to mine. Such people can give advice on how to pass through such experiences of loss. These workshops helped me to find a new family where we heal each other through the grace of God. I moved away from being a victim to wounded healer. I am now a stress and trauma facilitator because I want to help other people who are victims of stress and trauma.

CHAPTER 6: INTERPRETATION AND REFLECTION

In Chapter three, I reviewed the Bio-psychosocial approach to understanding trauma. The approach recognises that trauma affects a person at several dimensions:- biological, social and psychological. SAITS(2009:46) elaborates that the *biological* is concerned with what physical effects of the trauma or what other somatic symptoms there are. *Psychological* is concerned about what psychological responses are there to the stress; what impact has the trauma had on the client? *Social* is concerned about impact on the family, social functioning, and work life. Even the American Psychiatric Association (APA) (2000:463) describes the response to trauma using the Bio-psycho-social perspective. It argues, “The person’s response to the event must involve intense fear, helplessness, or horror (in children, the response must involve disorganised or agitated behaviour) (Criterion A2).” The characteristic symptoms resulting from the exposure to the extreme trauma include persistent re-experiencing of the traumatic event (Criterion B), persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (Criterion C), and persistent symptoms of increased arousal (Criterion D) (APA 2000:463). While Bio-psycho-social approach to understanding trauma was one dimension of this study it did not address the second dimension- the spiritual aspect. This chapter discusses the effects of trauma on the survivor’s spirituality and explores the role of spirituality in the re-authoring of life narratives shattered by trauma.

In the previous chapters four and five some underlying discourses were introduced relating to the respective narratives. However, these discourses are informed by meta - discourses, which present themselves in terms of congruency and divergence, as well as discrepancy (Gravett 2008:250). In this chapter thematic analysis was used to generate themes like Trauma and spirituality, spiritual injury, death and grief, moral injury; and post-traumatic spirituality.

This study was among others, an effort to listen; to listen to stories of the research participants, to listen to the narratives of their contexts, to listen to the contributions of various traditions of interpretation (Gravett 2008:258), as well as to listen to how trauma survivors experience God in their lives before the invasion, during the invasion, and after the invasion of trauma. Citing

Saint Ignatius both Hebblethwaite (1987:20) and (Gravett 2008:257) argue that it is the duty of humankind to find their way to God, who made us in order to know Him and that the purpose of our lives is God. Gravett adds that in short we must find God in all things and not see creation as some kind of rival to God. In this study an effort was made to find God in the aftermath of trauma and a theme called “post-traumatic spirituality” emerged as one of the discourses that are discussed in this chapter. Particular attention was paid to what God-images emerged from their experiences of trauma and a discourse of “post-traumatic spirituality” is discussed. The term “post-traumatic spirituality” needs to be developed but for the sake of this study the term means the spirituality that develops in a trauma survivor after the invasion of trauma in his or her life.

Muller (2004:303) warns researchers that reflection on the religious and spiritual aspects of the research participants, especially on God’s presence, should not be forced by researchers; rather an honest effort to listen to and understand their religious and spiritual understanding and experiences of God’s presence. While I acknowledge that my own understanding of God’s presence in a given situation could have a valuable contribution, an effort was made to listen for clues in trauma survivors’ narratives about experiences of God’s presence or lack of it.

6.1. Trauma and Spirituality

There is a relationship between trauma and spirituality. Over the years the discussion of whether religion has negative, neutral, or positive effects on health has been of particular interest and controversy. For thousands of years it was believed that physical and mental disorders resulted from demon possession or other spiritual forces. Therefore, these disorders must be dealt with in spiritual terms (Koenig et al 2001: 3-4). Nevid (et al 2006:11) points out one of the spiritual means of treatment of abnormal behaviour called *trephination*.

Archaeologists have unearthed human skeletons from the Stone Age with egg-shaped cavities in the skull. One interpretation of these holes is that prehistoric ancestors believed that abnormal behaviour was caused by the inhabitation of evil spirits. Thus these holes might have come about as a result of trephination. Trephination was the procedure where by a hole was

drilled or chipped in the skull of a human being depicting abnormal behaviour with the purpose to provide an outlet for those irascible spirits or demons to escape (Nevid et al 2006:11). However, other authors like Maher and Maher (1985:251-294) suggest that perhaps trephination was a form of treatment for traumatic head injury. They are of the opinion that a hole might have been chipped in the skull to remove shattered pieces of bone or blood clots that resulted from head injuries. So even then there was a link between trauma and spirituality in that both used the same procedure of trephination.

The idea of supernatural causes of abnormal behaviour, or demonology, was quite prominent in Western society until the age of Enlightenment. Nevid explains that the ancients explained nature in terms of the actions of the gods. For example, the Greeks believed that the gods toyed with human beings and unleashed havoc on disrespectful or arrogant humans, and clouded their minds with madness. Thus people who behaved abnormally were sent to temples dedicated to Aesculapius, the god of healing. The Greeks believed that Aesculapius would visit the afflicted person while they slept in the temple and offer them restorative advice through dreams. The treatment also included rest, a nutritious diet, and exercise. However, anyone who did not respond to treatment was driven out of the temple by stoning. Nevid continues that although this was the prevailing treatment, not all Greeks believed in the demonological model. For example, Hippocrates sowed the seed of naturalistic explanations for abnormal behaviour. Hippocrates who lived between 460 and 377 B.C.E. challenged the prevailing belief of his time by arguing that illness of the body and mind were the result of natural causes, not possession by supernatural spirits. He believed that the health of the body and mind depended on the balance of humours or vital fluids, in the body (phlegm, black bile, blood, and yellow bile). Hippocrates was followed by Galen from 130 to 200 C.E., another Greek philosopher who expanded on his teaching. His main contribution was the discovery that arteries carried blood, not air, as had been formerly believed.

Although people were moving from demonological to scientific models, the medieval period (between 476 C.E. through to 1450 C.E.) took a reverse in the view and treatment of abnormal

behaviour Nevid (et al 2006:12). For example, after the passing of Galen, people went back to the belief in supernatural causes. The doctrine of possession increased in influence and eventually dominated medieval thought. This doctrine held the view that abnormal behaviour was a sign of possession by evil spirits or the devil. This belief was part of the teachings of the Roman Catholic Church, the central institution in Western Europe after the decline of the Roman Empire. Nevid adds that although the doctrine of possession preceded the Church and is found in ancient Egyptian and Greek writing, the Church revitalised it. The Church's treatment of choice for possession was exorcism. Thus exorcists were employed to persuade evil spirits to vacate the premises and different methods of persuasion were involved like prayer, incantations, waving a cross over the victim, beating and flogging, even starving the victim (Nevid et al 2006:12).

The Renaissance began in Europe. This age was supposed to replace the medieval thought and approach to dealing with possession and abnormal behaviour. The late fifteenth through to seventeenth centuries were tough times for people who displayed abnormal behaviour. For example, Nevid (et al 2006) points out that there were massive persecutions of people, especially women, who were accused of witchcraft. Church officials believed that witches made covenants with the devil, practised satanic rituals, ate babies, and poisoned crops. This prompted Pope Innocent VIII in 1484 to decree that witches be executed. Two notorious priests in 1487 published *Malleus Malefic arum* (a document which means The Witches' Hammer) which officially sanctioned the persecution and burning of witches, many of whom had chronic mental illness or were suffering from acute psychosis caused by eating mouldy bread (ergotism).

The inquisition, as it was called, lasted for more than two hundred years and the last 'witch' was decapitated in 1782 (Koenig 2001). During this period, over one hundred thousand accused witches were killed. Whether the cause of chronic mental illness or psychosis was trauma-related or not, did not matter. The treatment available was death by execution.

Moral Therapy

There were signs of improvement in treatment for mental illness or psychosis. By the late fifteenth and early sixteenth centuries the treatment of abnormal behaviour evolved and asylums or madhouses began to crop up throughout Europe. These asylums, which often gave refuge to beggars, became treatment centres for mentally disturbed patients. However conditions were very appalling and this led to the Reform Movement and Moral Therapy championed by French men called Jean-Baptiste Pussin and Phillippe Pinel in the late 18th and early nineteenth centuries. They argued that people behaved abnormally because they suffered from diseases and should be treated humanely (Nevid et al. 2006: 14). Pussin believed that if the incurably insane inmates who were chained would be cured if they were treated with kindness, and there would be no need for chains. Just as he had predicted, he unchained the incurable and treated them with kindness. He also stopped the harsh treatment such as bleeding and purging, and moved patients from darkened dungeons to well-ventilated, sunny rooms. Pinel also spent hours talking to inmates, in the belief that showing understanding and concern would help restore them to normal functioning. This type of treatment was labelled *Moral Therapy* (Nevid et al 2006:14). This kind of therapy based on the premise that humane treatment in a relaxed and decent environment could restore functioning.

Establishment of mental institutions

Reforms like this took popularity in other places like England and the United States of America. This later led to the establishment of the Community Mental Health Movement and there was a big exodus of patients from the state hospitals to mental institutions. With the discovery of a new class of drugs like *phenothiazines* the period required for patient to spend in hospital was not necessary.

Instead mental patients were discharged and returned to their communities to assume more independent and fulfilling lives (Lamb 2001; Lamb and Weinberger 2001). But although this demonological model (possession) held sway during the middle ages and much of the renaissance, it did not completely supplant belief in naturalistic causes (Schoenman 1998: 299-314). Most explanations for unusual behaviour involved natural causes, such as physical illness

or trauma to the brain. Thus over the past five hundred years the church's power had declined and the influence of medical science increased.

Society began to turn toward reason and science to explain natural phenomena and human behaviour. The nascent sciences of biology, chemistry, physics, and astronomy promised knowledge derived from scientific methods of observation and experimentation. Scientific models of abnormal behaviour also began to emerge, including models representing biological, psychological, sociocultural, and biopsychosocial perspectives (Nevid 2006:16).

One dimension of this study was to look at the biopsychosocial perspective or aspects of trauma and its treatment options. The study employed psychotherapy groups. Like Pinel who provided Moral Therapy, the study applied moral therapy: providing humane treatment in a relaxed and decent environment to restore functioning (Nevid 2006:14). Thus safe spaces were created for trauma survivors to talk about their experiences of stress and trauma. Many hours were spent in psychotherapy groups with survivors in the belief that showing understanding, love, care and support, would help them to be restored to normal functioning in every sphere of their lives. Particular attention was paid to the clues that indicated that the trauma survivor was talking about their spirituality.

Although Hippocrates disputed that spirituality or supernatural played a role in abnormal behaviour and its treatment, within the past few years, however, there has been a resurgence of interest and even discussion about the role religion can play in improving health and the quality of health care (Koenig et al 2001:4). Religion continues to play a role in the lives of many people despite tremendous advances in education, psychology and medicine.

With such scientific progress one might think that religious beliefs and practices should decline and that the secularisation of our society would be nearly complete by now. But this is not the case (Koenig et al 2001:4). For example, Princeton Religion Research Centre (1996) revealed that in 1994 in the United States alone, ninety-six percent of the population of United States

believed in God or a higher power, ninety percent believed in heaven, seventy-nine percent believed in miracles, seventy-three believed in hell, and sixty-five percent believed in the devil.

Other studies show that many people are turning to spiritual resources for healing. For example, Bate (1995) points out that in South Africa, Christians belonging to faith-healing churches, increased by twenty-three percent from 1980 to 1990. Chapita (1996) in his report *African Churches heal war trauma* reported that some people claimed the biggest force for healing is found in churches that practise 'spiritual healing'. Bartsch (1996:10) points out that that more than eighty percent of South African patients who go to doctors or nurses consult traditional healers before or after they consult western style medical doctors or nurses. Survey results in TIME/CNN, Yankalovich Partners Inc. revealed that eighty-two percent of the people in the United States believe in the healing power of prayer; seventy-three believe that praying for someone else can help cure their illness; seventy-seven percent believe that God sometimes intervenes to cure people who have a serious illness. The evidence indicates that people who attend religious services have been found to have lower blood pressure, less heart disease and lower rates of depression and generally better health (Time Magazine June 24, 1996). The other dimension to this study, therefore, investigated the role spirituality played in the re-authoring of life narratives of research participants who experienced traumatic events.

Defining spirituality

It is important to note in the beginning that there is a difference between spirituality and religion. Meichenbaum (n.d.) defines *spirituality* as "an attempt to seek meaning, purpose and a direction of life in relation to a higher power, universal spirit or God. Spirituality reflects a search for the sacred." The word spirituality is derived from the Latin word *spirale* which means "to blow or to breathe". The Hebrew word "Ruach" and the Greek word "Pneuma" convey a similar meaning. Thus, spirituality denotes giving breath and hope to individuals, families and communities.

Decker (1993:34) concurs with Meichenbaum in his understanding of *spirituality* as a search for purpose and meaning and adds that it involves both the transcendent (the experience of existence beyond the physical/psychological) and immanence (the discovery of the transcendent in the physical/psychological), regardless of religious affiliation.

The term *religious* denotes the part of the process when spiritual impulses are formally organised into a social/political structure designed to facilitate and interpret the spiritual search (Decker 1993:34). Yehya and Mohan (2010:846) add that, “religion reflects a broader cosmology, or a way of knowing that guides the values, beliefs, morals, and actions of cultural members as compared to the dominant biomedical model.” Religiosity and spirituality integrate into the way people come to make sense of their health and well-being. Despite being two separate constructs, religiosity and spirituality are connected with overlapping dimensions that relate to beliefs and practices (Thoresen et al 2002). Considering that spirituality is the private, “individual pursuit of meaning outside the world of immediate experience” (Corrigan, McCorkle, Schnell, & Kidder, 2003: 488), religiosity is the collective and public engagement in a concerted belief system. Religiousness is commonly viewed as society based participation in an institutionalised doctrine that relates to a higher power (Corrigan et. al., 2003; Egbert, et al 2004; Thoresen, Harris, et al, 2001), compared to the more personal and individual constructions of values reflected in spirituality (Decker, 1993; Yick, 2008).

Effects of trauma on spirituality

People who experience traumatic events in their lives often have symptoms and complications afterward. Nelson-Pechota is right that no two people may react or respond to the same traumatic event in the same way.

Carson and Ruzek (n.d.) argue that how serious the symptoms and problems are depends on many things including a person's life experiences before the trauma, a person's own natural ability to cope with stress, how serious the trauma was, and what kind of help and support a person gets from family, friends, and professionals immediately following the trauma. They add that because most trauma survivors are not familiar with how trauma affects people, they

often have trouble understanding what is happening to them. They may think the trauma is their fault, that they are going crazy, or that there is something wrong with them because other people who experienced the trauma do not appear to have the same problems. Survivors may turn to drugs or alcohol to make them feel better. They may turn away from friends and family who don't seem to understand. They may not know what to do to get better (Carson et al n.d.).

Kaminer and Eagle (2010: 49) argue that a wealth of knowledge about the impact of trauma has emerged in South Africa over the past few decades. However, there are some aspects that remain poorly understood and require further attention. One of such areas is the impact of trauma on the spirituality of the survivor. While Solomon focuses on the bio-psychosocial impact of trauma on the survivor, and Gilchrist and Janoff-Bulman focus on the impact of trauma on the cognitive systems and assumptive world, other authors like Louw (2005), Watts (2007:507), Viktor Frankl (1984), and Meichenbaum (n.d.) focus on the impact of trauma on the spirituality of a trauma survivor.

6.2. Spiritual injury

The second theme that emerged from the study is spiritual injury. Trauma affects the spiritual aspect of survivors. Louw (2005:112) asserts, "A crisis affects the spiritual realm as well. It invades spirituality due to the interconnectedness between self-understanding and different God-images." He argues, "Different God-images are often a reflection and representation of an understanding of the most burning question in suffering: why, God? (*Theodicy*)."
Louw (2000:48) warns that in identifying and assessing God-images, extreme care is necessary. He argues that God-images are a complex issue within which cultural concepts, ecclesial confessions and dogmas, questions about philosophical and anthropological concepts, play an important role. According to Louw (2000:48), there is no pure or correct (orthodoxy) or final image of God that exists which could communicate Him credibly and meaningfully to people. I agree with Louw, every person who calls on the name of God has his or her own God-images depending on their experiences of God in given situations. For example, the Old Testament gives examples of individuals who encountered God in very different and

sometimes, very difficult circumstances and they express the God-image according to their encounter. One of such examples is Gideon in the Bible Book of Judges Chapter six. The setting of the story is the Israelites have done evil in the eyes of the LORD, and for seven years God has given them into the hands of the Midianites. Judges 6:1-6 reads:

Because the power of Midian was so oppressive, the Israelites prepared shelters for themselves in mountain clefts, caves and strongholds. Whenever the Israelites planted their crops, the Midianites, Amalekites and other eastern peoples invaded the country. They camped on the land and ruined the crops all the way to Gaza and did not spare a living thing for Israel, neither sheep nor cattle nor donkeys. They came up with their livestock and their tents like swarms of locusts. It was impossible to count them or their camels; they invaded the land to ravage it. Midian so impoverished the Israelites that they cried out to the LORD for help.

Under such traumatic circumstances, the angel of the LORD meets Gideon. The angel sat down under the oak in Ophrah that belonged to Joash the Abiezrite, where his son Gideon was threshing wheat in a winepress to keep it from the Midianites. When the angel of the LORD appeared to Gideon, he said, “The LORD is with you, mighty warrior.” In his response Gideon asks:

Pardon me, my lord,” Gideon replied, “but if the LORD is with us, why has all this happened to us? Where are all his wonders that our ancestors told us about when they said, ‘Did not the LORD bring us up out of Egypt?’ But now the LORD has abandoned us and given us into the hand of Midian.

When Gideon heard the tradition of the elders, he formed a God-image of who God is. Confronted by the seemingly absent God in their suffering, he develops a different God-image—an Abandoning God. We see in his argument with the Angel of the Lord, he confronts the Angel with his traumatised God-image.

Trauma does not only affect the way we see God, it affects the way we see ourselves. Our self-image is the sum of all that we think and see ourselves to be in relation to others and our world. We begin developing self-image from our childhood influenced by the environment we grew up in which includes family, neighbourhood, sociocultural influences and even religious involvement. Thus we see ourselves whether we are strong or weak, whether we are reliable or unreliable, whether we are honest or not (Bartsch 2006). In the case of Gideon, he saw himself as weak and therefore not able to carry out God's mission to deliver Israel from Midian. We see as he continues the engagement with the Angel of the Lord through sacrifice and the Spirit of the Lord coming upon him, the weak, timid Gideon is transformed. He adopts a different image of himself and God-image. When Gideon realised that he spoke to the angel of the Lord, he thought he was going to die. But the Lord said to him, "Peace! Do not be afraid. You are not going to die." The experience was so overwhelming for Gideon that he built an altar to the Lord there and called it, "The Lord-Shalom" in NKJV, and "The LORD Is Peace" in NIV. We see a shift or cognitive restructuring. Once the abandoning of God, has now become the Lord-Shalom.

An appropriate God-image is necessary to confront evil, suffering, and challenges in life. Louw states that for the purpose of "a paradigm switch" in the pastoral encounter and the important role of a metaphorical approach in pastoral theology, it could be said that when forming images of God, dynamic contexts and fields of meaning must be kept in mind. For example, the context of Gideon is that of war and oppression by Midian and the meaning he gives to the context is that God has abandoned them. Louw points out that a problematic understanding of God is possible, which could give rise to dysfunctional or pathological faith-behaviour. From Nokwazi's experiences of God's inability to intervene in her predicament, in particular, God not healing her fiancé gave "rise to dysfunctional or pathological faith-behaviour".

The researcher's narrative demonstrates how his faith-behaviour became dysfunctional or pathological when he encountered fear of xenophobic attacks. Although he was not attacked directly, but like Gideon thought he was going to die, the researcher's behaviour and faith in God were greatly affected. Thus the God image he had prior to xenophobia was shattered and as Louw has already said, it was extremely painful and traumatic to alter it.

Gideon's overwhelming traumatic experience with the Angel of the Lord leads him to what Louw calls "a paradigm switch". It is worth noting that because of the large variety of discourses and metaphors about God, each person's image of God is unique. Louw (2000:48-49) warns that it can be extremely painful and traumatic to alter a person's concept of God and it should be performed, if at all, only with great sensitivity and care. Research participants entered the study each one with certain God images as the narratives demonstrate so. For example, Bongekile puts it:

My prayers became weaker and weaker; I took only my body to church but mentally I was not there. If I decided not to go to church he [pastor] would come and pick me up. I felt like the world was too small. I did not want to cause trouble between him and his wife. I tried to quit church but failed. I believed that Jesus was going to rescue me and I prayed, but he never did.

Her experience was contrary to the image of Jesus who rescues people who are in trouble. She believed and therefore prayed, but Jesus never showed up. This experience though in different contexts, is similar to that of Gideon. The God of wonders Gideon heard about from parents never performed any miracle to stop Midian from impoverishing them. She adds that:

I did not care. My only concern was Jesus and God whom he preached about in church. The God who hates sin, the God who said adultery was a sin. I became confused. I was not sure if God really existed, if people who called themselves children of God acted in this way, never quit church.

Elsewhere in the narrative, Bongekile shows how confusion clouded her image of God who hates sin. In her confusion she experienced "a paradigm switch". First, Jesus never rescued her as she so believed and therefore prayed. Second, her God image of God who hates sin was in crisis as she saw God fearing people living in sin as they pleased. To show the extent of her "pathological or dysfunctional faith-behaviour", she says:

The whole thing that was happening made me doubt that there is an honest and perfect believer and I told myself that I might as well do anything I like, there is no such thing called sin.

Thus she decided to do anything she liked, “there is no such thing called sin”. Louw (2000:48) is right that each person has a unique image of God which reflects his or her own experience of God and what God means to him or her personally. His or her understanding of God is influenced by subjective and existential factors. For example, the suffering that Bongekile, Nokwazi and the researcher experienced influenced their subjective and existential issues, affected their God images.

Louw (2000:12) argues that suffering as a Theo-logical issue, indicates that people seek an explanatory foundation and a source of security that is able to sustain them safely beyond the confines of this finite world. Therefore, the sufferer’s concept or image of God is fundamental to the way in which he or she works through his or her suffering. However, it is worth noting that suffering can also contribute to an abundant life, free from apathy. For example, suffering can unleash a process in which existence transcends itself and reaches out towards that which is more than existence (Louw 2000:12). According to Frankl (1977:55), this transcending factor enables one to come into contact with God at a subconscious level. For example, Harold Kushner (1981) in his book *When bad things happen to good people*, says that when his three-year-old son was diagnosed with a degenerative disease and that he would only live until his early teens, he was faced with one of life’s most difficult questions: Why, God? Years later, Rabbi Kushner wrote this straightforward, elegant contemplation of the doubts and fears that arise when tragedy strikes (1981). In the same way Frankl’s doctrine of logotherapy, curing the soul by leading it to find meaning in life, gains credibility against the background of his anguish in Auschwitz (2006:xi). Even with Gideon, we see him coming out of the winepress to lead the liberation movement against their enemies Midian.

Finding meaning is the key to healing from trauma. Van der Merwe in Chapter 4 in the researcher's life narrative, we are introduced to several God-images as presented by the employee:

My absolute faith in God's protection was shattered. Before the xenophobic attack, I believed that I was untouchable because I am hidden with Christ in God and that no attack would happen on my life and that which belongs to me because my heavenly Father watches over me twenty-four hours. God is the hedge of fire surrounding me and my household. Human vulnerability confronted me a day after the attacks in Alexandra.

From the above paragraph we see that the employee had several God-images which he held. First he saw *God as the Protector* who hid him together with Christ in Him. As such no evil could touch him. The second God-image is *God as a hedge of fire* surrounding him. He takes this scripture (Zechariah 2:5):

And I myself will be a wall of fire around it,' declares the Lord, 'and I will be its glory within.'(NIV)

His absolute faith was that nothing can jump the hedge of fire to attack him, not even the most notorious xenophobic attacker. The third God-image is *God as a heavenly Father*. With this image comes the assurance of care, love and support from a father who is unlimited, a God who cannot allow His son to be hurt. These God-images might have developed because of his experiences. For example, he was involved in car accidents four times but he never got injured. Each time he called on the name of Jesus, injury was averted.

However, Gilchrist (n.d.:1) in his article, *A Genealogy of Suffering*, points out that when a traumatic event occurs, the effect is to "shatter" the victim's assumptive world, or to deliver "profound invalidation" of that world. The employee's world was shattered when his boss asked:

"How are you feeling after what has happened Charlie?"

Although he gave a firm response:

"I am okay; I know that nothing can happen to me unless God wills it."

Her response: "Yes, but also the will of bad people can affect us" shook the rock on which he was standing- his "God image".

Re-construction of God-images

Traumatic events confront and sometimes shatter God-images of a survivor. That makes the reconstruction of God-images necessary if the survivor has to experience healing. The term reconstruction carries with it a notion that something has been broken, fractured, wounded and therefore is not in the original shape or essence. Sometimes to bring it back to the original design may not be possible. This is true with the healing of individuals. However, other times the design is modified. Mugambi (2002:200) in his article *From Liberation to Reconstruction* says the term *reconstruction* belongs to engineering vocabulary. He uses a narrative metaphor of an engineer constructing a building. He says an engineer constructs a complex building according to the specifications available in the designs. Sometimes modifications are made to the designs, in order to ensure that the complex building will perform the function for which it is intended. He adds that reconstruction is carried out when an existing complex building becomes dysfunctional, for whatever reason, and the user still requires using it. New specifications may be made in new designs, while some aspects of the old building are retained in the new. Louw argues for a "paradigm switch" when God-images become dysfunctional or pathological. When the old God-images cannot sustain the faith-behaviour, there is a need to reconstruct the God-images. Almost every participant involved in this study had their "old complex" God-images affected by their experiences of trauma and needed reconstruction in order to make them "more responsive to changed circumstances" (Mugambi 2002:200) by rebuilding them with new evidence or reformed images that were appropriate. This reconstruction of the human soul or God-images is what I call post-traumatic spirituality.

What research participants experienced in this longitudinal study is what Mugambi says: “New specifications may be made in the new designs, while some aspects of the old are retained in the new”. DePrince and Freyd (2002) assert that coping with and healing from trauma require that individuals reconcile their old set of assumptions with new modified assumptions. Gilchrist (n.d.) adds, “In facing a traumatic event, victims enter a process that leads them, ideally, to rebuild their assumptions by incorporating new a understanding of the event. They may thus continue to live with awareness that such events occur, yet without being overwhelmed by their existence.” Not every God-image was shattered in the research participants; some God-images still remained intact or were modified. It was like the refining of a belief system through fire in order for purer and stronger God-images to emerge which can sustain the survivor in adverse situations.

Another man whose spirituality was affected by trauma was Kushner. In his book *When bad things happen to good people*, he recounts his struggles with God. He says when his son was diagnosed with progeria a ‘rapid aging’ disease, his God-image was affected:

I had been a good person. I had tried to do what was right in the sight of God. More than that, I was living a religiously committed life than most people I knew, people who had large, healthy families. I believed that I was following God’s ways and doing his work. How could this be happening to my family? If God existed, how could he do this to me?”(1981:4).

This affected his God Image:

Like most people, my wife and I had grown up with an image of God as an all-wise, all-powerful parent figure who would treat us as our earthly parents did, or even better...He would protect us from being hurt or from hurting ourselves, and would see to it that we got what we deserved in life.

However, the God he knew was not the one who allowed them to go through such anguish as they watched their son’s health deteriorate. Kushner adds that tragedies like this were supposed to happen to selfish, dishonest people whom I, as a rabbi, would then try to comfort

by assuring them of God's forgiving love. How could it be happening to me, to my son, if what I believed about this world was true? (1981:5-6). That is how deep trauma had penetrated his inner person to affect purpose, meaning and faith in God. Kushner's theologising was not unique to him alone; such theodicy questions were also experienced in this study by the researcher and all research participants. For example, Noma, on hearing the news that her two year old son was crashed and killed in car accident says:

"The world closed up. I cried and I asked to go and see my child. We reached the hospital morgue. My legs couldn't carry me anymore."

Not only did trauma affect her psychologically but also socially. She says:

"A few days later we buried my son. In my heart I hated Ken. Things from that time were never the same. I had so much anger in me. I wanted nothing to do with him. I knew then that I had made a mistake. We broke up."

As if this was not enough, Noma lost her sister in another traumatic road accident. This death shattered her sense of meaning. She says:

"I sat down trying to make sense of what has happened but it made no sense."

Human quest for meaning

In what he calls, pastoral model, Louw (2007:72) says that images and conceptions of God play a decisive role for the 'healthy' functioning of mature faith. Louw argues that, in a pastoral assessment of health and sickness it is not so much about a correct or incorrect understanding, or a good or bad concept. It is not about the doctrine of the church or the content of specific denominational confessions. It is about the question whether the concepts are appropriate or inappropriate in terms of spiritual and life issues regarding our human quest for meaning and dignity (2007:72). The pastoral model recognises the impact of appropriate or inappropriate God images in the healing of a trauma survivor (Louw 2007:72). Louw adds that inappropriate God-images can lead to pathology and 'spiritual illnesses. For example, fixed ideas about morality and law connected to God and His will easily leads to legalism and rigorism. Louw

brings us to the human quest for meaning. He recognises the potential of trauma opening “the way to a deeper sense of life’s meaning”.

Another example is the researcher’s narrative which shows his spiritual roots were much grounded in God from an early age. If spirituality can be described as a process of building a house, then we can say he established what he thought was a firm foundation and as he grew in stature, like Jesus (Luke 2:52), he also grew in wisdom and grace with God and human beings. He put walls on his faith and the rafters and finally the roof. This is why after the experience of xenophobic trauma he says:

“I felt like the shelter over me vanished into the thin air and I was exposed to danger.”

That spiritual house which took years to build has crumbled at the wind of xenophobia. He was wounded deeply spiritually.

The *second* survivor of spiritual injury is the co-researcher, Nokwazi. For Nokwazi it was not xenophobia, but a string of deaths of loved ones. Louw (2000: 397) points out that intense pain creates the impression that God is absent. Nokwazi pleaded with God for her fiancé’s life on his sick bed:

I stayed with him morning till night. Whenever I tried to pray my sorrows were flooded in tears. I asked God, ‘*Ukuthi, why mina?*’ [Saying, Why me?] When will I find happiness in my life?

Nokwazi invested her faith in God through prayer. She prayed every kind of prayer but her fiancé died. She asked God questions whose answers she never received. It was very traumatic for her. Louw (2000:397) adds that God’s involvement with suffering becomes intensely problematic, especially when the believer confesses God’s omnipotence.

Although she believed that: “Nothing is impossible if you believe in God” her fiancé’s death put her “life on hold.” On 1 April 2001 his body was laid to rest in Howick Cemetery, the saddest day of her life. She says:

I told myself that God did not love me so I broke away from the church for almost two years. I did not pray and if anyone mentioned God, I swore.

Nokwazi's experience of trauma sounds like that of Job's wife who after traumatic losses of all she had including children, told Job (2:9NIV):

Are you still holding on to your integrity? Curse God and die!

This was the seventh death of Nokwazi's loved ones and she could not take it anymore but to give up on God. Like Job's wife, she "swore" or cursed God if anyone mentioned God in her presence. This is the extent that trauma can injure a believer's spirituality. Her God images she grew up believing were shattered by traumatic deaths.

The *third* survivor of spiritual injury is Bongekile. She did not experience spiritual injury by deaths but rejection from church where she felt a sense of belonging. UNAIDS (2005:19) challenges that the church is a healing, inclusive and accompanying community; and as a community of disciples of Jesus Christ, the church should be a sanctuary, a safe place, a refuge, a shelter for the stigmatised and the excluded. The church is called to work towards both the prevention of stigma and the care of the stigmatised. And yet churches have habitually excluded and stigmatised those who were 'different', those who did not conform, and those who have sinned or were thought to have sinned.

UNAIDS adds that this challenges our understanding of the church's identity, and calls for a deeper reflection on the issue of inclusion and exclusion within our communities. Jesus' ministry was inclusive to the point of scandalising religious authorities and so-called 'respectable' people.

Bongekile could not reconcile the God of the Bible with the God she saw in the pastor and other Christians. She never imagined she could be rejected by her church. She says:

I told myself to commit myself to church activities and I did so but church members sidelined me. Church members were invited to join the worship team and I availed myself to join it. They only called me once and after that nobody told me that I was not part of it

anymore. They did not tell me when there were worship team practices. When there were women's gatherings everybody was given a task.

Besides rejection, the church also struggled to accept her as an inclusive community hence fell short of its responsibility. UNAIDS (2005:13) asserts that the stigmatisation of individuals is a sin against the Creator God, in whose image all human beings are made. To stigmatise an individual is to reject the image of God in the other, and to deny him or her life in all its fullness. This is not just a sin against a neighbour but also a sin against God. Although she was eventually given some responsibility, this did not keep her within the church working with others. She says her task kept her "out of the way":

I drove the pastor's car, taking people to church and fetching and carrying. They even called me out of church to go to the shop. They kept on telling me Jesus would bless me. At work they cut salaries. Stress went up and up.

She could not reconcile the Jesus whom the church members kept telling her that Jesus would bless her and yet Jesus did nothing to stop her employer from cutting down her salary.

Bongekile struggled to assimilate the breakdown of morality when she fell in love with the pastor.

Being a married man and pastor of the church, he represented God and was a father figure, and mentor in her life. He comforted her in her loss of relationship with her boyfriend but later exploited her vulnerability:

He was married. I was hurt but he made me feel much better and I found it easy to be in love with someone who was married rather than be with someone who offered empty promises.

She struggled with moral injury as well. She asked herself: "What about his wife and children?" To show the depth of the moral and spiritual injury she asserts:

I did not care. My only concern was Jesus and God whom he preached about in church. The God who hates sin, the God who said adultery was a sin. I became confused. I was not sure if God really existed, if people who called themselves children of God acted in this way, never quit church.

The problems Bongekile experienced were spiritual and required intervention and treatment that was religious in nature. But there was none. The very one who represented moral and spiritual authority was the one exploiting her. On the pulpit he preached a God who hates sin, “The God who says adultery was a sin” but in closet with her he was something else. The God-image she had of a God who hates sin, who hates adultery did not match the God of the pastor who condoned sin. Biblical faith understands sin relationally, namely as the breaking of our essential relatedness to God, to one another and to the rest of creation. Sin, therefore, is alienation and estrangement, and infects us all. As communities and as individuals, we have fallen short of the glory of God. The pastor did not only condone sin, he practised it with her given the fact he was a married man. Knox-Seith (2005:22) argues that in the Christian tradition, sexuality is mainly connected to marriage and even defined by marriage-driven ethics. Within this tradition the viewpoint has been maintained that sexuality belongs exclusively within marriage and is primarily meant for insemination, which is to say for the propagation of the species.

However, Thatcher (1999:51) argues that the reality that sexuality was designed for marriage is not anymore the framework for sexual and erotic experience but personal choice and individual satisfaction. More than just satisfaction, Louw (2007:336) contends that sexuality is actually a spiritual issue, because it expresses a person’s innermost being. He adds that it is a deeply felt impulse that drives one individual close to another, in a desire to create something that is greater than either of them can embody alone. Since sexuality is a spiritual issue, it affected Bongekile’s spirituality. She experienced a shipwreck of faith in God. Van de Creek has pointed out, persons with the fewest religious resources have the greatest religious needs. People who acknowledge the greatest spiritual distress in their lives as evidenced by significant spiritual injuries are also people who possess the fewest spiritual or religious resources in their lives

(Berg 1995, Fontana 2004, Peres 2007). They are not participants in a faith community. There is the feeling that God has abandoned them or a traumatic event or significant loss has alienated them from a faith they once possessed. For Bongekile she tried to participate with the faith community but the community rejected and stigmatised her because they abhorred her behaviour with their pastor. She was seen as someone who was used by the devil to wreck the pastor's marriage. She alludes to the fact that she did not care about the consequences of her affair with the pastor. This is an erosion of morality and spiritual injury.

6.3. Theodicy Issues

The third theme that emerged from the narratives is theodicy. Suffering and lamentation (UNAIDS 2005:14-15) are part and parcel of spirituality. As shown in the Book of Job Chapter 3, Job's experience of traumatic losses results in bitterness. His bitterness arises as raw, bewildered grief over his many losses and at one point is voiced in the context of a lament over the fact that he was ever conceived, birthed, and nursed at the breast (Janzen 2009:87). UNAIDS (2005:14-15) argues that as embodied and relational people we suffer. However, suffering has sometimes been considered a given, the unavoidable destiny of individuals. On other occasions, it has been regarded as a punishment for sin. Suffering may also be inappropriately exalted as a virtue.

These interpretations have no place in Christian theology, which needs, rather, to emphasise the redemptive aspect of suffering, and to challenge those social structures that cause undue suffering and stigma. Jesus, after all, showed compassion for the suffering: a compassion that involved both strong feelings for suffering individuals and a determination to help and empower them. At the Cross of Jesus, God enters suffering creation to heal it from within (UNAIDS 2005).

Jesus showed solidarity with us, and compassion. On the Cross Jesus died, stigmatised and outcast, outside the city walls. Stoeber (2005:14) points out that the experience of Christ, which can occur at various levels of awareness, has a positive bearing on issues of theodicy in that it illustrates how the Divine is both open to human suffering and positively affects those people

who participate in various degrees in this on-going redemptive event. He adds that Christians are called to respond to suffering compassionately and to work towards developing a 'politics' of compassion which might transform institutional structures in positive ways and greatly reduce destructive suffering. In gaining better insights into the nature of suffering and our response to it, we can seek to recover Biblical texts on suffering.

In this context it is helpful to draw on the rich biblical tradition of lament. UNAIDS (2005:14-15) points out that lament primarily articulates the cries of the suffering, but it can also give voice to the cries of the guilty seeking forgiveness and reconciliation. Lament offers us a language which gives a name to suffering, questions power structures, calls for justice and recounts to God that the human situation should be otherwise. Lament also expresses hope and trust in God's compassion and willingness to deliver us from suffering. It is both an individual and a communal activity. Given circumstances which in St John Chrysostom's words are 'grazed thin by death', how can we fail to lament? Thus lament can enrich church liturgies and pastoral care and contribute to a more truthful and intimate relationship with God by naming the 'un-nameable' to God.

Understanding Theodicy

Case study 1: The trial of God in Auschwitz

The Trial of God (as it was held on February 25, 1649, in Shamgorod) is a play by Elie Wiesel about a fictitious trial calling God as the defendant. Though the setting itself is fictional, and the play's notes indicate that it "should be performed as a tragic farce" (Wiesel 1979: xxv), the events that he based the story on were witnessed first-hand as a teenager in Auschwitz. In his play, Wiesel grapples with the theodicy question: *Where is God when innocent human beings suffer?*

The play is set in a Ukrainian village in the year 1649, this haunting play takes place in the aftermath of a pogrom. Only two Jews, Berish the innkeeper and his daughter Hannah, have

survived the brutal Cossack raids. When three itinerant actors arrive in town to perform a Purim play, Berish demands that they stage a mock trial of God instead, indicting Him for His silence in the face of evil. Berish, a latter-day Job, is ready to take on the role of prosecutor. But who will defend God? A mysterious stranger named Sam, who seems oddly familiar to everyone present, shows up just in time to volunteer. Wiesel says:

"Its genesis: inside the kingdom of night, I witnessed a strange trial. Three rabbis—all erudite and pious men—decided one winter evening to indict God for allowing his children to be massacred. I remember: I was there, and I felt like crying. But nobody cried (1979: xxv; Nolan 2008)."

The trial lasted several nights. Witnesses were heard, evidence was gathered, conclusions were drawn, all of which issued finally in a unanimous verdict: the Lord God Almighty, Creator of Heaven and Earth, was found *guilty* of crimes against creation and humankind. And then, after what Wiesel describes as an "infinity of silence," the Talmudic scholar looked at the sky and said "It's time for evening prayers," and the members of the tribunal recited Maariv, the evening service (Hester 2005:40-41; Brown 1979: vii).

Although the trial itself reveals an awful truth about the classical Jewish concept "we are punished because of our sins" (Horowitz 2006:81), a core concern in both *The Trial of God* and the book of Job is the theodicy question: How (if at all) can people understand God to be just and good in the light of the innocent suffering that is pervasive in the world? Robert McAfee Brown argues: "Surely any God worthy of the name would not only refuse to condone such brutality but would expend all the divine effort necessary to bring the brutality to a halt, and initiate the work of passionate rebuilding (Wiesel 1979:viii).

Case Study 2: The Trial of God in Romania

Another trial of God was held in Romania in 2007. In a news article: *Satan Made Me Do It: Romanian Convict Sues God for Breaking Baptismal Contract*, Spiegel online International news reported (on July 13, 2007 – 11:07 AM) that a Romanian convict doing time for murder tried to

sue God for breaking the contract they allegedly concluded at his baptism and not doing enough to protect him from Satan.

Pavel Mircea, who is serving a twenty-year sentence for murder, filed a lawsuit in the western Romanian town of Timisoara against God for not protecting him from the Devil. He claimed that he had concluded a contract with God at baptism but God had not kept his side of the bargain. "He was supposed to protect me from all evils and instead he gave me to Satan who encouraged me to kill," he claimed.

In the written lawsuit, reported the Romanian daily *Evenimentul Zilei*, the convict had put "God, resident in heaven, represented in Romania by the Orthodox church" as the defendant.

Spiegel News adds that the plaintiff cited five paragraphs from the Romanian criminal code describing the crimes which God had allegedly committed, including fraud, breach of trust, abuse of a position of authority and misappropriation of goods. God had not fulfilled His side of the contract, Mircea claimed, because He had accepted prayers and sacrificial offerings without providing any kind of services in exchange.

The public prosecutor's office in Timisoara turned down the case, arguing that God is not a person in the eyes of the law and does not have a legal residence.

Constantin Stoica, the spokeswoman for the Romanian Orthodox patriarch in Bucharest, told reporters on Thursday that the prison chaplain will be given the difficult task of explaining to the man "that God does not act without our will and that people have the freedom to choose between good and evil."

What then is theodicy?

Although theodicy as a theoretical and philosophical stance regarding the explanation of suffering it does not appear in Biblical scriptures (Louw 2007:24), many case studies in the Bible indicate the notion and experience of theodicy. Crenshaw (1983:1), states that every

phenomenon that brings into question an assumption of harmony undergirding human existence presents additional evidence for the case against God. As such we may thus define theodicy loosely as the attempt to pronounce a verdict of “Not Guilty” over God for whatever seems to destroy the order of society and the universe. Crenshaw points out that the quest to protect the deity’s honour surfaced in the very first recorded utterance by a woman in the Hebrew Bible (Genesis 3:2-3). Here the serpent’s accusatory question cast a shadow of suspicion upon divine goodness; such doubt on the serpent’s part evoked a response that further restricted human freedom.

As a philosophical term, theodicy has influenced theology most profoundly (Louw 2000:24). Many authors have attempted to define theodicy. For example, Louw (2000:25) states that theodicy comes from two Greek words: *Theos* (God) and *dike* (justice). It means a justification of God in the light of evil and suffering. It is a human attempt to justify God’s goodness and His handling of affairs. Some form of theodicy inevitably emerges whenever one attempts to articulate one’s image of God and test the context of concrete realities of life.

Theodicy is an attempt to reconcile the belief in the goodness and power of God with the fact of evil in the world. There is an underlying presupposition that a solution exists and that God’s power is a violent force that determines all, as a system of control that can prevent all evil (Louw 2000:25). However, this leaves us with theological problem to establish whether or not one can hold simultaneously that God is Omnipresent, Omni benevolent and evil is real, without contradiction. Therefore, one must accept the fact that theodicy is an intrinsic part of religious life.

Although a rational solution is impossible, asserts Louw, the factuality of theodicy cannot be denied. He argues that anyone who has any interest in religion as an issue of life and death is inevitably involved in theodicy. Theodicy is primarily, a logical problem of how to ingest apparently contradictory propositions simultaneously without contradiction. Also theodicy unmasks the appropriateness of our God-images and belief about God and the world. Louw (2000:25) argues that a *theistic paradigm* which tries to ‘save’ God in terms of a detached

sovereignty is inappropriate. Theodicy within a *hermeneutic paradigm* is an attempt and search for a revision of power, and a larger perspective on the divine reality which reveals the identification of God with suffering and the transformation of suffering in order to instil hope. Thus a hermeneutic paradigm avoids the positivistic stance of orthodoxy.

Van Royen (1941:12) states that many theologians regard theodicy as an insoluble enigma, which rests on unsanctioned overstepping of borders that have been set for humankind. Although this insoluble enigma exists, Van Royen nevertheless believes that we cannot escape the responsibility for tackling the question of theodicy from a theological perspective. Although Louw says that Scripture does not pay attention to theodicy as a religio-philosophical question, Van Royen, nevertheless is convinced that there is a need to test the contents of faith against human experiences of suffering, as well as against generally accepted standards of truth. Therefore, Van Royen's explanation emphasises the value and the necessity for a theodicy which tries to link human experience with God's reality.

The theodicy issue is not a new phenomenon; it has existed for centuries past. For example, Louw (2000:27) cites Epicurus who in 300BC grappled with the theodicy dilemma and came to the following conclusions: Either God wants to overcome evil but cannot prevent it (then God is not omnipotent); or God possesses the power to overcome evil but does not want to (then God is omnipotent, but not good); or God has both the power to overcome evil and the desire to do so (then the question about the origin of evil remains and can be expressed in the following question: Why does God not remove evil? Or is God then the origin of evil?).

Inclusive and Exclusive Approach to Theodicy

There are generally two acceptable traditions about theodicy. In order to solve the above dilemma and the insoluble enigma about theodicy, Louw (2000:28) suggests that we systematise the different traditions and viewpoints about theodicy. He proposes that one can generally distinguish between an *inclusive* and an *exclusive* approach.

In an *inclusive approach*, theologians try to connect God to evil in order to safeguard His control: God is almighty and determines everything in life. Thus all events are in one way or

another linked to God's will and providence. By an inclusive argument Louw means the attempt to link God and His will to suffering and, eventually, to the existence of evil. Thus, in order to safeguard His omnipotence, nothing on earth could happen without God's permission. If suffering could be viewed as an exponent and manifestation of evil, that is to say, of the disruption of our fundamental relationships, the threat of chaos and disobedience to God's law and plan for human life, then (and this is the argument) evil cannot be an entity apart from his sovereignty. In other words, between a theistic God and evil a dualism is impossible. Louw says if we go by the inclusive approach to theodicy then the following arguments set in: suffering and its link to punishment and the wrath of God; suffering as a means to a higher end within a process of development or evolution; and suffering and the imperfection of creation under God's permission. The proponents of this approach are the Reformed Tradition where authors like Kuyper (in Louw 2000:30) and Calvin uphold the sovereignty of God, and views evil as something which God implements to achieve his own purpose.

On the other hand, there are proponents of an *exclusive approach*. In this approach, Louw (2000:28) argues that theologians react over against a static model which portrays God in an unsympathetic manner. They argue that God's pathos is an indication of his compassion and even of his protest against all forms of evil and suffering. They exclude God from being the cause of all human suffering. Therefore, God's identification with suffering indicates that He does not necessarily cause suffering. Hence, the notion of a "suffering God."

Another term for exclusive approach is *theopaschitic approach*. The proponents of this approach assert that God does not will evil, as such but He Himself even suffers in some way with, or under, evil in order to display his compassion (pathos). One of the best examples to demonstrate the theopaschitic approach is the Cross of Jesus Christ. They argue that the cross of Christ becomes the proof that God is not unyielding and sadistic, instead, He is deeply affected by evil. God identifies with suffering and is not apathetic towards it. Therefore, his sympathetic involvement with suffering, demonstrates God's compassion, thereby proclaiming that suffering is directly opposed to His will.

These two approaches to theodicy are relevant to this study because of the different experiences that research participants went through. There are different positions taken regarding the presence or absence of God in their trauma or experiences of grief. For example, the researcher, who used to believe in the *exclusive or theopaschitic approach* to theodicy, had his theological premise crushed or rather shattered by *the inclusive or theistic approach* of his employer. He believed that God would not allow xenophobic attackers or evil to happen to him:

Before the xenophobic attack, I believed that I was untouchable because I am hidden with Christ in God and that no attack would happen on my life and that which belongs to me because my heavenly Father watches over me 24 hours. God is the hedge of fire surrounding me and my household.

Human vulnerability confronted me a day after the attacks in Alexandra when his employer said:

“Yes, but also the will of bad people can affect us.”

What happened here is what Gilchrist (n.d.:1) in his article, *A Genealogy of Suffering*, states that when a traumatic event occurs, the effect is to “shatter” the victim’s assumptive world, or to deliver “profound invalidation” of that world. His *exclusive approach to theodicy* that God does not will evil for His children, had shielded him for many years as a believer in Christ until this day when it was challenged and he experienced wounding. Kaler (2009:1-2) writes, “As with other cognitive schemata, the assumptive world is developed and modified gradually in accord with lived experience. Once these cognitive schemata are established, however, it is thought to be held on such a basic and generally unquestioned level that it is only upon confrontation with a stimulus of seismic proportions, such as a traumatic event, that the assumptive world’s veracity is called into question. Elsewhere in the thesis, Nelson-Pechota (2004) points out those individuals who are unable to resolve challenges to their moral and spiritual beliefs might find themselves in a state of spiritual alienation, which can take many forms. He gives an example of a person who feeling abandoned by God, and in his or her response may reject God, feeling that God was powerless to help and therefore unavailable.

Although the researcher still holds on to the *exclusive approach*, what the process of trauma healing yielded for him is a mature faith in God, a faith that God does not will evil, as such, but He Himself even suffers in some way with evil in order to display His compassion (pathos). Instead of God willing and causing evil, He Himself suffers under it, thereby displaying His compassion in solidarity with His creation. Therefore, yes the will of bad people can affect him, as his employer said; but that does not mean that God turns a blind eye. God continues to watch over him and his household. This “paradigm switch” as Louw calls it; from his employer’s inclusive approach which temporarily paralysed and traumatised him to a more understood exclusive approach was the basis upon which the re-authoring of his alternative narrative took place. Therefore, the paradigm switch itself is the switch in the reconstruction of a narrative or autobiography.

Another co-researcher affected by theodicy was Nokwazi. Like the researcher, she also had an *exclusive or theopaschitic approach* to theodicy that inclined more towards a denial of the causal relationship between God and evil, emphasising God’s ‘No’ to evil even more strongly (Louw 2000:33). She believed she could pray to God and in His answer; she could have her fiancé back from the death bed. When she saw her fiancé’s health deteriorating, her theodicy intensified. She began lamenting:

Whenever I tried to pray my sorrows were flooded in tears. I asked God, ‘*Ukuthi, why mina?*’ [Saying, Why me?] When will I find happiness in my life?

Her lament implies that there was no happiness in her life and yet she could not reconcile her suffering with the will of God. She continued to deny God’s ability to allow her partner to die. When it was too painful for finite mind to comprehend, she crushed:

On 1 April 2001 ... I told myself that God did not love me so I broke away from church for almost two years. I did not pray and if anyone mentioned God, I swore.

Nokwazi did not lie still at rock bottom after the shipwreck of faith; she later started rebuilding the ruins that once stood strong:

Then one day my cousin came to my house and called me back. 'You need to come to church. We are having visitors at church.' So I went but refused to wear my church uniform. As I heard the word of God, there was an inner argument inside me. The preacher's words were true but I struggled to accept them. On that day I came to my senses. I made peace in my heart and returned to church.

She experienced God's compassion. She realised that in her suffering loss of fiancé, God suffered too and proclaimed that suffering is directly opposed to His will. God does not promise us that we will not encounter troubles in this life, but He promises that He will accompany us in everything we go through:

But now thus says the Lord...Fear not, for I have redeemed you... When you pass through the wasters, I will be with you; And through the rivers, they shall not overflow you. When you walk through the fire, you shall not be burned, nor shall the flame scorch you. For I am the Lord your God (Isaiah 43:1-3).

Perhaps it would be wise to close this theodicy section with Leibniz's view. Leibniz (1951:378) argues that evil is not an absolute necessity but a hypothetical necessity. He adds that evil is a thought possibility of God and not an act of His will. This means that God allows evil as a possibility, without processing it Himself. God, the absolute perfection, created this world as the best possible. Thus we learn to recognise 'the best' only by comparing it with imperfection. Imperfection becomes a possibility in the light of the best. He asserts that God wills the best, hence the principle of metaphysical evil which serves the goal. In the light of better possibilities, God wills physical evil and suffering. He thus allows moral evil as a hypothetical possibility in order to bring about greater maturity. In my experience of xenophobic trauma, I concur with Leibniz that God allows evil as a hypothetical possibility in order to bring about greater maturity. Had it not been for xenophobia, an evil experience in which more than sixty people were killed, and my employer had never confronted my immature exclusive approach, my faith in God, would have not reached a greater maturity. For me the greatest gain in the study as a

participant observer has been a paradigm switch from an inclusive to an exclusive approach to theodicy.

As we have noted in the narratives of research participants we see this paradigm switch in every narrative. For example, John, who without any involvement of his will, flees civil war in the Democratic Republic of Congo, encounters perils along the way says:

We saw the footprints of a lion, fresh, fresh, fresh. It's as if it saw us somewhere and was trying to hide. I thought- 'I can die from a bullet anytime. Why should I be afraid of a lion? If God wants me to die this way I will die'.

After walking thirteen days and thirteen nights without food except for eating fruits in the Congo Forests he still sees God's hand in his predicament.

He seems to have an inclusive approach of an Omnipotent God who cannot allow him to die in the forest. John and his team of internally displaced people reach a spot where they encounter hostile villagers. John says:

It was at ten o'clock when civilians confronted us, surrounding us with Panga knives and spears. People in that village thought that we were soldiers hidden in civilian attitudes. Since [they felt] we were not telling them the truth, better to finish us off.

After a standoff for some time, they were released:

Then the same people, who had kept us captive, showed us another way to cross the border and escape the soldiers. We found two men who were running away who knew the route into Zambia. We didn't use the road but took a short cut through the bush. We entered Zambia at 7 o'clock in the evening.

Although at times he experiences what Moltmann (1972) calls *God's forsakenness*, he experiences God at the end of the journey.

Once I crossed, I prayed 'God, thank you.' That's what I said, 'God thank you.'

Although in the forest John implicitly blames it on God for allowing Kabila soldiers to spark civil war in his country, at the end of the flight, out of the evil he experienced, his faith reaches greater maturity and is able to pray, “God, Thank you.”

From the above discourse on theodicy we can draw several conclusions:

First, theodicy exposes the God-images of a sufferer. Louw (2000:38) asserts that the value of theodicy lies in the way in which it reveals the appropriateness or inappropriateness of one’s God-image while, at the same time, it emphasises the enigmatic nature of suffering. Suffering raises questions regarding God’s justice, as well as the significance of our existence. Therefore, it becomes clear that theodicy can never explain suffering at a rational level.

It can only describe and express the complexity of suffering and our human attempt to come to terms with our own misery. Theodicy allows theology to become conscious of the following antimony and paradox: on the one hand, God can be linked to suffering while, on the other, God is against it.

Second, theodicy does not define God. Theodicy, as a positivistic theory or rational explanatory principle, does not offer a true perspective on who God is (Louw 2000:39). Berkouwer (1975:300-305) warns that the danger of theodicy can sometimes degenerate into a ‘natural theology’. As an all-encompassing explanatory and rationalistic approach, theodicy does not succeed pastorally to comfort human beings in their quest for meaning. He adds that in any event, it is very difficult to arrive at a general theory regarding the origin of suffering (Louw 2000:39). According to Louw, finding meaning in suffering does not necessarily presuppose a logical system of explanation. Suffering requires meaning to be sought within the highly tense context of anxiety, threat and insecurity. To discover meaning is not merely an intellectual exercise; it is a struggle of faith in the midst of suffering.

Third, we cannot explicate suffering and evil. Human suffering and evil can only be experienced in terms of a challenge to discover meaning and to reframe our spiritual identity (Louw 2000:40). Trauma experienced by the researcher and research participants in this study affected them in that they took on a victim identity. They became victims of events and this

affected the way they thought and felt about themselves, others and their world. In order for them to experience healing the Trauma Healing project facilitated the process where they had to reframe their identity. They recovered their God-given dignity and re-integrated into their community with their rightful respect from others, for others. In recovering their self-respect they were in a way reframing their spiritual identity and re-authoring their life narratives.

Fourth, the quest for meaning in suffering is about the purpose and direction of one's life. Meaning as the sum total of answers to all questions, does not exist Louw (2000:172). Meaning is about the purpose of human life and its movement within a particular direction, within a specific relation.

Theologically speaking, states Louw, discovery of meaning can take place only within a living relationship with God and in a loving relationship with fellow-human beings. One of the main instruments in the paradigm switch and reframing of spiritual identity of trauma survivors in this study was their reconnection with God and fellow participants in the project. Although trauma had succeeded to alienate many from God, destroy their faith, sense of purpose and meaning in life, their narratives conclude with their journey to restoration of faith in and relationship with God. Through the process of forgiveness and reconciliation, they were able to rebuild broken bridges with their former enemies and reframe spiritual identity.

Fifth, in his book, *A Theology of Auschwitz*, Simon (1967:109) points out that our humanity depends on the divinity of the incarnate Lord as the assurance of the meaningfulness of the meaningless. He adds that without the God-Man Auschwitz would stand as a nightmare, the culmination of unreason and malice. Owing to his divine status alone there is no suffering which remains outside the orbit of meaning mediated by him. Thus in order to atone for the sins of all men Christ suffered the most profound sadness, but not so great that it exceeded the rule of reason. The transformation of suffering by Christ even admits joy to the pain. We can therefore conclude that there is a spiritual fruition in the passion which qualifies his suffering. For example, Simon (1967:109) points out he did not rise from the dead to leave an enigmatic

empty tomb and to create a myth of resurrection, but he ascended to be with God as the eternal mediator. As such he takes the human condition into his divinity.

6.4. Moral Injury

The fourth theme is moral injury. In their article, *Moral injury and moral repair in war veterans: A preliminary model and Intervention strategy*, Litz (et al 2009:699) argues that the majority of individuals have a strong moral code that they use to effectively navigate through their lives. They define morals as the personal and shared familial, cultural, societal, and legal rules for social behaviour, either tacit or explicit. Morals are fundamental assumptions about how things should work and how one should behave in the world.

For example, it is not morally or culturally accepted that a married man dates a single woman; and at the same time it is morally wrong for a single woman to date a married man. However, some research participants sustained moral injury. For example, Bongekile sustained moral injury when she fell in love with a married pastor. Litz (et al 2009:695) defines moral injury as:

Potentially morally injurious events, such as perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations may be deleterious in the long-term, emotionally, psychologically, behaviourally, spiritually, and socially.

Similar to social–cognitive theories of PTSD, Litz (et al 2009:698) argues that moral injury involves an act of transgression that creates dissonance and conflict because it violates assumptions and beliefs about right and wrong and personal goodness. How this dissonance or conflict is reconciled is one of the key determinants of injury. Litz adds that if individuals are unable to assimilate or accommodate (integrate) the event within existing self- and relational-schemas; they will experience guilt, shame, and anxiety about potential dire personal consequences (e.g., ostracisation). Thus poor integration leads to lingering psychological distress, due to frequent intrusions.

Bongekile struggled to assimilate the breakdown of morality when she fell in love with the pastor:

He was married. I was hurt but he made me feel much better and I found it easy to be in love with someone who was married rather than be with someone who offered empty promises.

She struggled with a moral question: “What about his wife and children?” And yet she still continued with him. She talks about the pastor taking her wherever she wanted to go. The pastor became possessive of her. They continued with their love affair until the pastor became jealous:

The problem began when he never allowed any man to come near me, he never said it with his mouth but his actions said it all. If a man talked to me in a friendly way he would approach, give me his car keys and send me somewhere.

Bongekile further demonstrates her moral injury:

I felt like the world was too small. I did not want to cause trouble between him and his wife. I tried to quit church but failed.

Whatever she had believed was morally and spiritually correct, her values against sin, were eroded during this relationship. To make matters worse for Bongekile, not only did she know that the pastor is married, but she was a member of the same church. Each time she went to church, she saw the pastor’s wife and children and she knew what she was doing in secret with him was morally wrong and yet she pretended like nothing happened. When she says, “He was married. I was hurt but he made me feel much better,” she shows the extent of moral injury. For her to reach a point of asking herself: “What about his wife and children?” was the moral Bongekile trying to make sense from nonsense, and in her own response said: “I did not care.” Bartsch (1996:37) argues that sometimes after trauma people lose their sense of right and wrong. They kill and steal as though their conscience is dead. Their inner person [comprising faith, meaning and purpose] has been deeply affected. One can see this losing “sense of right

and wrong” or what other people call ‘moral compass’ in Bongekile when she says, “I did not care.”

Bongekile violated even the basic tenets of situational ethics. She was torn apart between the moral Bongekile and the immoral Bongekile for indeed she was involved in sexual immorality. Situational ethics is a theoretical limb of normative ethics which suggests that sometimes other moral principles may be sidestepped in certain situations if it best serves the cause of love (Bernard 2011). Situational ethics is a Christian ethical theory, which was developed in the 1960s by an Episcopal priest, Joseph Fletcher. Specifically referring to the moral codes of Christianity, Fletcher specifically refers to the Greek term Agape love or universal, infinite and unconditional love for all (Bernard 2011).

Bunch (2005) argues that the deontologists of the Kantian, divine command, and secular positivism positions hold that specific acts are moral or immoral. Attention is given to an action; one that you are morally required to do or to refrain from doing. Fletcher (1964) adds that situation ethics is a rule deontology; instead of being morally required to do an action, you are morally required to follow a rule. The rule of situation ethics is that you must unconditionally love your neighbour.

In his book *the classic treatment and situational ethics*, Fletcher believed that there were no absolute laws other than the law of Agape love and all the other laws were laid down in order to achieve the greatest amount of this love. As such he advocated that all other laws are only guidelines to how to achieve this love, and thus they may be broken if the other course of action would result in more love. Therefore, one should base moral decisions upon the commandment to love your neighbour. Fletcher was not the only one to think along these lines, Hoose (1987) in his ethical theory of proportionalism advocated that “It is never right to go against the principles unless there is a proportionate reason which would justify it.” Yes one would argue that according to Bongekile she was justified by Fletcher and Hoose in that Bongekile felt rejected by her fiancé, and her church where she expected a sense of acceptance and belonging. Thus the pastor expressed greater love by availing himself to accept and support

her. However, this argument does not hold water because, according to Fletcher, situational ethics should result in one's basing moral decisions upon the commandment to love your neighbour. Bongekile knew she cannot claim that she loves her neighbour, pastor's wife, whose husband she had an affair with. Bongekile is found wanting because her flirting with the pastor was slowly destroying the institution of marriage and in the end the Church.

Another co-researcher who experienced moral injury is Nokwazi. Nokwazi lied to her parents in order to hide her new relationship. Although Nokwazi was raised with the values of being honest and telling the truth, she begins to engage in lies in order to hide her behaviour. For example, she lied to her mother about going to a wedding in Underberg and her mother bought her clothes so she could look good.

She asked her to bring her a piece of wedding cake in return and Nokwazi agreed. Meanwhile she went off to Mooi River where her boyfriend was living with his parents:

I met his mother and siblings and the father was around. They all loved me. We shared jokes. He took me to his other relatives. It was my first time on that side of the world. On Sunday we came back. I remembered the cake so he bought a fresh cream cake at Pick n Pay. I told my mum, 'The wedding cake was finished, and only the cream cake was left.' My mum smiled.

She violated the morals she was brought up with resulting in guilt, shame and regret. According to Litz (et al 2009) "Guilt is a painful and motivating cognitive and emotional experience tied to specific acts of transgression of a personal or shared moral code or expectation. She argues, "Guilt, unlike shame, is associated with a decreased likelihood of participating in risky or illegal behaviour and often results in the making of amends." Not so with Nokwazi, she fell pregnant from that visit and did not know how to tell her parents:

I told my boyfriend that I had missed my period. He laughed: 'Don't worry, my dear. I will support you all the way.' We went to the doctor at Howick and the result was positive. He was so excited but I was confused. What was my mum going to say after all the effort to get me a good education? I was angry with myself.

She had an opportunity of “making of amends,” by telling her mother the truth; but it passed her by. Later her boyfriend asked her to accompany him to his uncle’s house at Hammarsdale. Another opportunity presented itself, but she says:

“I lied to my mum about a sick friend whom I needed to take to her home.”

Her boyfriend told his mother the news about Nokwazi’s pregnancy and she responded:

I will tell your father. We need to meet your girlfriend’s family.’ His granny was so happy. Her dying wish was to see a grandchild.

She felt so ashamed of herself for falling pregnant. Lewis (1971) points out that shame involves global evaluation of the self along with behavioural tendencies to avoid and withdraw. Litz (2009:699) adds that shame results in more toxic interpersonal difficulties, such as anger and decreased empathy for others, and these experiences can, in turn, lead to devastating life changes. Nokwazi turned anger towards herself. Generally, research has shown that shame is more damaging to emotional and mental health than guilt (Tangney et al 2007). According to Litz (et al 2009: 699) consequently, shame may be a more integral part of moral injury.

Nokwazi experienced moral injury. It is culturally, socially, morally and spirituality acceptable norm and value that a woman should fall pregnant while she is married, at least in the African context and it is a shame to a woman and her family if she is pregnant out of wedlock. Even the child that is born out of wedlock gets despised and is called by derogatory names. That is why Nokwazi, upon realising that she is pregnant, talks to herself:

What was my mum going to say after all the effort to get me a good education? I was angry with myself.

In time the families met. Her boyfriend paid “all the damages” [when a man impregnates a woman out of wedlock, he is asked to pay ‘damages’]. After this process he was accepted by Nokwazi’s family as a member of the family.

The third survivor of moral injury is Noma. Following the death of her father, the whole family was scattered. Like goods, children were distributed amongst relatives and Noma landed in her cousin's hands. The vulnerable Noma fell into the hands of a predator that after a year, started touching Noma's private parts. Noma says it was morally wrong for her brother to touch her private parts. Besides the touching, he threatened her not to tell anyone else. Like any rape survivor, she closed her mouth and silence ate her life a chip at a time until the day she disclosed to her mother. Although the incest itself was morally and socially wrong, silencing a victim of rape or incest through threat is tantamount to moral injury leave alone the legal consequences.

Although Noma experienced the kind of abuse and injustice when she was between thirteen and fifteen years old, she never got justice, neither was she given an opportunity to tell the elders what happened. Undermining the child, the elders which included the cousin and her mother talked about the incest issue and resolved that Noma continues to stay with a predator on a simple promise that he will not molest her again. No one acknowledged her pain until thirty years later when a safe space was created at the Trauma Healing Project to share her story and be acknowledged. Although some people would argue that time heals, I would argue, based on Noma's story that time does not heal. Noma says during Stress and Trauma Level one, the process triggered memories of sexual abuse and other forms of abuse she experienced at the hands of her cousin. She says,

My Cousin who had traumatised me in my early years had died, I had wanted closure and to get answers from him, why he had done what he did and not protected me from his wife when she beat me up, When I slept without food where was he? When I was sick sleeping in a dark room with no light clinging to the only bed linen I knew, where was he?

She adds:

I was a lost angry soul and when I started with [Stress and Trauma] level one I became very angry and I opened all the old wounds, When level two came I started to heal a bit,

as level three approached I would speak about my trauma without crying, the pain became bearable.

Now that she was given a safe space to talk about her “unfinished business” of the past, she began to heal from the moral and spiritual injury.

6.5. Death and Grief

Grief is not an illness to be cured. Rather it is an opportunity for growth if the bereaved can avoid being trapped between the past, which cannot be retrieved, and the future yet to be planned.

One of the themes that emerged from the study is death and grief. Almost all six narratives presented in chapters four and five mention experiences of loss through death. One of the activities during the healing process in the longitudinal study was to help participants to name, mourn and grieve what was lost. Bartsch (et al 1996:84) defines mourning as an expression of grief and sorrow over that which is lost. The study took into account that traumatic events account of many losses and the rationale of naming these losses and mourning or grieving for them would be a very significant process as trauma survivors’ quest for healing and meaning. Losses were not only in relation to death; but took into consideration others losses as well. Bartsch (et al 1996:84) mentions some of the categories of losses that people experience. For example, it can be the loss of important people or significant others, well-loved places or settings, lost opportunities, physical health, emotional health, relationships for example marriages that went sour or children that missed out on being free to be children, loss of self-concept and loss of faith and meaning in life. All six life narratives are loaded with losses of various kinds, however, in this section, emphasis is put on loss through death as it was the commonest loss that everyone experienced. Also this grief discussion does not address grief experienced by children but adults.

The Centre for Complicated Grief at Columbia University (n.d.) points out that for most people, grief never completely goes away but recedes into the background. Over time, healing diminishes the pain of a loss. Thoughts and memories of loved ones are deeply interwoven in a person's mind, defining their history and colouring their view of the world. Missing deceased loved ones may be an on-going part of the lives of bereaved people, but it does not interrupt life unless a person is suffering from complicated grief. For people with complicated grief, grief dominates their life rather than receding into the background.

Kaplan and Sadock (1998:65) assert that people react to death according to its context. They give an example of a person who experiences death as timely or untimely. Death is timely when a person's expected survival and actual lifespan are approximately equal. In the case of untimely death a person's death is unexpected or premature. Those left to grieve a timely death are usually not surprised or shocked by it, unlike those who are left to grieve the untimely death, such as that of a young person, a person who dies suddenly, or a person whose catastrophic death is associated with violence, an accident, or utter meaninglessness. Van Dyk (2005:253) argues that death is difficult to accept when young people die (especially when they die from diseases such as HIV/AIDS). She adds, "In many African cultures, for example, the death of young people is seen as 'unnatural', and in modern Western societies people are alienated from death, partly because our culture is so materialistic that people find it difficult to believe in any kind of existence after death" (2005:254). Kaplan (et al 1998:65) continues that death can also be thought of as intentional (suicide), unintentional (trauma or disease), and sub-intentional (substance abuse, alcohol dependency, cigarette smoking). Death may have psychological meanings, both for the person who is dying and for society in general. In other formulations death may take the power of a metaphor, for example, some people view death as deserved punishment for what is perceived as immoral or sinful lifestyles. Another form of death is what Kaplan and Sadock call psychogenic death (1998:65). This is death which is triggered by emotional factors in some people. For example, ventricular fibrillation and myocardial infarction may follow sudden psychic stress or Voodoo death or death secondary to a hex which occurs when a person who is thought to have psychic power to cause death puts a

curse on another who believes in the person's power (Kaplan et al 1998:66). This chapter seeks to define grief, theories of grief and effects of complicated grief in the survivor and support system.

Complicated grief

The Centre for Complicated Grief defines complicated grief as an intense and long-lasting form of grief that takes over a person's life. It is natural to experience acute grief after someone close dies, but complicated grief is different.

Complicated grief is a form of grief that takes hold of a person's mind and won't let go. People with complicated grief often say that they feel "stuck." According to the Centre, the term "complicated" refers to factors that interfere with the natural healing process. These factors might be related to characteristics of the bereaved person, to the nature of the relationship with the deceased person, the circumstances of the death, or to things that occurred after the death. For example, Noma, Nokwazi, Bonie and the researcher lost significant numbers of their loved ones which obliterated any sense of meaning. For example, the last straw that broke Noma's back was the traumatic death of her sister who was crushed by a truck. Although she experienced a similar loss of her son, Clive, in another car accident, the death of her sister shattered Noma's sense of meaning. She says, "I sat down trying to make sense of what has happened but it made no sense." She adds:

On 22 December my sister came to my salon to help me work because of the festive season rush for hair dos. We had a beautiful day together. But the following morning I went to the morgue to bathe her?

She still experiences the effects of her death. Not only did Nokwazi lose faith in God, she suffered complicated grief as well. Her life was never the same. Talking about the death of her granny, she says:

My life was so empty without her because she was like my friend.

Although she seemed to recover from this loss, the last straw that broke the camel's back was the death of her fiancé. She says,

Things went smoothly between me and his father until 2001 when he passed away. I lost my fiancé after a long illness that put my life on hold. He was my pillar of strength and I relied on him for everything. On 1 April 2001 his body was laid to rest in Howick Cemetery, the saddest day of my life. I told myself that God did not love me so I broke away from the church for almost two years. I did not pray and if anyone mentioned God, I swore.

The use of the term “that put my life on hold” is suggestive of complicated grief. It suggests that normal functions ceased to operate. Even her spiritual resources were put on hold. The Centre for Complicated Grief (sw-cgt@columbia.edu) is correct when they say that people with complicated grief know their loved one is gone, but they still cannot believe it. They say that time is moving on but they are not. They often have strong feelings of yearning or longing for the person who died that do not seem to lessen as time goes on. Thoughts, memories, or images of the deceased person frequently fill their mind, capturing their attention. They might have strong feelings of bitterness or anger related to the death. They find it hard to imagine that life without the deceased person has purpose or meaning. It can seem like joy and satisfaction are gone forever. This is how Nokwazi felt at the loss of her fiancé.

Understanding grief

It is important to note the difference between bereavement and grief. Louw sees bereavement as reaction to the loss; while grief is intense pain and emotional response to loss. Mourning is the psychological mourning process. There is also the difference between normal and abnormal or complicated grief. Instead of normal and complicated grief Louw calls them neurotic grief and abnormal grief respectively. The entire process of grief has been placed into different segments according to different theorists' interests. For example, we hear of stages, tasks, phases of grief. Some of these categories talk of the same thing while others differ slightly. In

this section we explore some of the effects of abnormal grief which include the spiritual effects, social- behavioural effects, emotional-cognitive effects, and physical effects.

Louw (2007:508) notes that grief work consists of three important concepts and aspects. These are: bereavement (reaction to the loss); grief (intense pain and emotional response); and mourning (the psychological mourning process). According to Louw the degree and intensity of grief, as an emotional reaction to sorrow, is dependent on the quality of the love attachment involved. DEACSA (2006:45) defines attachment as a deep affectionate bond which an individual forms with others and reacts strongly when that bond is threatened or broken. According to DEACSA forming attachments is a normal behaviour for both children and adults and as such the extent to which human beings grieve a loss depends on how attached or close they were to the person or object of their loss (2006:45). In this case grief is emotional pain when losing love, together with an experience of helplessness and powerlessness (Louw 2007:508). Louw illustrates grief by a metaphor of the amputation of a body part. A patient whose limb has been amputated may want to scratch an amputated limb only to find that the limb is no longer there. This is the crisis of grief, the loss together with the frustration of helplessness and the pain of intense longing. Therefore, Louw argues that grief is the crisis of irrevocable loss and the feeling of powerlessness as a result of the amputation of love (2007:508). Louw further argues that “underlying this emotional process is man’s [sic] inherent fear for separation, isolation, rejection and loneliness.” As such grief is seen as a reaction to separation in which the normal rhythm has been disrupted and disturbed and manifests itself in emotional and affective dimensions. This reaction depends on the type of loss, personal attitude of the mourner, his/her supportive network, the relatives’ reaction, specific cultural context and his/her concept of God. Louw sees grief as a process which entails: realisation, internalisation, separation, reorientation, and formation and growth (2007:510). Wick (1985:540) argues that grief is not limited to a death experience alone. “We tend to think of grief in such limited terms, and thereby miss the impact of all our losses and all our grief.”

Hamman (2005:12-13) notes the difference between grief and mourning. He sees grief as “the normal emotional, spiritual, physical, and relational reaction to the experience of loss and

change.” Grief within a person or a congregation, like wind, water, and fire, takes enormous amounts of energy to control. Grief, observed Hamman, can be mute, without any voice. While mourning, argues Hamman, is the intentional process of letting go of relationships, dreams, and visions as an individual or congregation lives into a new identity after the experience of loss and change. According to him, mourning implies living through grief; to live with loss and change and due its intentionality, mourning is work.

Collins (1988:345) defines grief as a normal response to the loss of any significant person, object, or opportunity.

It is an experience of deprivation and anxiety that can show itself in one’s behaviour, emotions, thinking, physiology, interpersonal relationships, and spirituality. Jeffreys (2005:29), in his book *Helping grieving people when tears are not enough* says that many people intermix the grief with mourning and bereavement. Therefore in his attempt to bring a distinction, he gives definitions of each one of the three concepts. He looks at grief as a system of feelings, thoughts, and behaviour that are triggered when a person is faced with loss or threat of loss. Emphasis is on both internal (thoughts and feelings) and external (behaviour) reactions. He sees mourning as the behaviour that is part of human grief response and serves to differentiate mourners from others in a person’s social network. Here emphasis is on external behaviour, expressions of grief, and manner of dress. While bereavement is a cultural/social role or condition for a person who has experienced a death and engages in cultural rituals and behaviour associated with death. Emphasis is on behaviour or restriction of behaviour dictated by cultural norms (2005:29). It is worth noting that, according to Jeffreys, grief does not reserve its presence for death or the threat of death alone, people can have a grief response for other losses of life although many of these losses have a death-like quality; for example, aging, workplace changes, separation and divorce, and financial insecurity. Collins (1988: 345) agrees with Jeffreys, adding that any loss can bring grief. For example, retirement from a job, amputation, departure of a child to college or a pastor to some other church, moving from a friendly neighbourhood (or watching a good neighbour move), selling one’s car, losing a home or valued possession, the death of pet or plant, loss of contest or athletic game, health failure,

and even the loss of one's youthful appearance, or enthusiasm (Collins 1988:345). This loss of youthful appearance can be significant in culture "that places a very high value on youth, physical fitness, sexual attractiveness, and affluence" (Jeffreys 2005:8). Collins asserts that although there are lots of things that will cause us grief when we have lost them, most grief discussions, however, concern loss that comes when a loved one or other meaningful person has died. He cautions that this grief is never easy; although people try to soften the trauma through dressing up the corpse, surrounding the body with flowers or soft lights, and using words like "passed away" or "departed" instead of "died," but we cannot make death into something beautiful (1988:345).

It is also worth noting that though Christians derive comfort from the hope in the resurrection, Collins asserts that this does not remove the emptiness and pain of being forced to let go of the loved one. "When we encounter death, we face an irresistible, unalterable situation that we are powerless to change". Even though death has been swallowed up in victory, the loss of the loved one can be devastating and grief can be overwhelming (1988:345). Although death does not remove the emptiness and pain, Jeffreys argue that for Christians, mourners can be comforted by the thought that the deceased is being reunited with loved ones and will be in the presence of Jesus Christ in the kingdom of heaven (2005:18). Switzer (1986:144) seems to concur with Jeffreys on the impact of 'overwhelmingness' of grief for a faith person in that it is the responsibility of the faith to speak to all issues concerning the meaning of life and death; questions of meaning are raised in a particularly potent way in the experience of grief. The faith itself stimulates the compassion that impels the minister to seek to engage every person in the moment of suffering and an effective ministry to persons at the very time of grief will save many from much distress at a later time.

Theories of grief process

Switzer (1986:144) sees grief as a process and not a state. Grief is a set of symptoms which start after a loss and then gradually fade away. It involves a succession of clinical pictures which blend into and replace one another. Different theorists look at grief in different ways. Some see

the process as stages while others see it in phases or tasks. For example, Therese Rando, John Bowlby see grief in phases; Elisabeth Kubler-Ross sees grief in stages; Parkes and Weiss, William Worden (1991) see grief process as tasks to be completed (cited in Jeffreys 2005:54-60).

According to Switzer (1986:153), this grief process goes by stages and each of these stages has its own characteristics and there are considerable differences from one person to another as there is a common pattern whose features can be observed without difficulty in nearly every case. Switzer seems to agree with Parke's theory of stages of grief which is based upon the data collected from extensive personal interviews with twenty-two widows at the end of the first, third, sixth, ninth, and thirteen months after the loss by death of their husbands (1986: 153).

The first phase of grief, according to Switzer is that of numbness and denial. Drawing support from Parkes research, Switzer reveals that a feeling of numbness was experienced by ten widows and this feeling lasted anywhere from one day to more than a month, with five to seven days being the most common (1986:153). Sixteen of the twenty-two widows reported difficulty in accepting that their husbands were really dead. Even after a period of one year, thirteen of the widows said that there were still times when they had difficulty believing that their husbands were dead. John Bowlby, in his four-phase process of grief locates numbness in phase one, due to separation from an attachment figure which manifests itself by an initial shutdown, denial, and unreality lasting for a few days to several weeks. During this period grieving people may appear to be doing "very well" because they do not grieve outwardly (cited in Jeffreys 2005: 54).

Kubler-Ross (n.d.) suggests five stages of loss as an outgrowth of her work with over two hundred dying cancer patients and their families. Jeffreys suggests that these stages are still the most familiar to the lay public and should be referred to as descriptions of observed behaviour rather than required steps for healing grief. According to Kubler-Ross the first stage of grief is shock and denial (cited in Jeffreys 2005: 55). In his interpretation, Alan Chapman (2006) sees denial as a conscious or unconscious refusal to accept facts, information, reality, etc., relating to the situation concerned. It's a defence mechanism and perfectly natural. Some people can

become locked in this stage when dealing with a traumatic change that can be ignored. Death of course is not particularly easy to avoid or evade indefinitely. A good example of shock and denial are expressions like: “No! It can’t be!” “There must be some mix up with x-rays.” “Let’s get another blood test.” Jeffreys points out that these expressions of shock and denial are common immediately after a loss or the threat of loss (2005:55).

The second stage of Kubler-Ross’s theory is anger. Chapman (2006) comments, that anger can manifest in different ways. For example, people dealing with emotional upset can be angry with themselves, and/or with others, especially those close to them. Anger can also manifest in rage, resentment, bitterness, irritability, hostility and violence. Anger may also take the form of passivity, stubborn refusal to eat or comply with medical advice, or even to speak with family or medical staff (2005:55). Knowing this helps keep detached and non-judgmental when experiencing the anger of someone who is very upset (Chapman 2006).

The third stage is bargaining. Kubler-Ross’ asserts that this stage for people facing death can involve attempting to bargain with whatever God the person believes in. People facing less serious trauma can bargain or seek to negotiate a compromise (Chapman 2006). For example, “If I start praying again or pray more, maybe I will get well.” “Maybe if I come in earlier and stay later, I will survive the next layoff” (Jeffreys 2005:55). At the heart of all these bargains is buying time or at least relief from pain and discomfort.

The fourth stage is depression (cited in Jeffreys 2005). According to Kubler-Ross depression can also be called preparatory grieving. In a way it is the dress rehearsal or the practice run for the 'aftermath' although this stage means different things depending on whom it involves. It is a sort of acceptance with emotional attachment. It is natural to feel sadness and regret, fear, uncertainty, etc. It shows that the person has at least begun to accept the reality. Jeffreys reveals that many patients literally turn their back on visitors and staff in an attempt to conserve energy. They may spend time thinking about their lives, the meaning of life and death, and/ or religious or other spiritual truths (2005:56).

The fifth stage is acceptance. Again this stage definitely varies according to the person's situation, although broadly it is an indication that there is some emotional detachment and objectivity. People dying can enter this stage a long time before the people they leave behind, who must necessarily pass through their own individual stages of dealing with the grief (Chapman 2006).

William Worden's four tasks of mourning

William Worden presents four tasks of mourning. While Kubler-Ross describes the reaction to grief in each and every stage, Worden describes reactions to grief as well as what must be done in order for grieving process to be completed. While Kubler-Ross sees stages of grief, Worden calls them tasks. The word task implies what must be done. Van Dyk (2005: 238) warns that these tasks of mourning frequently overlap one another and do not necessarily follow in any specific serial sequence. She adds, "The grieving person may therefore complete some tasks simultaneously- although in other cases the finalisation of one task may depend on the prior completion of a previous one." Below are the four tasks of mourning:

First task is accepting the reality of loss (Van Dyk 2012:317). While many people go into denial when their loved one has died, Worden suggests that the bereaved person must come to the realisation that this person is gone, and that reuniting with him or her, at least in this life, will not happen. Thus the primary objective at this time is to ultimately integrate the reality that the loss is irreversible, to neither deny nor minimise it. Minimising loss can sound like: " My mom was sick for so long that I didn't get to spend much time with her anyway, so I don't miss her that much now" (Jeffreys 2005: 56).

The second task is experiencing the pain of grief (Van Dyk 2012:318). Worden (in Jeffreys 2005:57) emphasises the importance of experiencing emotional pain but also the physical and behavioural pain associated with loss. This is important if healing is to take place otherwise when this task is not sufficiently addressed because of avoidance or suppression of memories or images of the deceased, healing will be impeded, and the result may be emotional complications of grief or physical problems. Worden acknowledges that not everyone

experiences the same intensity of pain or feels it in the same way. However, those people who experience this need to express their feelings and should have an opportunity to do so in a safe and healthy way.

The third task is adjusting to an environment, in which your loved one is no longer present (Van Dyk 2012:320).

Chapman (2006) is of the opinion that your loved one had a special place in your heart and in your family. They can never be replaced. But bereaved families can eventually adjust to the absence of a loved one. This process might involve finding new ways of interacting with your surviving family members and friends.” Another thing is the roles the deceased used to have to be negotiated amongst the bereaved. For example, if a man of the house has died, the family has lost a father, the wife has lost a husband and friend, she is now a widow, the children have lost a father they are now orphans, they have lost a breadwinner they may now be destitute now. Louw (2007:522) states that these roles continue to be on demand and the bereaved may have difficulty adjusting. Therefore, role adjustment and the finding of new roles may represent a challenge to the mourner’s potential to adapt to loss.

The fourth task is withdrawing emotional energy and reinvesting it in another person or field of life (Van Dyk 2012:321). According to DEACSA (2006:51), one can only invest one’s emotional energy once one has withdrawn one’s focus from the deceased person. Mourning therefore entails the psychological task of detaching one’s memories and hopes. Chapman argues that many people misunderstand this task and believe it means forgetting about their loved one. They believe that this would be dishonouring their loved one's memory. This task is simply a continuation of the first three tasks. It involves the process of allowing yourself to make relationships with others. It does not mean that you care any less about your loved one or that you will not keep your special memories.

Normal and complicated grief

Different theorists divide grief into two main categories. These are normal grief and complicated grief. Jeffreys (2005:264) says that complicated grief is also called complicated

mourning, abnormal grief, pathologic grief, pathological bereavement, neurotic grief, and more recently traumatic grief. Louw (2007:519-520) points out that it is extremely difficult to distinguish between normal and abnormal grief. He argues that usually they differ by mere degrees; otherwise the two are virtually identical.

However, McCall (2004: xii) sees a marked difference between the two. She argues that there is a pattern to the “normal” grief journey and there are familiar steps involved in the journey to recovery from major loss. These steps comprise: shock, denial, feelings, depression, reorganisation, and recovery. Grief response is more intense than would be otherwise indicated; longer lasting than typical grief, and at the same time, pervasively affects the grieving person’s daily life and behaviour in significant and negative ways. She adds that when losses are so overwhelming that the complications become obstacles and eventually barriers, then there is an increased possibility for dysfunction to intensify in the form of health problems, disease, and other destructive processes and behaviour. McCall (2004: xiii) says a barrier is built when a challenge or problem has become a complication or obstacle that cannot be worked through. The severity and rigidity of a barrier is what makes it a major criterion in a dysfunctional grief response.

Although not in the way McCall sees normal grief, Louw (2007: 519-520) acknowledges the predictable process that normal grief takes. He states that normal grief entails a process of change, which is created by making new adaptations; accepting responsibility and making new attainable choices concerning the direction, course and goals of one’s life; a new vision regarding the meaning of life and one’s future; caring relations; and a new perception of faith, which means that the bereaved views the loss through the heart of God’s compassion and through the implication of Christ’s opened grave. Although Louw expresses the difficulty in distinguishing between normal and abnormal grief, he has observed that there are marked symptoms of abnormal grief. Within the category of abnormal grief, for example, he argues that there is a marked difference between neurotic grief (where control is lost) and abnormal grief (where the bereaved refuses to be resigned and loses contact or touch with reality). In his

attempt to clarify the difference between neurotic and abnormal grief, he notes that neurotic grief encompasses:

- Postponed grief - when the denial process continues and, after this shock, the bereaved has difficulty in accepting.
- Inhibited grief - when grief is suppressed intentionally and one cannot express one's reaction in weeping, or one's feelings in frank communication.
- Chronic grief - is when, in grief, a strong masochistic tendency (the bereaved use weeping to castigate and punish themselves) is apparent.

Louw (2007:520) clarifies that abnormal grief sets in when the bereaved remain static in a certain phase or skip a certain phase. A good example is if the bereaved did not weep; or when denial of the loss lasts or when the bereaved tries to replace grief with something or somebody else. One such case can be a sudden marriage to replace the deceased, could lead to abnormal grief.

Louw's words that "the bereaved remain static in a certain phase" speak of the experience Nokwazi had when she lost her fiancé. She says:

Things went smoothly between me and his father until 2001 when he passed away. I lost my fiancé after a long illness that put my life on hold. He was my pillar of strength and I relied on him for everything.

What Louw calls "remain static" Nokwazi says that the death of her fiancé "...put my life on hold". As such there must have been an increased possibility for dysfunction to intensify in the form of health problems, disease, and other destructive processes and behaviour (McCall 2004: xiii). McCall is right; one of the behaviours that changed was her tendency to go to church. She was a church person who was taught from when she was a child by her grandmother to love God and go to church. But when this major loss happened she was overwhelmed and that complication became an obstacle and eventually barrier for her to go to church. She says:

On 1 April 2001 his body was laid to rest in Howick Cemetery, the saddest day of my life. I told myself that God did not love me so I broke away from church for almost two years. I did not pray and if anyone mentioned God, I swore.

Nokwazi's case brings a link between complicated grief and spirituality and how trauma affects spirituality.

Her spiritual practices came to a halt due to an overwhelming traumatic grief due to the loss of her fiancé. I concur with McCall (2004: xiii) that many of the complications that can occur are spiritually based issues. She points out that grief work is spiritual work because significant loss challenges an individual's core understanding of the meaning of life. She adds that when people access spiritual resources in ways that are negative rather than positive, the entire grief process may then become dysfunctional.

Freud's take on grief

In 1917, Freud (cited by Kaplan et al 1998:72) argued in *Mourning and Melancholia* that normal grief (mourning) results from the withdrawal of the libido from its attachment to the object. In normal mourning, the loss is clearly and unambivalently perceived, and the person who died is eventually, through the grief work, internalised as a loving and loved object. While in abnormal (melancholia) grief, the object is not given up but is incorporated in the survivor's psyche as an object infused with negative feelings. These negative feelings toward the deceased person are experienced as part of the self, and the survivor becomes depressed, has low self-esteem, feels worthless, and becomes self-accusatory, with possible delusional expectations of punishment. Simon (2007: 395-396) adds to the list of symptoms, and says complicated grief or what Freud calls "Melancholia" consists of symptoms at least 6 months after the loss of a loved one. These include a sense of disbelief regarding the death; persistent intense longing, yearning, and preoccupation with the deceased; recurrent intrusive images of the dying person; and avoidance of painful reminders of the death; individuals with the syndrome of complicated grief often report anger and bitterness related to the death, feel estranged from other close friends and relatives, and cannot find satisfaction in on-going life.

Simon argues that complicated grief can be distinguished from other co-occurring psychiatric disorders such as major depressive disorder (MDD) and post-traumatic stress disorder (PTSD). For example, complicated grief symptoms have been shown to contribute to impairment beyond that associated with PTSD and major depression (et al 2007: 395-396).

Nonetheless, a sizeable number of people develops disorders from the mood and anxiety disorder categories of the Diagnostic and Statistical Manual of mental disorders (DSM) or comes to suffer from complicated grief (CG) (Boelen, et al: 2005:1). CG1 is a bereavement-related syndrome that is defined as present when mourners have symptoms of separation distress (e.g., yearning, searching) and traumatic distress (e.g., disbelief, trouble accepting the death, bitterness) for at least 6 months, to the point of functional impairment (Prigerson & Jacobs, 2001a; Prigerson et al., 1999 as cited in Boelen et al 2005:1). Recently, Lichtenthal, Cruess, and Prigerson (2004) reviewed evidence that CG is a clinical entity that is distinct from other disorders, that poses a risk for enduring health impairments.

Kaplan and Sadock (1998:71) call this complicated grieving, pathological (abnormal) grief. They suggest that the people at great risk of pathological grief are those who suffer a loss suddenly or through horrible circumstances, those who are socially isolated, those who believe they are responsible (whether the responsibility is real or imagined) for the death. They are those with a history of traumatic losses, and those with an intensely ambivalent or dependent relationship to the person who died. Kaplan and Sadock (1998:71) add that other forms of abnormal grief occur when some of the aspects of normal grieving are distorted or intensified by psychotic proportions. For example, while hearing a fleeting, transient voice of the deceased person may be considered normal; persistent, intrusive, complex auditory hallucinations are not normal. Whereas denial of certain aspects of the death is normal, denial that includes that the dead person is still alive is not normal (1998:71).

Jeffreys (2005:264) sees complicated grief as complicated mourning, pathological mourning, and neurotic grief. This is grief that escalates to problematic proportions; that is, it is extreme in one or more of the dimensions of typical grief- severity of symptoms, duration of severe

symptoms, and level of dysfunction socially, occupationally, and with regard to activities of daily living. While many theorists on complicated grief, for example, Simon, Kaplan, Sadock look at complicated grief as a result of inappropriate grieving process of deceased loved one, Jeffreys argues that complicated grief is not only limited or associated to someone who has died.

He has counselled people who have exhibited signs and symptoms of complicated grief due to loss of a career, their home, the realisation that they would never have their own biological child, and loss due to separation or divorce (2005: 264). According to Jeffreys the signs and symptoms, which he calls “danger signals” for complicated grief, include emotional, cognitive, behavioural, and physical signals.

Effects of complicated grief

The syndrome of complicated grief (CG) is chronic and debilitating, and it results in substantial distress and impairment, worsens quality of life, and has been linked to excess medical morbidity and suicidal tendencies (Simon et al 2007:395-396). Some theorists agree that complicated grief manifests itself in four components. Switzer lists physical illness, mental illness, family disorder, suicide. While Jeffreys lists psychological, physical, social, spiritual. And yet Collins lists four effects; physical, emotional-cognitive, social and pathological.

Physical effects

Complicated grief affects people physically. Louw (2007:509) asserts that profound sorrow and mourning can occasionally result in the heart literally aching - a feeling as though there were an empty hole in one’s heart, not to be filled by anybody or anything. Jeffreys (2005:267) notes the physical signals which include: physical symptoms that imitate those of the deceased; chronic physical complaints, such as gastrointestinal disturbance, muscular ache, headaches; and major disturbances in sleeping and eating - too much or too little. Kaplan (1998:72-73) claims that

grief is a physical as well as emotional response. During acute phase people may suffer disruption of biological rhythms. Grief is also accompanied by impaired immune functioning: decreased lymphocyte proliferation, and impaired functioning of natural killer cells. According to Kaplan, the impact of grief is felt more on widows and widowers compared to the general population. For example, when comparing the two i.e. widows and widowers, studies have shown that widowers are more at risk than widows.

Another example is that of Parkes (cited in Switzer 1989:144), a British research psychiatrist, who made extensive studies of medical records of forty-four widows in which he compared the post bereavement period with a time two years prior to the death of the spouse. The results showed a sixty-three percent increase in the number of visits to the doctor in the first six months after bereavement. In addition, there was a significant increase in the number of consultations for physical disorders of the arthritic and rheumatoid variety. In his further studies, Parkes concluded that the loss of a mate by death leads to a greater probability of one's own death. He found that the greatest increase in the cause of death of bereaved persons was in the group diagnosed as 'coronary thrombosis and other atherosclerotic and degenerative heart disease (cited in Switzer 1989:145). Collins (1988:351) adds that bereavement can be bad for one's health. He cites several studies have shown that grief hinders the body's immune system so that viruses and other disease-causing organisms are more difficult to resist, especially during the first six months of mourning. In addition stress can lead to exhaustion, weakness, headaches, indigestion, shortness of breath, loss of appetite, and inability to sleep.

Emotional-cognitive effects

Jeffreys (2005:266) calls these emotional and cognitive effects "signals". Examples of emotional signals are: continued irritability or outbursts of rage with violent implications; deep feelings of guilt, regrets, and a self-picture significantly below the pre-death level. Cognitive signals include; suicidal thoughts and / or plans to act upon the thoughts; severe mental disorganisation including inability to concentrate or learn new information and inability to recall

previously known information (2005:267). Collins (1988) asserts that grief affects both how the person feels and how he or she thinks. For example, depression is common following the death of a loved one and often there are feelings of anxiety, inner emptiness, guilt, anger, irritability, withdrawal from others, forgetfulness, declining interest in sex, dreams about the deceased, nightmares, errors in judgement, and feelings of loneliness. Switzer (1989:145) sees a relationship between an experience of grief that is not fully worked through and the development of mental illness. Moriarty agrees with Switzer (1989:145) that loss of the loved one especially through death is one of the most important causes of major mental illness. This thesis is supported by Parkes' research in which he discovered that the number of mental hospital patients whose illness followed the loss of a spouse was six times greater than expected when compared with a non-bereaved population, suggesting bereavement as a precipitating factor to the illness (Switzer 1989:146). Concerning cognitive disturbances of grief, Jeffreys (2005:47) observed the following in bereaved people: responding sluggishly to questions, difficulty concentrating, loss of memory, loss of pleasure, general numbness, intrusive thoughts about the loss, confusion and disorientation, a sense of futility about life, a sense of helplessness, uncertainty about identity, so-called 'crazy' thoughts, mental fatigue.

Social-behavioural effects

Complicated grief has social-behavioural implications on the bereaved person. According to Collins (1988:352) "the death of a loved one is a major social disruption." For example, when a spouse has died the surviving spouse has to learn to relate to others as a single adult. When a person has died, his or her role functions cease and yet those vital functions need to carry on. Jeffreys is of the opinion that grief changes the individual's face to the world. Social roles, family relationships, and identity are all modified by significant loss. This will result in some individuals shrinking from social contact while others over extend themselves socially. For example, a female spouse who has died was a spouse or wife to the husband, breadwinner, was a mother at home, was preparing meals for the family, was responsible in her home or at a social gatherings like at Church, she was an employee, and many more roles that the deceased used to play. Thus all her duties need to be relocated to other people. Thus Collins (1988) says

that “grown children and other family members find new demands on their time.” Another example is in a soccer match with eleven players on one side and eleven on the opponents’ side.

When three players had received red cards, their punishment is to go out of the game immediately. Should this happen there is no replacement but the remaining players must play in their positions plus fill in the positions which have been vacated. This is more taxing physically, emotionally and socially on the fewer players who are expected to keep up the momentum of eleven players. Collins (1989:267) adds that relationships between the surviving spouse and the dead person’s family often show new and sometimes unexpected tension, particularly if the survivor starts dating; old friends may not know how to relate to the survivor; or a widow may feel awkward to be the only unaccompanied person at a gathering of couples with whom she and her husband had socialised. Behavioural signals include: self-destructive behaviour such as self-cutting, substance abuse, workplace failure, burning of social bridges, and constant defeating comments; radical and sudden changes in lifestyle, shocking family and/or friends- relocating, changing jobs, dropping out of school, or divorcing.

Spiritual effects

Besides bio-psychosocial perspective, complicated grief has spiritual effects on the survivor. Jefferys (2005: 51) sees this component to deal with faith resources and life philosophy. The human grief response is typically bound up with spiritual considerations. For example, many people suffering from loss will turn to their belief system for help with death-related rituals, prayer support, comfort, and for advice on placing the loss within a greater spiritual context. While others may reject any notion of God, or rather Higher Power because they see their tragedy as incompatible with such a concept. Although many ultimately reconnect with their faith systems, some never do so. Jefferys (2005:52) has also observed that there are some people with no particular faith system who seek comfort and answers in non-theological, humanistic, secular philosophies of life. Collins (1989:349) points out that often the people who

have gone through grief and have written books describe the turmoil and deep pain involved in grieving, but many also point to the sustaining power of religious beliefs.

There may be periods of doubt, confusion, and even anger with God, but in time the healing power of one's faith becomes evident. However, Collins asserts that when a griever has no religious beliefs or refuses to consider the claims about Christ, there is no hope. As a result, the pain is greater, the grieving may be more difficult, and presumably there is greater potential for pathological grief. McCall (2004: xiii) clarifies that it is not the spirit that is dysfunctional, but a person's inner and outer expressions of spirituality.

Treating complicated grieving

Complicated grief can be treated. McCall (2004: xiii) argues that nothing beats talk therapy when it comes to treating complicated grief. She argues that "primary treatment for grief recovery is talk therapy. This is the approach to treatment of grief that was used in this longitudinal study. McCall states that "talk therapy" occurs in group settings where individuals can express their own reality and then experience having that reality "received empathically and validated as the truth for that person at the time of expression". In such an environment, what heals is that due to acceptance of the group and acknowledgement and validation of the loss, the isolation begins to diminish and connection begins to be established. This was probably the most effective "medicine" in healing research participants who lost their loved ones. I concur with McCall that a variety of treatment modalities have been used to assist individuals whose grief is complicated and dysfunctional, but all rely - in one form or another - on "talk therapy".

One of the sessions we had in the trauma healing process was called "naming, mourning and grieving what is lost." Research participants were asked to work individually and reflect and name the losses they experienced as a result of the severe and or traumatic losses. They were also asked whether they have mourned these losses enough. After private reflection time,

research participants were allocated to smaller groups to share what they are comfortable with.

The experiences were awesome. One element that was demonstrated during these psychotherapy groups was the healing of the individual and collective wounds through identification. Before each one shared their loss, every member in the small and plenary group thought they were the only ones who had lost their loved ones in the group. They waited until they heard their fellow group members share their losses. Then they were comforted to realise that they are not alone to have lost loved ones or opportunities in life. Many testified that the most healing part was “knowing that I am not alone”. For example, in her life narrative Bonie says:

I discovered there are people who carry greater burdens compared to mine. Such people can give advice on how to pass through such experiences of loss. These workshops helped me to find a new family where we heal each other through the grace of God. I moved away from being a victim to wounded healer. I am now a stress and trauma facilitator because I want to help other people who are victims of stress and trauma.

Bonie’s experience of the study leads us to what was observed as *Ubuntu* philosophy being lived during the longitudinal study. Although this study’s focus was not to measure how much of Ubuntu values or philosophy was lived as researcher and research participants working together in the study, nevertheless Chapter eight talks a little bit about the Ubuntu recovery.

CHAPTER 7: INTERDISCIPLINARY INVESTIGATION

This chapter presents a description of the experience of Bonie, a research participant, thickened through interdisciplinary investigation. The story is used as a case study to engage in an interdisciplinary process. Within the paradigm of Postfoundationalism the researcher used transversal rationality as a practical way of guiding the interdisciplinary discussion (Muller, 2009: 199).

Midali (2000: 262) sees interdisciplinary work to be complicated and difficult. This is because “language, reasoning strategies, contexts, and ways of accounting for human experience differ greatly between the various disciplines”. Muller (2004:303) concurs with Midali and adds, “Therefore, a one-size-fits-all methodology cannot be applied.” In this study an attempt is made by the researcher to integrate conversations with other theological disciplines and the other sciences through studying literature and interviews with scholars from other disciplines.

Six scholars from different disciplines: Education, Psychology, Social Work, and Policy were asked to respond to the story of Bonie. However, only three responded: one social worker, one educator (Master of Education student), and one Policy analyst (PhD student). I acknowledge my own bias in selecting the respondents and in interpreting their remarks. But I reiterate that this was never meant to be an experiment. Neither did I try to prove anything. Rather I meant to demonstrate how transversal rationality works and how it can be used in any interdisciplinary discussion (Muller 2009: 223). Using the practical guidelines created by Muller (2009: 199) for an interdisciplinary process of transversal rationality, the researcher reflects on the three responses.

7.1. Bonie’s story

A section of the story of Bonie as narrated by the researcher, reads as follows:

Born and raised on a farm Bonie and her four siblings relocated to KwaHhaza near Mpophomeni Township in 1999. Her parents stayed on the farm and came home on weekends to check up on them. She attended Injoloba High School in Howick where she matriculated. Bonie's father was present but absent emotionally. She praises her mother as her role model. She is the one who taught her to worship God. She is now a member of the Zulu Congregational Church by choice because her mother taught her the importance of being a child of God.

Bonie experienced the traumatic deaths of three family members: her mother who died of natural causes, her brother and father were both murdered. She talks about how hard it was to forgive the attackers and how difficult it was to share such stories until a safe space was created for her during the Trauma Healing Project. After taking the courage to share her story, she has never been the same.

Father's murder

Bonie experienced another violent death in the family. She experienced multiple traumas. According to Mentjies (n.d:11) the term multiple trauma is used when the same person has been exposed to several traumatic experiences. For example, someone may survive several car accidents, or a car accident and an armed robbery. For Bonie, she first lost her mother to natural causes, then her brother was murdered by criminals who were never apprehended and now it is her father who has been killed. Describing how the events turned, she states that one cousin was like a brother to her, a close member of the family helping with whatever they needed. So close was he that when he needed a cigarette he asked her dad for one and in return he shared whatever he had with Bonie's dad.

Bonie remembers:

One day my cousin came around at 6.30 in the evening. He was drunk. I was in the kitchen cooking supper and had lit candles in all the rooms. We had no electricity on that day. My cousin came into the kitchen to greet me. As we spoke he walked up and down

the kitchen, talking away. Then he asked permission to check the electricity for us. I turned down his offer as he was too drunk to fiddle with the wires in the dark.

Then he did a strange thing. He entered one of the bedrooms and stole a globe, putting it in his pocket. When Bonie confronted him he shouted:

“What can you do if I don’t bring the globe back? Leave me alone.”

He swore and screamed at her. Her father, who was already sleeping, woke up and came into the kitchen. He told him:

‘Leave the house. Go and sleep at your place.’ My drunken cousin replied: ‘I won’t go. I am not afraid of you. I will leave when I like.’

Bonie’s father grabbed him as they stumbled outside the kitchen. He tried to chase him out. She says:

It did not cross my mind that they were going to fight or that someone might be injured. They were like father and son. I called my cousin’s brother. ‘Your brother is swearing. He has stolen a globe. Come and take him home.’

There was silence for five minutes. After that she heard her cousin’s older sister shouting and calling Bonie and her sister:

“Call the police and an ambulance. Your father has been hurt and my brother has run away.”

Bonie:

I opened the door to find my father lying down. His face was covered with blood. I was shocked. I never thought that my cousin would attack my father.

Another cousin, who owned a car, took him to the clinic. The staff nurse assured the family that:

“Your father is not seriously injured. It’s not that bad. He’s drunk that’s why he collapsed. I’ll call an ambulance to take him to the hospital so the doctor can check him out.”

Two hours later the ambulance finally arrived. Bonie accompanied her father. The doctor took him for tests and when they brought him back he asked her some questions. They were trying to figure out what her cousin had hit him with. Unlike the staff nurse, the doctor told Bonie:

“This is serious. He had a clot in his head. I am admitting him because I need to run more tests tomorrow.”

Bonie went home hoping she would hear good news the following day. She says:

My father was the only parent we had. The next day my younger sister went to see my father. She told me, ‘He does not move. He is not talking, just lying in bed but still breathing. We must put our trust in God’s promises to do His miracles so that our father will wake up.’

Two weeks later on Wednesday 23 April her father died. Bonie was at work in Mpophomeni. It was midday when the hospital called. Her sister spoke about their father’s condition then asked Bonie: “Have you heard the news?” Bonie replied, “What news?” And sister (nurse) said, “Your father has passed away. I am sorry about your dad. You need to collect his clothes.”

This was very devastating for Bonie and her siblings. She laments:

I so hoped my father would wake up so that we could be together again at home as a family. When I got that call, my colleagues supported me in every way you can imagine. They were the ones who made phone calls to the members of my family. They comforted me through the day. The family members from my father’s side were angry. They asked the police to track down my cousin as he had disappeared.

The news shocked the community:

“A son has killed his father in his own home. What had got into this boy’s head?”

7.2. Postfoundationalist Practical Theology

"Postfoundationalist theology" is a viable third option of doing practical theological research beyond the extremes of foundationalism and nonfoundationalism (Huyssteen 2006:14). Huyssteen argues that Postfoundationalist theology, like science, relies on a community, a community that converses with itself but also seeks to engage in dialogue across the disciplines because of the rational resources we share. In developing his notion of Postfoundationalist rationality, Huyssteen (2006:10) argues for the abandonment of modernist notions of rationality, typically rooted in foundationalism and in the quest for secure foundations for our various domains of knowledge." Instead Huyssteen opts for a Postfoundationalist rationality which "helps us to acknowledge contextuality, the shaping role of tradition and of interpreted experience, while at the same time enabling us to reach out beyond our own groups, communities, and cultures, in plausible forms of inter-subjective, cross-contextual, and cross-disciplinary conversations." He adds that on this Postfoundationalist view embodied persons, and not abstract beliefs, should be seen as the locus of rationality.

Huyssteen believes that as human beings we are always socially and contextually embedded and as such we perform rationally by making informed and responsible judgments in very specific personal, communal, but also disciplinary and interdisciplinary contexts (2006:10). As human beings we always interpret our experiences, our observations and perceptions are always theory-laden, and they interact with our world(s) in terms of life views to which we are already committed (2006:13). Therefore we cannot but yield a form of compelling knowledge that must seek to strike a balance between the way our beliefs are anchored in interpreted experience and the broader networks of beliefs in which our rationality compelling experiences are already embedded. As such Huyssteen presses for a public voice of theology in our complex, contemporary culture where theologians and scientists of various stripes, as he calls them, should be empowered to protect their rational integrity of their own disciplines, but also at the same time identifying overlapping issues, shared problems, and even parallel research trajectories as we cross disciplinary lines in multidisciplinary research (2006:13). Although he advocates that a theologian may join forces with the critical scientist in drawing the boundaries

vis-a-vis all forms of scientism, Huyssteen asserts that a theologian has a moral obligation to resist all forms of theological imperialism and scientism which have the potential to destroy interdisciplinary dialogue (2006:14). The result is a convincing argument that only a truly accessible and philosophically credible notion of inter-disciplinarity will be able to pave the way for a plausible public theology that can play an important intellectual role in our fragmented culture today. Muller (n.d.:206) adds that theology shares the interdisciplinary standards of rationality, which will not be hopelessly culture and context bound, but will always be contextually and socially shaped. In this interdisciplinary conversation with other sciences, theology will act as an equal partner with an authentic voice in a postmodern situation.

7.3. Transversal Rationality and the Bonie Story

Muller (2009:206) states that Postfoundationalism implies a form of transversal rationality, as opposed to both universal and multiversal rationality. In the following section, using the transversal rationality concept, as described by Muller (2009:206), I tried to enrich my research with an interdisciplinary movement. As was said above, this approach forces us to first listen to the stories of people in real-life situations. In this case, we are confronted with the story of Bonie.

In an effort to use the Bonie story for this interdisciplinary process, I have used four questions which were formulated by Muller (2009:207) on the basis of his understanding of the theories of transversal rationality. These were the questions asked to the participants. These participants are actively involved in their different disciplines and expressed a willingness to be part of the interdisciplinary study. They are:

Solange Mukamana Social worker and researcher for Tearfund South Africa	R1
Chrispin Kampala Policy analyst and doctoral student, University of KwaZulu-Natal	R2
Mutinta Cheelo Educator and Master of Education student, University of KwaZulu-Natal	R3

Each one was asked to respond according to his or her specific discipline:

1. When reading the story of Bonie, what are your *concerns*?
2. What do you think is your discipline's *unique perspective* on this story?
3. Why do you think your perspective will be *understood and appreciated* by people from other disciplines?
4. What would your major concern be if the perspective of your discipline *might not be taken seriously*?

7.4. The Process of Transversal Rationality as demonstrated in the responses on the Bonie Story

This section does not aim at reaching conclusions about the understanding of the Bonie story. It demonstrates how interdisciplinary research using transversal rationality is conducted as being part of research paradigm, namely postfoundational theology. The story of Bonie has been used as a case in point and the different responses on the story are used to reflect on the process of transversal rationality and not on the content as such (Muller 2009: 207). The respondents' complete texts, without any editing are quoted. It is systematised under four questions that were asked. At the end of each section I have formulated some reflections (Muller 2009:207).

7.4.1. When reading the narrative, what are your concerns?

R1

When reading the narrative, my concerns:

- Bonie and siblings did not have enough supervision from their parents as they were living apart
- Bonie had to carry family responsibilities while she was still not mature enough to do so
- Bonie and siblings did not enjoy their childhood as they suffered from the absence of the father while he was still alive
- The effects of the multiple trauma on Bonie's emotional; affection and cognitive abilities
- Poverty is a factor that hinders development in many families in SA
- Lower level of education in society brings all kinds of dependency in the lives of many people; therefore, the source of crime.

R2

- As an individual who has studied policy, the first thing that comes to mind is the role of government policies in communities. What role does government policies play in our communities? When bad policies are implemented or when the implementation of good policies is done poorly, the possibility of having community problems rising or recycling is high. In the case of this Narrative, an important question a policy analyst should ask is whether or not social policy influences many South African communities entangled in the circle of violence.
- Social factors that influence the circle of violence in South Africa are sometimes linked to bad policies from the apartheid government. Their effects have continued to the current state. Bad policies that were implemented during that era denied and separated black communities from the mainstream of disciplinary institutions. This continues to affect most communities as reflected in this narrative. Value for life and respect for others is not upheld. I am concerned with what people have inherited from the past and the failure to break that cycle.

- Second, a policy analyst should be able to ask whether or not good policies meant to enhance the well being of communities through (social policies) are being implemented well. The sad reality is that violence has continued in most communities despite the fact that government has come up with good policies to deal with or curb violence. Good social policies and good laws do not automatically translate to healthier communities if their implementation is erroneous. My concerns are: What is the role of police officers in this community? What has been done to bring justice to those who killed her brother? Are they not a threat to Bonie? What do family policies say in South Africa? Healthy families produce communities and there is no proper fatherhood in most communities, the children we raise may end up living a bad life. It is much easier to bring up children to be stronger men/women than repair broken and wounded men.

R3

- My concern is the effectiveness of the police. The police affected the healing negatively in the sense that they showed no concern. The loss to the family was huge but the police behaved as though nothing had happened. So for the family it was a double blow because the people who are supposed to help them are the ones who are doing the least in terms of comforting the affected.
- My concern also is to heal the community. There must be a process to heal the community because when the community is healed, the chances of events like this repeating are reduced.

My reflection on the concerns:

It is interesting to note how different disciplines focus on different concerns in the Bonie story. For example, the social worker's concern is the effects of the multiple trauma on Bonie's emotional; affection and cognitive abilities. She is also concerned with the causes of crime i.e. "Poverty and Lower level of education in the society brings all kinds of dependency in the lives of many people; therefore, the source of crime."

Policy analyst is concerned with Social factors that influence the cycle of violence in South Africa. He believes there is a link between crime and violence in South Africa with bad policies from the apartheid government. For example, "Bad policies that were implemented during that era denied and separated black communities from the mainstream of disciplinary institutions. This continues to affect most communities as reflected in this narrative."

While the educator is concerned with the safety and healing of the community where Bonie is a member. She does not see the police to be effective. She says, "The police affected the healing negatively in the sense that they showed no concern."

However, although the three respondents are concerned with particular existential issues in the Bonie narrative, their main concerns converge on crime, bad policies and poor policing which expose people to crime.

7.4.2. What do you think is your discipline's unique perspective on this narrative?

R1

In social work, the unique perspective on this narrative would be the Bio-psycho social theory or perspective. This perspective is unique because it focuses on the holistic assessment of individual's needs; and use of all available resources (strengths) in the surrounding of the

individual to ensure. Thus, it works in response to the biological needs of Bonie; her mental needs as well as her social needs and economic needs. It covers the input from other perspectives (the cognitive theory, the ecosystem perspective, strengths perspective and many others).

R2

Policy's unique perspective on this narrative is mainly concerned with the broader view of issues in this community than analysing this story at an individual level. It is better to look at issues that lead to this cycle of violence at a family level, community level, and perhaps at municipal level or district level if need be. The role of policy in this context is to explore various policies such as; healthy policies, security policies, family and community policies that can guide decisions and achieve our rational thinking in solving community challenges such as Bonie's. This narrative presents us with challenges that might be occurring in other families in this community or municipality. Therefore, policy analysts should also be concerned with doing a retrospective analysis of how past policies have contributed to the current situation.

R3

- My discipline's unique perspective is concerned with the lessons learnt by both the community and Bonie's family apart from grieving. The events that took place leading to the tragedy, especially to the ones who were murdered. These are important in preventing further loss of life. To investigate the backgrounds of the perpetrators and see if there is any link to this behaviour. This can provide some sort of healing for Bonie's family.
- The community's response to the situation was also not very helpful to the family. Instead of pushing the police to act, they went to attack the perpetrators and when they did find the perpetrators they didn't continue with the case. It would have been better if the community had pushed the police because the police are more equipped to deal with the situation. They only needed a push by a bigger group.

My reflections of unique perspectives:

“ As I read through the responses from the respondents it became clear that there are indeed unique perspectives and that the different disciplines provide us with enriching, but alternative understandings “ (Muller 2009:215):

Social work: It is interesting to note that while the social work discipline focuses on the individual’s needs i.e. “to respond to the biological needs of Bonie; her mental needs as well as her social and economic needs”;

Policy: the policy discipline looks at the community level: “Policy’s unique perspective on this narrative is mainly concerned with the broader view of issues in this community than analysing this story at an individual level.” And therefore calls for policy analysts to do a retrospective analysis of how past policies have contributed to the current situation.

Education: On the other hand, the educator is concerned with “the lessons learnt by both the community and Bonie's family apart from grieving.” She is analysing the response of the community as not good by attacking perpetrators. A positive lesson is the community members should have pushed the reluctant police to act fervently.

7.4.3. Why do you think your perspective will be understood and appreciated by people from other disciplines?

R1

The Bio-Psycho-social perspective is the best perspective to provide the holistic intervention in the life of Bonie.

R2

Diversity in approaching issues is important. Individuals from other disciplines may approach this story differently. However, it is important for different disciplines to comprehend that with

regard to this story, whether or not we approach it from different angles; the most significant thing is to ensure that Bonie is assisted and that all other community members are not trapped in similar calamities. Policy's perspective will be appreciated and understood by other disciplines because of its broader approach in understanding and solving community challenges. Although, it does not necessarily focus on the individual needs and challenges; ultimately; it solves challenges that affect individuals by addressing community challenges. In addition, it also has a multi-dimensional approach.

R3

I think it would be understood because it is not only concerned about the victims but also the perpetrators and to explain in detail the backgrounds of both the perpetrators and the victims in order to understand what could have led to this tragic event.

Reflections on why we must appreciate different perspectives:

It is amazing how different disciplines look at the same traumatic event with different pairs of spectacles and each one comes up with a solution.

Social work: The social worker still concentrates on the individual and believes bio-psychosocial approach will solve the problems Bonie is experiencing.

Policy: Not so with the policy analyst. He thinks Bonie's traumatic event needs a multi-dimensional approach. Solving individual problems without addressing macro issues will not be effective. He says, although policy does not necessarily focus on the individual needs and challenges; ultimately; it solves challenges that affect individuals by addressing community challenges.

Education: while the social worker is concerned about the victim, the educator argues that unless we understand and explain the background of the perpetrator and victims we may not be able to address the trauma.

7.4.4. What would your major concern be if the perspective of your discipline might not be taken seriously?

R1

The major concern would be the failure in terms of imbalances in Bonie's life. If one can rely on another single theory wanting to help in the life of Bonie; he/she can achieve little. Or achieve more from one area of life but not holistic achievement.

R2

Since this narrative might be a reflection of problems at a deeper level, or community as a whole. If this perspective is ignored or not taken seriously; this community is subjected to bigger challenges than this one. The community and other individuals interested to assist can also lose the dimensions of the reality of community problems, such as the causes of violence, how to solve and reduce the cycle of violence, what security measures can be applied to such communities and many more.

R3

My concern would be to find why it is not taken seriously and find out if my perspective matches people's expectations.

Concerns if particular perspectives are ignored:

Social work: if a bio-psychosocial approach is ignored, there could be a failure to address the imbalances in Bonie's life.

Policy: Policy analyst is of the opinion that incidents in Bonie's story might be a reflection of problems at a deeper level, or community as a whole. Therefore, any attempts to ignore the policy can have serious repercussions i.e. "If this perspective is ignored or not taken seriously; this community is subjected to bigger challenges than this one."

Education: the educator is still seeking reasons why the crime was not taken seriously by the police and the community never pushed the police to act.

Conclusion

This chapter has demonstrated that a Postfoundationalist notion of reality enables us to communicate across boundaries and move transversally from context to context, from one tradition to another, from one discipline to another (Van Huyssteen 2006b:148). The responses in this chapter from the social worker, policy analyst and educator have strengthened my impression that transversal rationality is possible on the basis of concern and compassion and that through transversal rationality this safe, fragile space can be created for a communal understanding (Muller2009.:213). For example, as a theologian I was concerned about the spiritual aspect of trauma, how it affects the God-images of a trauma survivor and what the post-traumatic spirituality looks like of a trauma survivor. I would have missed out on the knowledge from the responses from the social worker, policy analysts and educator. Their perspectives have been very informative and enriching as they give holistic understanding of the Bonie story. For example, while I only focussed on Bonie as a research participant and gave not concern about other family members, the social worker's concern was for the whole family. She talked about how Bonie and her siblings did not have enough supervision from their parents as they were living apart. Besides trauma, the social worker picked up other burdens Bonie had to carry such as family responsibilities while she was still not mature enough to do so.

While the social worker was concerned with the circumstances surrounding Bonie's family, the policy analyst went beyond the individual. The policy analyst looked at social factors that influence the cycle of violence in South Africa. He thinks the cycle of violence is influenced rather due to bad policies from the apartheid government. Bad policies that were implemented during that era denied and separated black communities from the mainstream of disciplinary institutions. Therefore the sense of lawlessness continues to affect most communities as reflected in this narrative. He argues that policies need to be addressed if communities are to be safe from criminals. The educator's concern is the effectiveness of the police. The police affected the healing negatively in the sense that they showed no concern. The loss to the family was huge but the police behaved as though nothing had happened.

Therefore, she argues that “there must be a process to heal the community because when the community is healed, the chances of events like this repeating are reduced.” Thus the perspective of concern provided common ground to the respondents. The process described in this chapter illustrated and embodied the statement by Van Huyssteen (2000a:211): “Human rationality...always grows out of social, political, and historical contexts, yet always again surfaces in diverse yet overlapping modes of knowledge.” Huyssteen (2000b:239) points out that, “ Each of our domains of understanding may indeed have its own logic of behaviour, as well as an understanding unique to the particular domain, but in each the rich resources of human rationality remain.” He adds that when we discover the shared richness of the resources of rationality without attempting to subsume all discourses and all communities under one universal reason, we have discovered the richness of a postfoundationalist notion of rationality.

This chapter illustrates the usability and effectiveness of the postfoundationalist approach, and more specifically the implementation of the concept of transversal rationality (Muller 2009:221). “The process started and developed out of a real, local, and contextualised narrative. The question about concerns provided a platform for transversal understanding between the different disciplines” (2009:221). All respondents were concerned about Bonie, although from different angles. In responding to all four questions the respondents were able to formulate their own concerns and the perspectives of their disciplines in such a way that it provided a unique contribution, but was communicable to the others (2009:221). Although they brought into the narrative different contributions, it was also evident that there were similarities. Thus the process illustrated that a universal truth about Bonie does not exist. However, the process also illustrated that the “truth” about Bonie is not so diversified that communication was impossible. Transversal communication was possible (Muller 2009:221). Through this process of doing interdisciplinary research I learnt that it is important to keep Bonie in the story of research instead of just reflecting on her story.

CHAPTER 8: CONCLUDING REMARKS

The six stories told in this thesis are symbol of the pain, resilience and endurance of very many more survivors of abuse, stressful and traumatic experiences, and HIV/AIDS throughout KwaZulu-Natal Province, South Africa and the African continent. Lapsley (2012:v) states that when a person is abused in their private space especially in the case of sexual abuse, of which some of the research participants were victims, it can become a guilty secret within the family. He adds that there is knowledge that abuse is going on but there is no acknowledgement of it. This is true not only in families but also in the wider canvas of communities and nations. As time passes the victims carry within their very souls the marks of what has been done to them. That is why it is important for the wider community not only to acknowledge the wrong that was done but to have the knowledge about the pain that was inflicted, if true healing and reconciliation is to take place. That is why this study sought to contribute not just to the healing of individuals but to help break the cycle that often turns victims into victimisers. As we read these narratives presented in chapters four and five, we are encouraged and inspired by these heroic individuals who are no longer victims or even survivors but have become victors and signs of hope to us all (Lapsley 2011:vi).

Betancourt (2012:13) points out that when you live through the trauma of having your most basic rights violated, the experience becomes ingrained in your genetic makeup. What you lived, and how you lived it, is your new identity. Betancourt acknowledges that remembering is painful. And telling your story involves submerging yourself deeply and intensely in your own past, bringing forth a flood of uncontrolled emotion. One becomes conscious of his or her most glaring vulnerabilities. However, she asserts: "But sharing is also your way out. Every time you tell your story, you can distance yourself from it, take a step back and you learn to remember without reliving, and begin to recover."

The narrators in *Re-authoring narratives of trauma survivors in KwaZulu-Natal: spiritual perspective*, have also experienced stressful and traumatic situations but from their immeasurable loss, suffering, multiple-woundedness, “a beautiful, human fortitude has emerged” (Betancourt 2012:14). They consented to share their narratives in this thesis with me because they felt there is no better way to heal the individual and collective wounds than for them to receive the recognition of equals: to have their neighbours, their employers, their friends, and their families understand what happened. When I informed them that their narratives would be used as data for my study, they were willing to let me share them so that people they may never meet, including political leaders, policy makers, and even citizens outside the border of South Africa are being informed on not only how they have suffered but also how they have recovered their dignity and humanity once taken away by trauma, guilt, and shame.

When the research participants permitted their stories to be published in this thesis and be disseminated to a wider community of scholars and those working in the field of trauma and healing, “they were not begging for economic support or looking for a hand-out” (Betancourt 2012:15). Instead, they were seeking to transform their ordeal into social wisdom. Thus they offer the intimacy of their pain to enrich our lives and to make us reflect. The men and women who tell their narratives in this study are helping us to become what Betancourt (2012:15) calls, “better humans in a world that lacks humanity.” They stand as tall as monuments of survival, perseverance and courage and should be admired and respected. They are the true heroes and heroines of our times and this thesis offers them the recognition they need and deserve.

As a researcher, I feel honoured to have had the privilege to interview, listen to and facilitate the documentation of the life narratives of trauma survivors and be welcomed into their lives and spaces.

8.1. The importance of narrating our trauma

Despite the change of government from Apartheid to a democratic government, South Africa continues to experience multiple-woundedness through domestic and gender-based violence, injury, sexual abuse, disease, HIV/AIDS, xenophobia and violent crime. Some participants have been the victims of some or all the mentioned above. Denis (et al 2011:2) states that the effects of this 'multiple-woundedness, can be seen everywhere in South Africa. I concur with his argument that true political and economic development is hampered by the pain so many people have to live with. This pain prevents them from making a significant contribution to their communities. Therefore, this project sought to create a safe and sacred public space where trauma survivors could share their experiences in a respectful, and non-judgment manner. The goal was to restore people's dignity and humanity and help them to start personal journeys towards healing and reconciliation, thereby enabling them to develop attitudes and actions that support a just peaceful society (Denis 2011:3).

The methodology of storytelling was used to collect data. Denis (et al 2011:5) argues that the telling of one's story of woundedness to a person in a safe environment who cares may open the door to a journey of healing which leads to a better life. He acknowledges that it does not annihilate the painful experiences wounded people have gone through. However, the telling of story does enable people to domesticate their bad memories so that the past remains, but it ceases to haunt them. Emotional wounds need to heal otherwise they can be disturbing. For example, the wound can create distress, kill motivation and leave us with the impression that we are unable to control our life.

Denis (2011:5) adds that emotionally wounded people can act in strange ways. For example, some people refuse to eat and isolate themselves from their peers. Others start drinking and turn to drugs. They become so irritable that they turn violent. They may no longer be able to control their anger and some may find their pain so unbearable that they commit suicide. However, it is helpful to note that the majority of wounded people live functional lives, go to work and relate reasonably well with family, friends, workmates, etc. but they carry a load which refuses to go. They do not know how to deal with their unfinished business. The problem

with unfinished business is that these painful memories do not disappear when our brain blocks them out or when we keep silent about them. If anything, they create unease and confusion in the minds. Therefore, initiatives aiming at providing healing through storytelling are very important.

Ackermann (2006:231) adds that story telling is inherent in professing one's identity, and subsequently, to finding impulses of hope. She states that one characteristic of storytelling is that it attempts to make sense. Hoffman concurs with Ackermann and argues that a researcher should encourage a plurality of stories, and associative formats, for example stories, ideas, images and dreams in order to keep meanings fixed.

Storytelling provided relief for the research participants and at the same time initiated a more collective healing process as participants. Telling one's story in a face-to-face scenario helps those wounded to elaborate their stories (Denis 2011:11). As they speak, their narrative takes place. When somebody tells a story, the incoherent succession of events, perceptions and feelings that characterised the event is reorganised into a coherent narrative. This, what Denis calls "reorganise", is what I call "re-authoring" a narrative. Narratives in chapters four and five are true examples of reorganised, coherent narratives or re-authored narratives. Researcher and research participants moved from a story of problems to a story of hope. Before the intervention research participants saw themselves as victims, overpowered by pain, confusion and guilt. Now they have begun to construct another story of their lives (Denis 2011:13).

Three main findings in this study were: the importance of participating in the process brought healing to research participants as opposed to being an observer or spectator; the emergence of an Ubuntu community; and the role of post-traumatic spirituality in re-authoring narratives shattered by trauma.

8.2.1. The importance of participating in the study

Participation of individuals in this study became a source of care, support and healing for research participants. Participation implies that research participants were integrated in the research by participating fully and actively in the research process, from its outset and

throughout most or all, of its phases (Babbie et al 2001:315). Thus in its broadest sense, participation means bringing together diverse participants to work together on problems. This transformed the research into what Fals-Borda (1991: 150) calls an interactive “communal enterprise.”

As a participatory action researcher my role was facilitative and supportive. That means I did not direct or dominate but was willing to relinquish the unilateral control that the professional researcher has traditionally maintained over the research process. Although I fulfilled a catalytic role by being an active partaker in, and at times the initiator of, dialogue, I embraced genuine commitment to work with democratic values to bring about a more democratic atmosphere with the participants concerned (Babbie et al 2001:317). While some researchers may have a preconceived idea of what they want to investigate, as a narrative researcher I was patient and interested and curious. I took a not-knowing position. I did not know beforehand what the solutions would or should be (Muller 2003:13). Muller (2003:13) points out that a narrative researcher has patience and waits for the research plot to develop. It was like being an assistant for someone who is writing an autobiography and in order to do that, I had to listen to my ‘characters’ and I had to have compassion for them. The better I knew them, the better I was able to see things from their perspective. As a social-constructionist and narrative researcher I set the scene in motion and waited anxiously for the climax to develop. Muller (2003:14) is correct in saying that the way towards climax is not an easy one. He sees research as processes of seeing people suffer and finding meaning therein. In this study I did not intend to manipulate the climax, but allowed it to unfold through the process of action-background-development. The result was the establishment of relations with participants which were characterised by mutual trust.

Because of the trust the research participants had in the researcher and also in each other, a safe and sacred space was created that enabled us to narrate our trauma.

Three main processes facilitated the healing from trauma and re-authoring of narratives shattered by trauma:

First, it was the art of storytelling. Denis (2011:17) points out that storytelling will contribute to healing when it is shared in the right environment and with the right people. Although each and every participant had experienced trauma, no one had such severe trauma that they were dysfunctional. However, they lived normal lives although tampered in functioning in one way or another by the traumatic experiences they have had.

The art of narrating our trauma helped us to articulate our memories, to structure them in our minds in such a way that they could be explained. In so doing, we gained control over our painful experiences. Although the past remained and nothing could be done to change the past, however, our engagement with our narratives changed our present and future. The past became less threatening (Denis 2011:16). Because each one told her or his story to an empathetic audience, we experienced relief. What mainly healed us was the fact that one's story was recognised, revered and acknowledged by a third party. This played a major role in the healing process (Denis 2011:17). It is important that the reader has the correct understanding of what the researcher means by the term "healing". The researcher concurs with Van der Merwe (et al 2008: viii) that "Healing" does not imply an end to all pain and suffering, but rather facing and working through trauma, so that the tragic loss caused by trauma is balanced by a gain in meaning. Trauma survivors do have a contradictory desire to suppress their trauma as well as to talk about it. To talk about it is the best thing and yet would mean an extremely painful reliving of the event. So in order to survive a trauma survivor would normally suppress the memory. Yet, paradoxically, it is precisely confrontation of the suppressed memory that is needed for inner healing (Van der Merwe et al 2008:ix).

Second, the experience of safe and sacred space created through the care, support and love from the team of researcher and research participants caused participants to break the silence and cough out the poison (painful memories). The tension between silence and disclosure was evident amongst research participants at the beginning of the longitudinal study. But the creation of a caring, supportive and safe space made them feel safe enough to start talking about their experiences. Denis (2011:17) states that "wounded people experience loneliness and isolation. They live in confusion. They do not know if they can trust their memories.

Establishing a listening community brought to an end a feeling of “alone.” The space became a confluence in which research participants found connection beyond the boundaries of their own comfort. In this, they kept re-forming and informing themselves in their relationships with others (Seedat 2001:116). Seedat adds that healing happens when the crisis of our living finds safe places to occur. Voices declaring the unspeakable within, in the safety of connection, brought healing to all of us involved (2001:108). When people say, “I cannot explain it”, and we observers say, “It is unspeakable”, it means precisely that: it is something for which we cannot find language because it is overwhelming, so unreal, as if it had not happened. You cannot believe it, even as it is happening to you (van der Merwe et al 2008:26-27). Van der Merwe (2008:25) concurs with Seedat and points out that extreme trauma is, “unspeakable” precisely because of the inadequacy of language to fully convey victim’s experiences. This is why trauma survivors struggle with transforming their experiences into narrative. And yet despite this limitation, speech is necessary not only because of the need to re-capture the traumatic event, but also to restore the victim’s sense of self and to help him or her regain control over a self-shattered by the trauma.

Under normal circumstances we know who we are and we know what capacity we have to respond to experiences. But when overwhelmed by trauma we lose this capacity to engage and to interact. Thus trauma becomes a loss of control, a loss of understanding, a loss of identity.

What the Trauma Healing Project did was to give trauma survivors a safe space to reconstruct the trauma into a narrative form hoping that they would shift their identity from a victim identity to a victor identity. Van der Merwe argues that reconstructing the trauma into a narrative form is one of the most crucial processes in the journey towards healing of the victim. The reconstruction happens when we feel listened to. Van der Merwe (2008:27) argues that the significance of the empathic listener for the trauma narrative is the possibility created for the victim of trauma to externalise the traumatic event. We felt listened to and supported during the trauma project. When we came together to narrate our traumatic experiences, we invited others not only to listen to what we have to say, but to journey with us as we “re-find” ourselves and re-find the language that has been lost. So the journey of narrating, of being in

dialogue concerning our experiences, is a very important one, because we need an audience – a person, or people, who will listen with compassion, with a desire to understand what has happened to us (Van der Merwe et al 2008:27). As we narrated our traumas with each other, the process provided us with footholds, so that in the words and gestures of those who were listening, we derived encouragement to re-find not just ourselves, but also the language to talk about what has happened to us (2008:27).

Having somebody in front of us who validated our experience of pain and woundedness was empowering. After the traumatic poison found an exit through the sharing of stories, as a narrative researcher, we shifted our focus from the dominant stories to alternative stories. We had sessions which focused on how we survived the stressful and traumatic experiences we have had. We explored unique outcomes that made us survive and reinforced them. These unique outcomes became building blocks for an alternative story or what I call “building a mosaic”. A mosaic is a beautiful shape or picture that is made from broken or shattered pieces of pottery, tiles, glass. Although it may not return to the original form of a pot or tiles, the material that is built from shattered pieces carries its own beauty. Thus although the Trauma Healing Project did not take away the rape, abuse, HIV/AIDS, injuries and injustices, and losses the researcher and research participants experienced, the re-authored versions of their lives demonstrated the beauty of finding meaning, purpose and faith in suffering.

This is what Van der Merwe (2008: viii) calls healing: “When the tragic loss caused is balanced by a gain in meaning.” Narratives in chapters four and five are witnesses to the healing gained from psychosocial and spiritual injuries.

Third, the alternative story helped research participants to shift focus from their deficits to their surplus. They felt empowered when a community of witnesses acknowledged their different forms of resistance to the dominant story. This was the process of re-authoring our narratives. The discovery of meaning, hope and faith through the development of the alternative story gave researchers such a sense of urgency that they decided to write and publish literary narratives. Thus besides the art of storying and the care, love and support from the group

members, the authoring of personal life narratives played a major role in healing. Van der Merwe (et al 2008:ix) asserts that the healing potential of literary narratives can be seen from the point of the writer, who could find a catharsis through the indirect expression of suppressed pain, or from the viewpoint of the reader, who could find some kind of healing through discovering points of identification residing in the narrative. This was another way that brought healing to the researcher as well as research participants. We identified with each other's stories and through that found comfort and confidence to move on with life and make a meaningful contribution to the world we live in.

Fourth, the fact that everyone was given space to participate made people feel acknowledged, respected and dignified. Trauma violates the borders of self-respect, self-esteem and dignity rendering people helpless, and out of control. However, the study invited survivors from isolation to the circle, from the periphery to the centre where they participated in their own healing and liberation. This fact of being a participant in every activity or decision the research team took made research participants feel useful in this small community. Meintjies (n.d.) talks about how trauma disrupts the support system in systems theory and re-integration into the system instigates one to discover a sense of purpose and meaning in their trauma. They focussed their energy in how they can contribute to the needs of others so that they can heal and move on with their lives. This sense of responsibility for the other in the research team gave them a meaning and sense of purpose to live for.

It is no wonder that at the end of every life narrative presented in chapter five, the participant is talking about how they are going to use their wounds to heal others in their community.

8.2. Post-traumatic Spirituality

The second dimension of this study was to find out how trauma affects the spirituality of the trauma survivors. Although the bio-psychosocial perspectivists argue that trauma affects the biological, psychological and social aspects of a trauma survivor, the narratives presented in this study demonstrate that the spiritual aspect is also affected. Not only does trauma disrupt relationships between human beings but also between human beings and God or the spiritual

realm. Louw (2005:112) argues that, “A crisis affects the spiritual realm as well. It invades spirituality due to the interconnectedness between self-understanding and different God-images.” The study shows that many research participants experienced the absence of God during their traumatic experience. The God whom they believed in, who used to participate in their daily life events was absent or present but they did not experience Him as life got disrupted. “When God became a remote God, man [sic] was left alone with his disputes and chores” (Kanyike 2003:23). God and the spiritual world participate invisibly in the physical and the social world. Human beings participate physically in the social world and ritually in the spiritual world.

Kanyike (2003: 23) argues that when human beings want the spiritual world to intervene directly in the socio-physical one, when problems caused by the retreat God overwhelm them, they re-create the original link between them and God. Religion finds its meaning here. He adds that human beings have also a way of calling back the original condition when there was no gap between them and God, and between them and nature. Although research participants experienced the retreat of God and asked theodicy questions at some stages in their lives, their narratives demonstrate how they worked their way back to God. This restoration of relationship with God brought meaning, purpose, hope and faith.

By discovering meaning in their suffering, as Louw calls it, trauma survivors re-authored their narratives. They found healing from trauma.

Gravett (2008: 303) points out that in seeking and experiencing the presence of God in our lives, the fruitfulness and the losses we endure, can be-reimagined in a different way in order to counteract the silence, passivity, and inadequate life-diminishing descriptions within which our lives are often contained and restricted. Although as a researcher I did not force research participants to talk about their experiences of God during their traumatic experiences, the issues of spirituality oozed naturally from their narratives. They talked about the presence or the absence of God during their predicament. Thus besides the biopsychosocial perspective of

trauma, the study shows that a person's spirituality gets affected during and post trauma. For example, Victor Frankl (1984:47), talking about his experiences of the concentration camp in his book *Man's Search for Meaning, An Introduction to Logotherapy* says, "In spite of all the enforced physical and mental primitiveness of the life in a concentration camp, it was possible for spiritual life to deepen. He adds, "So when stripped of everything and made into subhuman numbered tools, this human/spiritual fact still remained alive." Frankl (1984:72-74) concludes his observations, in a parenthetical thought, that: "The consciousness of one's inner value is anchored in higher, more spiritual things, and cannot be shaken by camp life."

He believed that there is always a choice of action, even when all circumstances governing our life or even whether we have a life seem to be or actually are in the hands of others. A "vestige of spiritual freedom" an "independence of mind" can be preserved against all odds. According to Frankl (1984: 75-76) this is "a genuine inner achievement. It is this spiritual freedom---which cannot be taken away--that makes life meaningful and purposeful."

The spirituality that follows the traumatic experience is called "post-traumatic spirituality". In other words, before trauma invades the psyche or the being of a person, one has what Louw calls God images - his or her understanding of who God is. This understanding comes by reading the Bible or other books or being taught about who God is.

It can also be through the experiences or encounters one has with the divine. Sometimes our understanding of God is informed by others' experiences and so we carry along with us a particular kind of God-image until we encounter God ourselves. Depending on whether he intervenes or not in our situations, we acquire new lenses through which we see God, ourselves, others and even the world. For example, what Frankl calls "spiritual vestige" in the aftermath of trauma is what I call "post-traumatic spirituality". Therefore, this study reveals the post-traumatic spirituality of both the researcher and research participants. Although research participants were at different wave lengths as far as their post-traumatic spirituality is concerned, all narratives demonstrate the role spirituality played in re-authoring their narratives.

Traumatic experiences can deepen the survivor's spirituality. For example, in his article, *Trauma may open a door to spirituality*, Scheinin (1998-1999) tells a story of a psychologist by the name of Robert Grant, a student of war and its casualties. He says that Grant visited Papua New Guinea and almost routinely met men and women bearing bullet wounds from years of civil conflict. Grant went to the bush and listened to survivors tell stories about "rebels coming in and burning a whole village down, loved ones being raped and shot in front of them." Then he [Grant] conveyed this message: Traumatic experience can break a person, destroying trust in God and the world. Or it can provide a spiritual opening - a crack that opens the way to a deeper sense of life's meaning.

Although the biopsychosocial perspective to trauma does not acknowledge the spiritual aspect, this study argues that holistic intervention to post-traumatic recovery of a survivor has to consider spiritual aspects as well. Janoff-Bulman (1992) is clear on the impact of trauma on an assumptive world, therefore we cannot treat trauma biologically only. Louw (2007:26) advocates for a systems approach which takes the relational dimension such as marriage, family, culture and religion into account. Decker (2007:34) agrees with Louw and adds that Western culture emphasises a materialism that no longer suffices to provide meaning to many trauma survivors. Giving an example of war veterans, he says,

The lack of meaning in material life forces them to face their existential limits, and religion may provide a balm for their resulting anxiety. Fundamentalists of all religions have discovered that if one believes in something literally, then existential limits, at least temporarily, diminish. Many veterans have found a greater sense of peace after the adoption of a literal, fundamentalist religious perspective.

Several major meta-analytic reviews have been conducted that demonstrate that individuals who use religious and spiritual coping efforts demonstrate greater physical and emotional well-being (Ano and Vasconcelles, 2005; Miller and Kelley, 2005; Pargament 2007). Meichenbaum (n.d.: 6) asserts that religious coping has been found to have a significant association with a variety of adjustment indicators including lower levels of depression and alcohol consumption,

fewer somatic complaints, fewer interpersonal problems, lower mortality, and greater levels of life satisfaction, more use of social supports and overall improved coping ability.

Research shows that spirituality can be a resource for people to cope effectively in traumatic situations. For example, a National survey conducted by Schuster (et al 2001: 1505-1512) found that after the terrorist attacks of September 11, 2001, 90% of Americans reported that they turned to prayer, religion or some form of spiritual activity with loved ones in an effort to cope. Another study following Hurricane Katrina revealed that 92% of those who survived and who were evacuated to shelters in Houston said that their faith played an important role in helping them get through (Meichenbaum n.d.:6). A most poignant account is offered by Pargament (2007) who describes how prisoners in concentration camps secretly continued engaging in religious activities. In Chapter six, I talked about the *Trial of God* in a Concentration Camp by the Rabbis. Although it is a play written by Wiesel (1961) in his book *Night*, and though the setting itself is fictional, the events that he based the story on were witnessed first-hand as a teenager in Auschwitz. In the Play, Wiesel grapples with the theodicy question: *Where is God when innocent human beings suffer?* Although the jury found the Lord God Almighty, Creator of Heaven and Earth, *guilty* of crimes against creation and humankind, after what Wiesel describes as an “infinity of silence,” the Talmudic scholar looked at the sky and said:

"It's time for evening prayers," and the members of the tribunal recited Maariv, the evening service (Hester 2005:40-41; Brown 1979: vii).

The above trial by Jewish rabbi reveals something important - that trauma can destroy beliefs and assumptions not only about the world and people as Janoff-Bulman has put it, but also about the spiritual realm. Watts (2007:507) notes that, “Severe stress can push people to extremes in their view of religion as a way of coping. Some people who are not normally religious turn to religion under severe stress to cope. Other people, under severe stress may abandon or turn against religious beliefs and forsake their spirituality.” In his prologue, Meichenbaum (n.d.:3) writing about Americans says, “The major way that folks in North America cope with trauma is by means of turning to prayer and religion. For many people, their

spirituality and faith are central to their personal and group identity and influence the ways they cope with traumatic events.

8.2.1. Healing from post-traumatic injury

One of the most effective ways to heal survivors from post-traumatic injury is spiritual support. Strawbridge (et al., 1998) argues that religion may provide a framework by which survivors of trauma construct a meaningful account of their experience, and may be a useful focus for intervention with trauma survivors. The terms “religious” and “spiritual” are both used in clinical literature to refer to beliefs and practices to which individuals may turn for support following a traumatic event. Some researchers have attempted to differentiate between organised practices such as “attendance at services and other activities” and non-organised practices, including “prayer and importance of religious and spiritual beliefs” (Strawbridge et al., 1998). Because the terms are so closely related, and because researchers in this area have not consistently differentiated between the two concepts, the reader should assume that in the discussion below I refer to religion/spirituality in the general sense and not in any specific terms.

8.2.2. Post-traumatic spirituality of research participants

In the current study all research participants acknowledged that their spirituality played a major role in their recovery from trauma. For example, John, after encountering hostile villagers and threat of lions says:

We saw the footprints of a lion, fresh, fresh, fresh. It's as if it saw us somewhere and was trying to hide. I thought - 'I can die from a bullet anytime. Why should I be afraid of a lion? If God wants me to die this way I will die'.

John implies that I am not going to die by any means except if God wills it. This confession gave him courage in the midst of trauma and after walking for 13 days and 13 nights in the Congo Forests, they arrived at Zambian border:

We entered Zambia at 7 o'clock in the evening. Once I crossed, I prayed 'God, thank you.' That's what I said, 'God thank you.'

Traumatic as his situation was, he acknowledged the role that God played in his safety and deliverance from hostile tribes and ferocious animals by thanking God in prayer.

The second co-researcher is Noma. After an abusive past and traumatic death of her son and miscarriage, Noma saw God:

"This pain has brought me closer to God, as I have seen his hand on my life."

For Noma, her pain has brought her closer to God as she has seen God's hand in her life. Not only has she found meaning but has also regained her humanity and is now using her experiences to support other people in need. She has also regained her relationship with God.

The third co-researcher is Bongekile. Although she was injured spiritually and morally by rejection from her church and her sexual involvement with the pastor of her church, she concludes her story:

I still hope and believe that Jesus is alive and he is the provider at all times. I believe that he will provide for my tertiary education. God has become my strength. I read the Bible more and more; my faith has been rebuilt. I dedicated my life to God.

The fourth co-researcher is Nokwazi. She was spiritually injured by the traumatic losses of more than seven loved ones, and the death of her fiancé was “the last straw that broke the camel’s back”. She quit church for the next two years and anyone who talked about God she swore. After the research process she says:

...Unkulunkulu Emuhle, [God is good] I found another job. By that time my son was doing Grade five and my daughter Grade twelve.

She acknowledges the providence of God in a country, South Africa, where unemployment is a big challenge. She was able to raise her children from the job she got. She sees the acquisition of job as God’s intervention. Thus in spite of her anger and turning away from God, she has re-authored her faith and spirituality.

Bonie, a fifth co-researcher, whose brother and father were murdered and her mother died of natural causes, after a longitudinal study, had this to say:

These workshops helped me to find a new family where we heal each other through the grace of God. I moved away from being a victim to wounded healer. I am now a stress and trauma facilitator because I want to help other people who are victims of stress and trauma.

Not only did she get healed “through the grace of God”, she also discovered her calling: to help other people who are victims of stress and trauma. This discovering of meaning and purpose in life is spiritual. Through the grace of God she has, as Lapsley (2012) says, “redeemed life out of death and good out of evil.”

Even the researcher has experienced the hand of God immensely.

Though traumatised by xenophobia and his absolute faith in God's protection was shipwrecked, by the grace of God and through the healing project, he took all the pieces and re-constructed a "mosaic" out of it (re-authored life and beauty). Today he facilitates healing in other people's lives nationally and internationally. He discovered his calling and believes that God made clear his ministry. He calls his work of facilitating stress and trauma healing a calling and ministry. Acknowledging God's providence, he says:

This has been a blessing in disguise for me by adopting a participatory action research design utilising narrative approach. Besides my academic gains, all other domains of my life have been enhanced. The process helped me rediscover my 'victor identity' and an alternative life narrative. I am now in the process of applying for permanent Residence in South Africa, a thing which I would never thought about in 2008 and 2009 after xenophobia.

The above stories show the role spirituality has played in healing trauma victims and reveals post-traumatic spirituality of each one of them. Louw is correct that God-images are not static, they are dynamic. We have just witnessed what Louw calls a paradigm switch in God-images. Therefore, I agree with Frankl (1984:58) that in the midst of traumatic experience like in the concentration camp, spiritual life can deepen. The spirituality of researcher and research participants deepened and was refined like gold through the fire. Their God-images have been re-authored.

The management of the post-traumatic stress working group (n.d.) says that religion seeking is an observed post-traumatic phenomenon. There is a large body of anecdotal literature documenting the propensity of individuals to seek religious/spiritual comfort following a traumatic event. For example, the terrorist attacks of September 11, 2001 provide a recent instance of this phenomenon. Meisenhelder (2002) notes:

The events of September 11, 2001 triggered a widespread national response that was two-fold: a post-traumatic stress reaction and an increase in attendance in religious services and practices immediately following the tragic events.

Schuster (2001) and his colleagues performed a nationwide phone survey of five hundred and sixty-nine adults within a week of the event (2001), and found that forty-four percent of the adults reported one or more substantial stress symptoms; ninety-one percent had one or more symptoms to at least some degree. Respondents throughout the country reported stress syndromes. Ninety percent coped by turning to religion.

Studies demonstrate the benefits of turning to religious or spiritual care in times of traumatic events. For example, Baldacchino and Draper (2001) conducted a literature review of one hundred and eighty seven articles on spirituality and health published between 1975 and 2001. They found that while most of the studies presented only anecdotal evidence, five studies did focus on spiritual coping strategies used in various illnesses. They reveal:

Research suggests that spiritual coping strategies, involving relationship with self, others, Ultimate other/God or nature were found to help individuals to cope with their ailments. They add: "This may be because of finding meaning, purpose and hope, which may nurture individuals in their suffering." They further conclude, "The onset of illness may render the individual, being a believer or non-believer to realise the lack of control over his/her life. However, the use of spiritual coping strategies may enhance self-empowerment, leading to finding meaning and purpose in illness."

While these studies did not specifically address PTSD, Baldacchino and Draper (2001) state that this condition is often characterised by a feeling of lack of control, and thus spirituality may be seen to be an appropriate control-seeking response. Another study was done by Humphreys (et al. 2001) who surveyed a convenience sample of fifty women in a battered women's shelter; thirty-nine of whom had been diagnosed with PTSD. They report "when we analyzed biopsychosocial variables, we saw beneficial effects of support (financial, social, and spiritual). These findings reinforce the need to enhance the resources of battered women, to help them identify existing opportunities, and to fortify self-caring strategies that give them strength."

Calhoun (et al. 2000) designed a study to examine “the degree to which event related rumination, a quest orientation to religion, and religious involvement is related to post-traumatic growth.” In this descriptive study of fifty four young adults who had experienced a traumatic event, Calhoun found out that “the degree of rumination soon after the event and the degree of openness to religious change were significantly related to post-traumatic growth.” Calhoun adds, that congruent with theoretical predictions, more rumination soon after the event, and greater openness to religious change were related to more post-traumatic growth.

Nixon, Schorr and Boudreaux (1999) conducted a descriptive study of three hundred and twenty five Oklahoma City fire fighters following the bombing of the Alfred P. Murrah Federal Building. They reported that “of particular importance in this analysis was the finding that support from ‘faith’ was a primary predictor of positive outcome and positive attitude over the one-year period.” They did find, however, that the helpful effect of faith was more pronounced among younger fire fighters. Thus it remains to be seen whether religious/spiritual counselling is equally effective for all age groups.

However, not all researchers have found religiosity/spirituality to be helpful in stressful situations. For example, Strawbridge (et al 1998) and his colleagues used a large public health survey to investigate “associations between two forms of religiosity and depression as well as the extent to which religiosity buffers relationships between stressors and depression” (1998). The authors defined “non-organisational religiosity” as including prayer and spiritual beliefs, while “organisational religiosity” includes attendance at formal services and other activities. Strawbridge (et al. 1998) found that “non-organisational religiosity” was not helpful in easing depression, and it exacerbated associations with depression for child problems. “Organisational religiosity” had a weak association with worsened depression, and it too exacerbated family-related problems. The authors conclude that “religiosity may help those experiencing non-family stressors, but may worsen matters for those facing family crises.”

The studies have shown that trauma survivors may find comfort and a sense of control resulting from religion/spirituality, and this may lead to an eventual reduction in PTSD symptoms. This study provides evidence that religious/spiritual resources coupled with the care, and love from support systems avail much in reducing PTSD symptoms and re-authoring post-traumatic spirituality.

8.3. Rebirth of Ubuntu community

It was a surprise for me to see that what started as a study group ended up as an Ubuntu community. Narrating our traumas with each other transformed the group into a miniature community which embodied Ubuntu values. Ubuntu is a metaphor that describes the significance of group solidarity, on survival issues, that is so central to the survival of African communities, who as a result of poverty and deprivation have to survive through brotherly group care and not individual self (Mbigi et al. 1995:7). Mbigi argues that Ubuntu is a concept of brotherhood [sic] and collective unity for survival among the poor in every society. In other words Mbigi does not buy the idea that Ubuntu is only a thing of Africans. Its cardinal belief is that a man [sic] can only be a man through others. In his other book titled *Ubuntu: The African dream in management*, Mbigi (1997:147) points out that as African people we have an unusual propensity towards collective solidarity and collective interdependence not regarding everything, but on selected survival issues such as liberation, protest marches, strikes, mass action, rent and consumer boycotts, marriage, funerals, worship, collective work, collective care and compassion. While Mbigi sees Ubuntu as a value of poor communities, Desmond Tutu disagrees. According to Tutu (2004), Ubuntu is the essence of being human; it is part of the gift that Africa is going to give to the world. Tutu adds that Ubuntu embraces hospitality, caring about others, being willing to go an extra mile for the sake of another. Africans believe that a person is a person through other persons; that my humanity is caught up, bound up and inextricably in yours. Tutu further states that Ubuntu says “when I dehumanise you, I inexorably dehumanise myself.” Thus the solitary human being is a contradiction of Ubuntu philosophy.

As such you seek to work for the common good because your humanity comes into its own in community, in belonging.

The essence of Ubuntu is further echoed by President Nelson Mandela in his Inaugural speech of 10th April 1994:

We can enter into the covenant that we shall build the society in which all South Africans, both black and white, will be able to walk tall without any fear in their inalienable right to human dignity... a rainbow nation at peace with itself and the world.

Trauma violates the values of Ubuntu by isolating the victim from support systems because of the shattering or crushing of the outer and inner person. Bartsch (2006:37, 42) defines the “outer person” as part of us that we are consciously aware of, with which we relate ourselves to the outside world. The outer person comprises of: relationships with others, thoughts, actions, emotions and physical health. Self-image is also affected by trauma. Bartsch defines self-image as the sum of all the ways we think about ourselves, our private assumptions about whether we are strong or weak, pretty or not pretty, faithful or not reliable. But also self-image is our consistent way of thinking and feeling about ourselves in relation to the world around us. Like the saying that “Rome was not built in a day,” our self-image is formed over many years, beginning in early childhood.

Some of the building blocks for our self-image are culture and family. For example, our culture strongly influences how we think about ourselves and how we think and feel about other people and the world around us. In the same way the family we come from accounts for how we relate to other people and how we think about ourselves. For Bartsch, self-image is like a road map or city map that shows us where we are in relation to other people and events and things. Trauma does not spare any faculty of our being untouched, even the spiritual (the heart or inner person-faith, meaning and purpose) (Bartsch 2006:37, 42). This is our centre of knowing spiritual realities, of bonding with others, past and present. It is the area that directs the course of our lives. When affected by trauma faith, hope, meaning in life gets affected as well.

Thus when our outer person, self-image, and inner person (spiritual area) are affected by trauma, we may not “be able to walk tall” as Mandela put it. In fact we walk bowed down on the inside, filled with fear of re-experiencing the event. Therefore, for us to fully realise the dream of Nelson Mandela, we needed a process to heal from trauma, to conquer the fear, which Brison calls “the object or medium of perpetrator’s speech.”

Through the process of telling and listening to each other’s narratives, we gave and received our life experiences and thereby weave the human tapestry into a sense of community (B’hahn 2002:18). This community accelerated transformation of the self and prevented the numbing pain of separation. Lapsley (2011:300) is correct that unless we bind up the wounds of the broken-hearted, we cannot hope to create a just and durable society where everyone has a place in the sun, for the victims of the past too easily become the victimisers of the future. By acknowledging and expressing our trauma, we connected with each other through pain. The acknowledgement of trauma is well-established in psychoanalytic literature as an important vehicle for helping victims of trauma regain their sense of self in relation to others (van der Merwe 2008:29). Thus the act of bearing witness to the traumas of others facilitated the shift from being the object or medium of someone else’s (the perpetrator’s) speech to being the subject of one’s own (Brison 2002:68).

Also the act of sharing our narratives of trauma as a collective demonstrated the values of Ubuntu. When I decided to set up a Trauma Healing Project to facilitate the healing of trauma survivors, I was faced with several challenges. The *first* challenge was how do we listen to each other and how do we navigate the path of telling our stories, so that we can hear, not only hear as in the organic process of hearing, but hear deeply, from a profound place, what each is saying to the others. The *second* challenge was how we understand that we come from different paths, bringing our traumas and wanting to connect with each other through the stories. The *third* challenge was to be bound by human sharing, by human moments that connect us as human beings who have been hurt in different ways. I knew that when we begin the process of sharing our traumas, we will come to the table with different kinds of traumas.

Therefore, I decided to employ the participatory action research design which would allow me to become a participant observer. This brought us together and connected us. The process allowed us to listen to what others were saying and not to judge, but to listen empathically to the sound of pain in each other's hearts. And as I participated over the course of four years of the longitudinal study, it was evident that our relationship was transformed from a researcher-research participant to that of an Ubuntu community where beside the pain connecting us, we developed values that mirror a miniature Ubuntu community.

The *fourth* challenge, which was also the main aim of the research, was to investigate the spiritual aspects of trauma. In other words, since the bio-psychosocial approach to trauma claims that trauma affects the biological, psychological and social aspects of the person, as a practical theologian, who experienced the shattering of my beliefs in God by xenophobic attacks of 2008 in South Africa, I wondered whether trauma affects the spiritual realm as well or not and if it does then how does post-traumatic spirituality affect the "re-authoring" of life narratives or what Brison (2002:71) calls, a "remaking" of the self or what narrative therapist, Morgan (2000:59) calls, the "alternative story". For an alternative story to emerge, Morgan states that a therapist attempts to trace the history of the unique outcomes, firmly ground them, make them more visible, and link them in some way with an emerging new story. She adds that as more and more unique outcomes are traced, grounded, linked and given meaning, a new plot emerges and an alternative story becomes more richly described. I had a sense that the fact that each research participant including myself was still alive meant that we survived and I was interested in finding out how each one of us was affected by trauma but more to the point, how we survived. I was convinced that by paying attention to the unique outcomes, I would be facilitating the placing of these events more in the foreground of people's consciousness or awareness (Morgan 2000:59). Attributing meaning to these events and linking them to other events in the past contributed powerfully to the re-authoring or what Morgan calls co-authoring of a new story (2000:59). Thus re-authoring of life narratives, shattered by trauma, by focusing on people's skills, abilities, competencies and commitments helped a lot, each research participant reconstructed a new narrative,

a narrative that is not based on a dominant problem story but on an alternative story. Identifying these competences were difficult during trauma because they were overshadowed by the dominant problem story, and the act of bringing them forward assisted us to reconnect with the preferences, hopes, dreams and ideas. In other words, the bringing of the alternative story brought forth and accessed people's skills and abilities.

The effect of trauma affects the whole support system and this study sought to find ways of bringing holistic healing to individuals and communities shattered or torn apart by trauma. Unlike the individual psychotherapy approaches which are used to heal individuals, this study sought to apply an Ubuntu philosophy as a way of restoring humanity through group participation.

Cunningham (1997) in his report: *'Ubuntu' urged for South Africa's constitution; First black woman in Constitutional Court advocates traditional social philosophy*, states that the first black woman appointed to South Africa's Constitutional Court urged that the interpretation of the South African newly created constitution should borrow from the traditional African social philosophy of "Ubuntu." Mokgoro said that doing so would help incorporate concepts like "personhood" and "humaneness," as well as concern for social good. While Mokgoro does not claim the last word on the subject, she defines Ubuntu as an African world-view, or philosophy of life, that incorporates the values of personhood, humaneness, morality, honesty and concern for social good. In contrasting Ubuntu with aspects of both African customary law and apartheid that have traditionally been based in victimisation, vengeance and exclusivity, Mokgoro argues that "the values of the [new] constitution and at least the key values of Ubuntu do seem to converge along with the values of the bill of rights, in particular." Since Ubuntu grows out of a historical scarcity of resources, Ubuntu values family obligations and the pooling of community resources. As if by accident, the main thing that emerged from all the narratives presented in this study was how individuals in the Trauma Project jellied together into a family like cords. For example, one research participant said:

I was very much afraid to socialise with unknown people due to my past life after being betrayed several times by my own people. The good news from the Stress and Trauma Workshop is that, all participants became my family members whom my life experiences are handed openly and with encouragement, as I am not alone in the jungle or the only one having these kinds of situations in life.

Another research participant said:

The guys at the Stress and Trauma Project became my closest friends. They believed in me and encouraged me... My new friends or family from Stress and Trauma were the first ones to support my business... The Stress and Trauma Workshops helped me realise that I am unique and am to be listened to. I also found a new family where I am able to express my feelings and where I belong. It is true. Life goes on. I have come home.

The concept of family came out very strongly from all the research participants. Another one even wrote a poem at the end of the study and these lines capture the emergency of Ubuntu in the study group which was never there at the beginning of the Trauma Healing Project:

My Family

I felt it, I experienced it.

I saw you, I was not sure

Whether should I trust you

How could I not trust?

After being prepared to trust?

I had a burden I wanted to flush away

Today I thank myself for trusting you

You laid a foundation in my life

You walked with me. You carried me through

You never forced me to forget while I could not

You never imposed advice,

We worked it through together.

The love you have shown me grew. It's endless.

Today I call you family and indeed you are my family

Through the sessions we engaged in,

I have learnt from you my brothers and sisters.

Through the process I have learnt

That forgiving is not about forgetting.

Forgiving is the process of letting it go and moving on

Letting it go doesn't mean that you are a coward

It simply means moving on.

Today I know a wound has healed

I can touch it without feeling pain.

But scars remain

I love you my family

Bongekile Motaung

The researcher and research participants have acknowledged their traumas. At first it was difficult to share their stories (Gravett 2008:303). For some it was the first time to speak about it openly. In the process of trying to name their traumatic experiences, they surprised themselves that they found new language constructs that helped to reclaim their identities as persons who are not held back by trauma. Gravett states that telling your story can be risky in terms of yourself and others, and in terms of the journey you are on. It can reveal things about you that you do not want to know, things, that would change forever who you are, or who you

prefer to be. That is what happened in this study, people were changed from victims of stressful and traumatic events to survivors; from survivors they became wounded healers, from wounded healers they became authors as of the own stories. They found a sense of meaning and purpose.

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APPENDIX 1: Stress and Trauma Healing Workshop Level 1 Programme

DAY 1

09h00	REGISTRATION	WHO DOES WHAT
10h00	INTRODUCTORY SESSION [20] <ul style="list-style-type: none"> ● Welcome ● Housekeeping ● Time table 	
10h20	ICEBREAK [10] River/Bank	
10h30	INTRODUCTION [30] <ul style="list-style-type: none"> ● Name ● Organisation ● Interest in Stress & Trauma 	
11h00	EXPECTATIONS [15] <ul style="list-style-type: none"> ● A one (5) ● Plenary (10) PURPOSE STATEMENT (5) LEVEL 1 & 2 EXPLAINED (5) HOW WE OPERATE (5) [30]	
11h30	<ul style="list-style-type: none"> ● Guidelines for group participants p. 57 [15] 	
11h45	A. WHAT IS STRESS & TRAUMA [90] <ul style="list-style-type: none"> ● Plenary: brainstorm p. 23 (5) ● Collages: groups of four p. 23 (40) ● Plenary presentation: what causes stress and what causes trauma? (20) 	

	<ul style="list-style-type: none"> Input two definitions p. 25 (10) [75] 	
13h00	LUNCH	
14h30	<p>B. ESTABLISHING SAFETY & TRUST [20]</p> <ul style="list-style-type: none"> Own experience p. 47 (10) (story-telling) Trust exercise (5) Plenary: Input on trust account p. 53 (5) 	
15h50	<p>C. ENABLING VICTIMS TO TELL THEIR STORY [105]</p> <ul style="list-style-type: none"> Township Child p. 20 (5) participants to depict their story: Individually; option 1 p.61 (20) Above /below the line in each square! 	
15h15	<ul style="list-style-type: none"> Groups of four: share drawings (40) Plenary: share experience of story-telling (20) 	
16h15	TEA	
16h40	<p>Closure [15]</p> <p>Option1: Picture p.63</p>	
16h40	<p>Listening: [15]</p> <ul style="list-style-type: none"> Frame of reference (5) Empathy (5) Questions (5) 	
16h55	<p>Spill-over model (7.5)</p> <p>Optimal range (7.5) [15]</p>	
17h10	<p>D. EFFECTS OF ORDINARY & TRAUMATIC STRESS ON THE VICTIM [50]</p> <ul style="list-style-type: none"> Plenary: Personal Profile p.37 (10) Plenary: Effects of stress and trauma on profile p.41 (10) 	

	<ul style="list-style-type: none"> • Groups of four: how this relates to their experience (10) • Plenary: share experiences (20) 	
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DAY 2

08h45	REVIEW/PREVIEW [15]	
09h00	HOW ARE YOU? Meditation [15]	
09h15	<p>E. NAMING & GRIEVING [55]</p> <ul style="list-style-type: none"> • How do diverse cultures deal with grief? Plenary (10) • Individually: name the losses p.86 (10) • How have you mourned: <ul style="list-style-type: none"> ▶ Pairs (10) ▶ Plenary (10) • Plenary discussion: cultural ways of mourning? p.86 (15) 	
10h10	<p>F. IDENTIFY AVAILABLE RESOURCES [35]</p> <ul style="list-style-type: none"> • Individually answer questions: Option 2 p.70 (15) 	
10h25	TEA	
10h55	<ul style="list-style-type: none"> • Plenary: question on p.70 (20) 	
11h15	<p>G. COPING WITH STRESS & TRAUMA [105]</p> <p>1.) INTRODUCTION (50)</p> <ul style="list-style-type: none"> * Learned helplessness model pp.31-32 Cow; restaurant; fish (15) * What helped you to cope/move on when distressed/traumatized? 	

	<p>(above/below line)</p> <p>Individuals (5)</p> <p>Groups of four on newsprint (10)</p> <p>Plenary presentation – general (20)</p>	
12h05	<p>2.) HOW DO WE COPE? [85]</p> <p>* Plenary: identifying our feelings pp. 92-94 (10)</p>	
12h15	<ul style="list-style-type: none"> ● Coping by challenging self-victimisation thoughts [45] <ul style="list-style-type: none"> ▶ Plenary: Introduce ABCD p.99 (10) ▶ Intro individual exercise p.98 (20) ▶ Plenary input p.100 (10) (9 dots p.91 with no. 4) ▶ Individually: step 7 p. 99 (5) 	
13h00	LUNCH	
14h00	<ul style="list-style-type: none"> ● BRACKETING [25] <ul style="list-style-type: none"> ▶ Individual exercise p.101 (5) ▶ Plenary: what enables us to “stand back” p.101 (20) 	
14h40	<p>H. AFFIRM DIGNITY, HOPE & HEALTHY IDENTITY</p> <p>1.) Introduction [30]</p> <ul style="list-style-type: none"> ● Plenary: what has built you up & torn you down in: <ul style="list-style-type: none"> ▶ community/society? ▶ family/close relationship? ▶ yourself? 	
15h10	<p>2. Reflection [65]</p> <ul style="list-style-type: none"> ● Share in groups of four (20) 	
15h30	TEA	

16h00	<ul style="list-style-type: none"> ● Plenary: general learnings (30) ● Plenary: input pp.113 & 115 (15) 	
16h45	<p>3.) Reconnecting to past dignity [45]</p> <ul style="list-style-type: none"> ● Plenary: story p.122 (5) ● In groups of four (pp.119-120) (30) <ul style="list-style-type: none"> ▶ Who were you & what did you do before the trauma ▶ Affirm only positive things during the traumatic event ▶ Affirm positive things you did after the traumatic event <p>NB: only affirm the positive!!!</p> <ul style="list-style-type: none"> ● Plenary: how well did you stay with the positive? (10) 	
17h30	CLOSURE FOR THE DAY	
18h00	SUPPER	

DAY 3

08h45	Review/Preview	
09h00	HOW ARE YOU? Meditation [15]	
09h15	<p>I. ENCOURAGING HEALTHY RELATIONSHIPS [75]</p> <p>1] How are your relationships? (10)</p> <ul style="list-style-type: none"> ● Individually: exercise p.123 (10) ● Plenary input: Ubuntu p.124 (10) 	
09h35	<p>2] Levels of trust [30]</p> <ul style="list-style-type: none"> ● Individually: exercise p.131 (10) ● Plenary: share learnings (20) 	
10h05	<p>3] Forgiveness & reconciliation</p> <ul style="list-style-type: none"> ● Plenary input & questions (25) 	
10h30	TEA	

11h00	<ul style="list-style-type: none"> ● ANY EXPECTATIONS NOT DEALT WITH YET [40] ● SYMBOL OF WHERE YOU ARE NOW/CLAY? [20] 	
12h00	Symbol sharing [30]	
12h30	Evaluation [15]	
12h45	Thank you & closure	
13h00	LUNCH	

APPENDIX 2: Stress and Trauma Healing Level 2 Programme

PROGRAMME

WHEN?	WHAT?	WHO ?
DAY 1		
09h00	REGISTRATION AND TEA	
10h00	INTRODUCTORY [35] <ul style="list-style-type: none"> ● Welcome {3} ● Housekeeping {7} ● Purpose Statement {5} ● Icebreaker {10} ● Learning Approach {10} 	
10h35	EXPECTATIONS [30] <ul style="list-style-type: none"> ● Individuals ● Plenary 	
11h05	INTRODUCING THE MANUAL [20] <ul style="list-style-type: none"> ● Introducing contents page 3 {10} ● Introducing page 147 {10} 	
11h25	CHAPTER 12: EXPLORE WHY YOU'RE A HEALER [20] <ul style="list-style-type: none"> ● Diagram p. 149 ● Question p. 154 {20} <ul style="list-style-type: none"> ● Individually (5) ● Groups (15) 	
11h45	CHP 13: UNDERSTAND YOURSELF AS HEALER [25]	

	<ul style="list-style-type: none"> ● Importance of knowing ourselves. 156 {10} ● Understanding your identity p. 156 {10} ● Exercise p. 157 {20} 	
12h25	<ul style="list-style-type: none"> ● Understanding your personal frame of mind [90] <ul style="list-style-type: none"> ● Groups (35) 	
13h00	LUNCH	
14h00	<ul style="list-style-type: none"> ● Groups cont. (15) ● Plenary (40) 	
14h55	<ul style="list-style-type: none"> ● Knowing Your Helping Styles {60} ● Caregiver's Trap p. 167 (30) 	
15h25	TEA	
15h55	<ul style="list-style-type: none"> ● 4 Negative Styles of Helping p. 170 (30) 	
16h25	<ul style="list-style-type: none"> ● Know Your Skills pp. 172-173 {60} <ul style="list-style-type: none"> ● Groups (30) ● Plenary (30) 	
17h25	ETHICS [35] <ul style="list-style-type: none"> ● Individually {5} ● Plenary {30} 	
18h00	CLOSURE & SUPPER	

DAY 2		
08h45	CHP 14: TAKE CARE OF YOURSELF AS CAREGIVER [80] <ul style="list-style-type: none"> ● Introduce p. 174 {5} ● Plenary discussion: caring for ourselves {15} 	

	<ul style="list-style-type: none"> Consequences of caring & not caring {30} 	
09h35	<ul style="list-style-type: none"> Caregiver fatigue {30} <ul style="list-style-type: none"> Individually read p. 181 (10) Plenary discussion (20) 	
10h05	<p>CHP 15: INSPIRE YOUR COMMUNITY [45]</p> <ul style="list-style-type: none"> Individually reading pp. 183-185 {15} 	
10h20	TEA	
10h50	<ul style="list-style-type: none"> Exercise p. 186 {30} 	
11h20	<p>CHP 16: PROMOTE HEALTHY RELATIONSHIPS [180]</p> <ul style="list-style-type: none"> Introduce p. 187 {5} Exercise pp. 189-191 <ul style="list-style-type: none"> From the participants or p. 190/1 {95} 	
13h00	LUNCH	
14h00	<ul style="list-style-type: none"> Presentations & comment (20x4) {80} 	
15h20	TEA	
15h50	<p>CHP. 17: SUPPORT COMMUNITY HEALING ACTIVITIES [0]</p> <p>Participants do reading in own time</p> <p>Victims recovery chapter to be presented</p>	
15h50	<p>PRESENTING CHAPTERS [220]</p> <ul style="list-style-type: none"> Prepare for 10 min. Presentation {100} Groups choose format of presentation 	
17h30	<ul style="list-style-type: none"> First presentation & discussion {30} 	
18h00	CLOSURE & SUPPER	

DAY 3		
08h45	<ul style="list-style-type: none"> Last three presentations with discussion {90} 	
10h15	TEA	
10h45	CAREGIVER PLAN: APPENDIX F [75] Groups in 3 areas	
12h00	Final questions and comments [30]	
12h30	closure	
12h45	Thank you's & evaluation	
13h00	Lunch	

APPENDIX 3: Informed Consent Form/Letter



Student name and surname: Charles Bester Manda__

Student number: ___28614063___

Contact telephone number: 0725988610_____

Contact address: 503 Ansonia Court,
91 Loop Street, P.O. Box 2693,
Pietermaritzburg 3200, South Africa.

E-mail: cmanda3@gmail.com_____

Title of the PhD study: Re-Authoring narratives of trauma survivors in KwaZulu-Natal: Spiritual perspective.

PARTICIPANT INFORMATION LEAFLET AND INFORMED CONSENT:

You are invited to volunteer for a research study. This information leaflet is to help you decide if you would like to participate. Before you agree to take part in this study you should fully understand what is involved; and that you are happy about all the procedures involved.

Purpose of the study

The purpose of this narrative study is to facilitate the telling and development of individual and community narratives about experiences of trauma survivors living in KwaZulu-Natal, South Africa. This research protocol was submitted to the Faculty of Theology Research Ethics

Committee, University of Pretoria and written approval has been granted by the Committee. The study has been structured in accordance with the Constitution of the Republic of South Africa, Act 108 of 1996, applicable legislation and ethical considerations.

The study will be conducted by way of interviews/observations by Charles Bester Manda (Researcher). Should you have any questions, please do not hesitate to contact him on 0725988610 or another authorised person. The study will be conducted between October 2009 and March 2013 during which several healing workshops will be conducted and semi structured interviews, focus group meetings of approximately one hour each will take place between the researcher and research participant(s).

Your participation in this research is entirely voluntary and you can refuse to participate or stop at any time without stating any reason. Your withdrawal will not disadvantage you in any way. The researcher retains the right to withdraw you from the study if considered to be in your best interest.

The risks/benefits involved in the study

Although there is no financial benefit to this study, your participation will be of benefit to you in that you will join a group of other co-researchers as they work through their trauma. This process will be offered to you at no cost of yours. Research findings on the unheard stories of trauma survivors living in South Africa will be disseminated in such a way that South African Government and United Nations High Commission for Refugees policies will be influenced towards holistic care of trauma survivors.

There are no risks to this study as all information obtained during the course of this study is strictly confidential. Data that may be reported in scientific journals will not include any information which identifies you as a participant in this study unless you give consent to include your name. Data/information will be published anonymously. No information will be disclosed to any third party without your written permission

INFORMED CONSENT

Please read the following consent form and feel free to sign if you are happy to participate in the study:

I hereby confirm that I have been informed by the research investigator __C.B. MANDA_____ (state particulars) about the nature, conduct, benefits and risks of the proposed research. I have also received, read and understood the above written information (participant leaflet and informed consent) regarding the study.

I am aware that the results of the study, including personal details regarding my sex, age, marital status etc (state) will be anonymously processed into the research report. (See in particular the definition of “personal information” in the Promotion of Access to Information Act 2 of 2000.)

I may, at any stage, without prejudice, withdraw my consent and participation in the study. I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.

Participant’s name: _____ Participant’s Signature: _____

I, _____ herewith confirm that the above participant has been informed fully about the nature and scope of the above study.

Investigator’s name: _____

Investigator’s signature: _____

Date: _____

APPENIX 4: Interdisciplinary investigation request letter

Dear Scholar

I need your assistance with my school work. My PhD research is about *Re-authoring life narratives of trauma survivors in KwaZulu-Natal: Spiritual perspective*. I am looking at the biopsychosocial perspectives of trauma on the individual and support systems i.e. how trauma affects a survivor biologically, psychologically, and socially. The second dimension to the study is the spiritual aspect. I am looking at how trauma affects the survivor's spirituality.

This topic involves a number of other disciplines besides theology. Although the best way to integrate interdisciplinary contributions to my research process is to examine the literature as I have extensively done, but the methodology of doing practical theology compels me to have a conversation about trauma with scholars from other disciplines. As such I would like to invite you to read the following life narrative (story) of Bonie, one of research participants and ask you to please respond to the following 4 questions in relationship to your profession:

- When reading the narrative, what are your concerns?
- What do you think is your discipline's unique perspective on this narrative?
- Why do you think your perspective will be understood and appreciated by people from other disciplines?
- What would your major concern be if the perspective of your discipline might not be taken seriously?