

**BEYOND PTSD: A STUDY OF DISTRESS &
SUBJECT POSITIONS IN RURAL
KWAZULU-NATAL.**

BY

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ABSTRACT

The PTSD model of trauma encapsulated in the DSM has been subject to numerous challenges concerning the model's appropriateness and applicability in the South African context. These challenges relate specifically to specific nature of the traumatic stressors produced by the discriminatory policies of the Apartheid regime and the levels of political violence that permeated the entire country, especially entire rural communities in the KwaZulu-Natal (KZN) province. This form of endemic and incessant violence that traumatised entire communities has surpassed the DSM-IV-TR's conceptualisation of trauma. This research study aims to open up a space for exploring alternate ways of conceptualising distress in the South African landscape of endemic violence and incessant trauma. This study draws attention to how men and women living in rural KZN experience and construct the meanings of their distressing experiences using the cultural resources available to them. Focus groups were conducted with six groups of first language *isiZulu* speakers from rural communities across KZN. Focus groups included a youth group, a male leaders group, a women's group, a group of traditional healers, a community health workers group, and a feedback session group. The groups were conducted in *isiZulu*, recorded, transcribed, and translated into English. The transcripts were interpreted using discourse analytic theory, analysing discursive constructions of distress and the subject positions contained within them. It was found that experiences of distress were interpreted through the lens of a socio-cultural African worldview which differed from that assumed by Western psychology. This worldview shaped the conceptualisation of distress and determined specific coping strategies. Distress was interpreted as a breakdown in the organisational matrix of life that systematically increases people's vulnerability to a range of interwoven complex stressors endowed with social, cultural and political meaning. These stressors perpetuate a cycle of distress that situates men and women in diverse and predominantly disempowering subject positions, shaping distinct experiences of trauma.

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CHAPTER ONE

INTRODUCTION

1.1. TRAUMA

" It is like you are carrying a glass of water and you pour it onto a piece of carpet. What happens? It wets the carpet and you will not be able to put all that water into the glass again because it is spilled and gone into the carpet. It is just like accidentally breaking something into lots of little pieces. It is gone and it can never be something that you can pick up with your hands and make whole again. The water has spilled and it is gone now. You cannot pick up the water or put the pieces together like the way it was before. The only thing to do now is to try to move on".

Tsepho, Community Health Workers Group

Over the last half century, humanity has had to acknowledge the merciless reality of the world - a ceaseless battle for power and control, played out in acts of war, genocide, violence, human rights abuses, death and destruction. Long after the conflicts have ended, peace agreements have been signed, or victors declared, human beings remain compelled to pick up the pieces of their shattered lives. The term *trauma* lingers amongst the fragile bodies, destruction, pain and scars that symbolise conflict in any place on earth.

Before the dust settles, humanitarian organisations arrive distributing much needed basic resources including medical and psychological assistance. Scores of mental health professionals appear, well versed in bio-medical psychiatric discourse, armed with diagnostic manuals and an array of counselling techniques. Their task is relatively simple- describe survivors distress and suffering in terms of trauma terminology, including the technically correct PTSD diagnosis, which then implies clear-cut therapeutic solutions. This relatively simple task progresses independently of survivors' social and cultural reality, linguistic systems, and subjective meaning. The inextricable link between distress and the concept of trauma has permeated into daily reality as a means of capturing and defining life experiences (Summerfield, 1999).

The rise in popularity of the term trauma, and its technical application in the form of PTSD in the world today are, according to Summerfield (2001), "a telling example of the role of society and politics in the process of invention rather than discovery" (95).

The word trauma, once used strictly by surgeons to describe a wound on the body, leapt into the realm of the psyche to define an occurrence that overwhelms an individual's coping resources. Powerlessness is located at the crux of a traumatic experience, which compels the victim to surrender control in the face of an implacable force of ruin. This force includes natural disasters ranging from hurricanes to earthquakes, as well as man made catastrophes, which include acts of war, violence and human rights abuses. Frozen emotions, silenced voices and psychological fragmentation are common forms of traumatic reactions that occurs when psychological self-defence mechanisms and resistance become futile.

In the absence of truth telling, a necessary precondition forming the foundation of the therapeutic process and the reparation of shattered social networks, the traumatic event is experienced through an array of distressing symptoms comprising *Post Traumatic Stress Disorder* (PTSD). The diagnosis of PTSD as depicted in the *Diagnostic and Statistical Manual* of the American Psychological Association (DSM) deduces that a person has experienced a traumatic event involving actual or threatened death or injury to themselves or others, and where they felt fear, helplessness or horror (Hamber & Lewis, 1997: 6).

Traumatic symptomology organised in three distinct clusters pervade the psyche of the traumatised person. Symptoms of hyper-arousal are the indicators of PTSD, where an increased startle response continues incessantly in conjunction with the fluctuating cadence of contrasting symptomatic clusters of intrusion and avoidance. Frozen traumatic memories that forever crystallise the traumatic event occur in the form of nightmares and flashbacks, which form the cluster of intrusive symptoms. These symptoms oscillate with avoidance symptoms, such as social withdrawal and emotional numbing aimed at reducing exposure to people or places that elicit memories of the event. The fluctuating cadence of these contrasting clusters of symptomology forms the dialectic of trauma that perpetuates a person's state of incapacity (Hamber & Lewis, 1997; Herman, 2001).

1.2 CHALLENGES TO THE PTSD PARADIGM

It is argued that we need to critically challenge the legitimacy of psychological literature that forms the basis of theory, practice and research across the world. The power of this literature lies in its claims to science that is, more often than not, framed within the confines of the human psyche without reference to cultural and socio-political content and context (Dawes, 1985).

The diagnosis of PTSD enshrined in the DSM represents the scientific enterprises of psychiatry and psychology. It focuses exclusively on the functioning of the individual, is guided by the assumption of psychiatric universalism, and the adoption of Western forms of therapy in non-Western contexts. It presents psychological trauma conceived as PTSD, as a source for containing and addressing the consequences of events, including acts of war and violence. This analysis takes place in isolation of socio-cultural and political realities, and in the absence of constructing meaning about the traumatising event. It also fails to encapsulate the effects of trauma on entire communities. Thus, according to Summerfield (2001) the anguish, destruction and fragmentation of human rights abuses and other forms of violence is diminished to a technical concern moulded to Western discourses of bio-medical health and illness.

1.3 A SOUTH AFRICAN LEGACY

The appropriateness of the PTSD paradigm of trauma has been called into question in the South African context characterised by its legacy of political violence, gross human rights violations and discrimination within which this research takes place.

South Africa's legacy of oppression and gross human rights violations began with the control of the Black majority during the period of Colonisation, which subsequently enforced European religion and culture onto its subjects, thereby divesting communities of their land, culture, religion and way of life (James, 1987). In 1948, the National Party executed the oppressive policy of Apartheid creating an elaborate formal system of institutionalised racism. Apartheid was designed as a form of social

engineering that created White dominance maintained via political and economic power, and resources such as education, land, industry, and health care. The Apartheid policies methodically constrained the participation of the disenfranchised majority in the functioning of the political, social, and economic processes of the country (Kane-Berman, 1993).

For Simpson (1998) the policies of the Apartheid regime did not reach the gruesome proportions of the Holocaust because of the need of the ruling caste to fulfil their ultimate aims. The oppressive Apartheid regime was centred on the premeditated construction of a perpetual lower class of acquiescent people, which provided an economical and meek labour force for the master race. This included deliberate oppressive strategies of racial segregation, discrimination and the denial of human rights and freedom. In addition, those outside the ruling class were victims of acute primary trauma, originating in the construction of ethnic cleavages into homelands, influx control of African labour, forced removals, deportation, exile, torture, killings and chronic social strife. The policies of Apartheid framed on injustice, exploitation, and crimes against humanity pervaded every aspect of South African society and the lives of its people.

A rapid increase in violence in South Africa began as early as the 1970's with disenfranchised South Africans responding to the Apartheid government's political, economic and socially oppressive policies. This included strategic efforts to disrupt the daily functioning of the apartheid government by staging mass consumer boycotts, stay-aways and protests. This was aimed at garnering the attention of the media and the international community, to the plight of those disenfranchised in South Africa. These efforts did not immediately have the desired outcome, as the Apartheid government continued their policy of completely removing the citizenship of disenfranchised South Africans by dividing them into ethnic communities called homelands. The effect of the homelands policy was aimed at displacing and fragmenting African claims on state resources and entitlements (Kane-Berman, 1993, Simpson, 1995).

1.4 KWAZULU NATAL: A HOTBED OF VIOLENCE

Strategic efforts by opposition groups to disrupt the functioning of the Apartheid government increased in intensity to such an extent, that it had escalated to a full-scale civil war between rival political groups forming the official opposition to the state. The violence reached its peak in the 1990's leading up to South Africa's first democratic election. The violence spread across the country, leaving Natal (now known as KwaZulu-Natal (KZN)), particularly ravaged.

The rural areas of the Natal Province, home to the Zulu cultural group and the context of this study, became the hotbed for violence and destruction. Violent clashes between the United Democratic Front (UDF) or African National Congress (ANC) and the Inkatha Freedom Party (IFP) escalated as both parties struggled for territorial control of the area. The conflict was intensified by the lack of intervention by the South African Defence Force (SADF), and the police who failed to respond to calls for assistance. In fact, police urged residents to leave besieged areas because they could not assist them (Kentridge, 1990; Michelson, 1994).

Kentridge (1990, as cited in Michelson, 1994) argued that more people died in the eighteen months preceding March 1990, than in twenty years of fighting in Northern Ireland. The violence in KwaZulu-Natal culminated in the Seven Day War in March 1990 just outside Pietermaritzburg. Over one hundred people were killed; a number of homes destroyed by fire, and approximately twenty thousand people were forced to flee their homes due to the conflict.

It was during this conflict that the police were commonly referred to as the "*third force*" and a principal participant in the violence. Assertions of neutrality and determination to end the bloodshed in the area masked police partisanship towards the IFP. The state police failed to prevent IFP attacks on non-IFP areas, failed to arrest IFP members, and in many cases aided IFP ambushes against opposition groups during the Seven Day War. The States defence against the third force theory relied on the racial profile of the conflict, which was described as "*black on black violence*" (Michelson, 1994: 48).

The focus on ethnic cleavages within black communities overlooked segregation, political differences, and the discrepancy in resources in accordance with race and political affiliations. It also failed to consider the salient role played by warlords who were aligned with the state in the Seven Day War. This provided the Apartheid State with a pretext not to address its role in maintaining the conflict (Kentridge, 1990; Michelson, 1994; Simpson, 1995, Hamber & Lewis, 1997).

In the period of political transition after South Africa's first democratic election in 1994, reports of political violence had decreased significantly. It was not completely removed from the public consciousness however, with over eight hundred documented deaths linked to of the political violence in 1995. This includes the violent deaths of eighteen ANC supporters during the Christmas Day Massacre in rural KZN (Hamber & Lewis, 1997). The Apartheid state's actual involvement in the political uprisings in KZN emerged during the country's Truth and Reconciliation hearings that began in December 1995. The States role as the third force was revealed as a deliberate strategy directed towards underscoring ethnic cleavages between the IFP and the ANC. The State artificially created a state of civil war in KZN, by inciting Zulu nationalism of the IFP in opposition to Xhosa support of the ANC. The State was responsible for funding, training, and arming members of the IFP, who were protected from criminal prosecution. The overriding aim of the third force was to undermine the negotiation process and divide Black support for the ANC who had established a powerful political presence (TRC report, 1998).

1.5 RURAL KWAZULU-NATAL - PRESENT DAY STRUGGLES

Rural communities in KZN, such as Richmond, Madundube, Entshanga, Mandeni, Mbumlulu, Willowfontein and KwaMnyandu like the rest of country suffered through years of chronic State repression and sustained violence creating economic and social strife.

Fierce attacks on communities by rival political groups across many of the areas mentioned above left a trail of violent deaths and injuries. The conflict interrupted and systematically destroyed the production of food, transportation services, economic infrastructure and means of employment for the majority of people in these

communities. The loss of food and income in the community deepened the level of poverty creating malnutrition, with many families unable to afford to buy food sufficient to meet their caloric needs. The destruction and loss of homes has resulted in the fragmentation of entire families leaving orphaned, or abandoned children. Thus, people were left homeless, schooling came to a halt, employment was lost and families were left to mourn the sudden deaths of their loved ones, whilst trying to piece their lives together in the aftermath of such violence.

Many survivors of the conflict in rural KZN are still struggling to come to terms with the violence, which forever altered the course of their lives. Many survivors reported receiving inadequate compensation and assistance from the government to assist them to rebuild their lives and repair their fractured communities. A survivor of the Seven Day War in KZN reflects on how people's lives have changed after the violence had ended:

" The war changed many things. People lost their loved ones, their parents, and their belongings. Some of those people who escaped the war are suffering now, with no place to stay. The things that I saw in that war are always on my mind. I will never forget it because of the way that people were killed. I don't think that I will ever see anything like that ever again".

-Testimony of Mr Faya Mathonsi of Willofontein, (as cited in Levine, 1999: 33).

Time has come to a jarring halt in many communities in rural KZN with broken down schools, shops, and homes serving as constant reminders of the violence that ripped through the province. Infrastructure appears to be non-existent in many rural communities, with very few homes receiving electricity, running water and proper sanitation. Although some schools were burnt down or forced to close during the conflict, others have re-opened but operate on minimum resources catering for a relatively small number of students. The HIV/AIDS crisis gripping South Africa is at its peak in KZN, with the province representing some of the highest rates of HIV/AIDS infection in the country (UNAIDS, 2005). This crisis further plunges

rural communities across the province into an abyss of extreme poverty, despair and death.

1.6 THE PTSD PARADIGM IN SOUTH AFRICA

The PTSD formula of trauma needs to be reformulated in the South African context, which embodies a diverse and unique socio-political, cultural, economic, and historical reality. South Africa's legacy of discrimination and political violence have suffused with various forms of structural violence, such as extreme poverty to produce a repeated and sustained climate of traumatic stress, resulting in distinct symptom profiles. These symptom profiles are complicated by cultural heterogeneity, which produces distinct ways of articulating distress, constructing meaning and determining help-seeking behaviours.

The impact of trauma on entire communities as opposed to just individuals is underscored in the South African context. The legacy of Apartheid that was a system of political and economic domination lasting well over forty years, has produced an incessant struggle to survive that is better thought of as a process rather than an event (Straker, 1987). In fact, many rural communities across KZN are severely traumatised in the aftermath of the Apartheid conflict, whilst fighting a daily battle to survive in the face of extreme poverty and HIV/AIDS.

Mental health professionals adopting the PTSD model of trauma as a main reference point in healing interventions have not experienced great success in assisting traumatised South Africans, particularly those residing in rural areas. This lack of success has prompted calls by mental health professionals and trauma theorists alike to explore alternative models of trauma that can function in the South African context (Kleber, Figley & Gersons, 1995; Swartz, 1998).

1.7 FOCUS AND AIMS OF THE STUDY

The focus of this study is directed at members of the Zulu cultural group, who comprise a distinct part of South Africa's cultural heterogeneity. More specifically this study is focused on the experiences of men and women belonging to this cultural

group The aim of this study was to gain a clearer understanding of the discursive constructions that *isiZulu* speaking men and women from rural KZN drew on to define and explain their experiences of distress and healing. It is hoped that the identification of discursive constructions and the subject positions contained within them, will provide a greater conceptualisation of the way that distress is interpreted and experienced by members of this cultural group residing in rural communities across the KZN province. It is envisaged that these discursive constructions around experiences of distress could possibly help enlighten mental health professionals who work with rural *isiZulu* speaking people in KZN. Furthermore, it is hoped that this framework for understanding distress amongst the participants of this community, could form the basis of more appropriate and efficient methods of therapeutic intervention.

1.8 CHAPTER ORGANISATION

Chapter two follows with a review of the relevant literature related to psychological trauma, including a critical overview of the theoretical frameworks of trauma and PTSD that has motivated this research study. This includes a comprehensive discussion regarding the links between traumatic stress and culture, with a special focus on cross-cultural research studies conducted in contexts of violence and war, including in the African and South African context. A discussion of poststructuralist theory is included, as this provides a valuable tool for theorising traumatic stress and its relation to culture and identity.

Chapter three includes a focus on research methodology and the strategies adopted in conducting this research project. This includes a brief rationale for the qualitative research framework of this study. This chapter outlines the aims of this study, a comprehensive analysis of the focus groups, procedure in data collection and the analysis of data. This includes a discussion of the methodological framework that guided the analytic process. A final section includes the comment on the ethical considerations that guided this research process.

Chapter four reports on the findings emerging from the focus group discussions. This includes a comprehensive discussion of these findings, which included the

identification of discursive constructions around experiences of distress and healing, and an analysis of the subject positions contained within them.

Chapter five provides a comprehensive overview of the findings and discussions regarding how men and women belonging to the Zulu cultural group residing in rural KwaZulu-Natal conceptualise and interpret their distressing experiences. This chapter also discusses the limitations of the study and lays out how this research study can be utilised to think about distressing experiences in new ways, and suggests future areas of trauma research that need to be addressed.

CHAPTER TWO

LITERATURE REVIEW

2.1. INTRODUCTION

Psychological trauma occurs as a wave of destruction that overwhelms the human coping responses and systematically ruptures the survivor's locus of control, sense of meaning, and the vital thread of connection to the social world. It creates powerlessness, fragmentation and renders voices silent. Traumatic memory is often described as a silent movie or a series of still snapshots that can be transformed through the process of acknowledging the truth about the traumatic event (Herman, 2001). The verbal narrative required to reclaim the functioning of life is lost, often replaced by a plethora of traumatic symptoms constitutive of Post Traumatic Stress Disorder (PTSD) (Hamber & Lewis, 1997, Bracken, 1998).

The diagnosis of Post Traumatic Stress Disorder (PTSD) as depicted in the *Diagnostic and Statistical Manual* of the American Psychiatric Association (DSM) (currently in its revised fourth edition: DSM-IV-TR) has acquired the status of the dominant model of traumatic stress responses. This paradigm of trauma, as Simpson, M.A (1993) describes, succinctly captures psychological trauma, as a response to "single sharp events" (601). Although this model captures the essence of traumatic stress that results from once-off traumatic stressors that involve either a threat to life or the actual taking of life, trauma theorists have questioned the suitability of this definition of PTSD in defining the broad range of traumatic stressors and people's experiences of these events (Straker, 1987; Bracken, 1998 & Summerfield, 1999).

The question of appropriateness is particularly salient within the South African context, in the light of the country's past of political and social discrimination, exploitation, chronic violence and extreme poverty. The issue of suitability points directly the characteristics of traumatic stress and the classification of symptoms. This is often complicated by the continuous nature of traumatic stress characteristic of the South African climate. Issues relating to communal support structures and the various modes of articulating distress in a context of cultural heterogeneity, further

complicate the debate around traumatic stressors and symptoms. The questions above have facilitated an entry point into the study of traumatic stress research in South Africa. An exploration of context including culture is necessary to understand the construction of traumatic stressors in South Africa, including the wide range of individual and communal responses to such stressors (Straker, 1987; Simpson, 1993; Hamber & Lewis, 1997; Swartz, 1998).

The core focus of this research study is to gain a clearer understanding of the discursive constructions that isiZulu speaking men and women from rural KZN draw on to define and explain their experiences of distress and healing. Thus, the aim of this literature review is to provide a discussion of the most salient points concerning the genesis of psychological trauma and the criticisms regarding the PTSD paradigm of trauma. This review includes a comprehensive discussion regarding the links between traumatic stress and culture, with a special focus on cross-cultural research studies conducted in contexts of war and violence, including South Africa. This includes a discussion of poststructuralist theory, which provides a valuable tool in theorising the PTSD paradigm of trauma encapsulated in the DSM.

2.2 THE ORIGINS OF TRAUMA

Analysis of psychological trauma has been described as a form of "episodic amnesia" oscillating between episodes of in-depth scrutiny and others of relative disinterest. The motivation behind these cycles of vacillation is linked to the controversial subject matter of psychological trauma. Psychological trauma abruptly thrusts the traumatised person into a realm of uncertainty, whilst challenging fundamental questions of faith. However, trauma theorists such as, Herman (2001) have called for a kind of repossession of trauma study that can offer an abundance of knowledge and history. Leslie Swartz (1998) argues that this wealth of knowledge and history is necessary in gaining a comprehensive understanding of how trauma can be thought about in the South African context. For Swartz (1998) this can be achieved by tracking the genesis of trauma through history.

The controversy around psychological trauma can be traced to the debut of the word trauma into the 1956 version of the Oxford English Dictionary. Trauma was a

medical term defined as "belonging to the wounds or the cure of wounds" (Young, 1995: 13). The word trauma proliferated the domain of the medical practitioner who was responsible for "stemming the tide of blood, fixing broken bones and gluing together battered and bruised bodies" (Hacking, 1995:183). Railway accidents symbolised the birth of psychological trauma, as patients manifested psychological symptoms long after physical symptoms healed. Railway passengers unharmed physically by the railway accidents began to complain of severe pain predominantly in the region of the spinal cord a few days after the accident. Many of the symptoms experienced by passengers of railway accidents, such as high levels of anxiety, possible paralysis and memory lapses did not correspond to any kind of physical injury, as no lesions were visible. John Erichsen (1896) a professor who lectured on the condition referred to it as "railway spine", which comprised a head injury and spinal concussion. Although this condition was not distinct to railway accidents, it was certainly made prevalent by it (Hacking, 1995; Young, 1995).

Erichsen (1896) concluded that survivors of railway accidents had suffered traumatic shock that occurs through the concussion of the spine. Erichsen (1896) however, was baffled by the mechanism that generated these psychological symptoms. Thus, the question remained whether a psychological or physiological trigger was responsible for dramatically intensifying the effects of physical injury (Young, 1995). Three years after Erichsen's (1882) lectures on "railway spine", Russell Reynolds (1885) a London physician made a crucial link between severe disorders of the nervous system, such as paralysis, and the fixation on an idea or emotion. Reynolds (1885) argued that paralysis was a result of fixation on the memory or emotion connected with the railway accident. Reynold's (1885) also made a comparison between railway spine and hysteria as both cases paralysis were a result of the fixation on an idea and not on madness (Hacking, 1995). This discovery shifted the medical term trauma characterising an injury of the physical body, to a psychological term characterising an injury of the mind.

For the last three centuries, the emergence of psychological trauma into the public consciousness has been closely aligned with political movements. A theory of hysteria, a psychological disorder of women grew out of the Republican Anticlerical movement in France, which fought for the power of men and the control of women.

Freud's (1897) investigations into hysteria revealed that this disorder was a result of psychological trauma that triggered somatic symptoms that symbolised disguised representations of distressing traumatic events. It was possible to alleviate symptoms by giving voice to or putting traumatic memories and their emotions into words, giving rise to psychoanalysis or the "talking cure". Freud's work was instrumental in facilitating the emergent acceptance of the idea of trauma (Hacking, 1995; Young, 1995 & Herman, 2001).

Summerfield (2001) locates the legacy of trauma and the diagnosis of PTSD to the Vietnam War, which generated soldiers exhibiting an array of psychological symptomology. The term "shell shock" was used to symbolise the perplexed state that many soldiers exhibited during, or immediately after combat. The condition of "shell shock" was attributed to the explosion of artillery shells. As time passed, military psychiatrists were forced to recognise that the symptoms of shell shock were a result of psychological trauma. The constant emotional distress of being exposed to violent death was powerful enough to produce a syndrome that was very similar to hysteria. When the reality of combat neurosis could no longer be denied, the attention shifted onto the moral character of the patient. Traditionalists and physicians described victims of war neurosis as "weaklings and cowards who cracked on the battlefield" (Scott, 1990:296).

Psychiatrists Robert Lifton and Chaim Shatan (1973) joined veterans rap groups to voice their opposition to war, whilst witnessing the testimony of war veterans who expressed their traumatic war experiences. The rap groups had an overt political agenda, aimed directly at disseminating the truth about the reality of war. Lifton (1973) voiced his criticism of American military psychiatry, which he believed was returning emotionally scarred soldiers onto the battlefield, rather than providing the soldiers with necessary care (Young, 1995; Van Der Kolk, Weisaeth & Van Der Hart, 1996; Herman, 2001).

The psychological trauma experienced by women and children who were victims of sexual and domestic violence in the private sphere, was aligned with the emergence of the feminist movement of the 1970's. The silence of women meant that their distressing experiences in the alleged safety provided by the private sphere did not

have a name. Psychological investigations of rape, domestic violence and child sexual abuse led to the discovery of the syndrome of psychological trauma, as many victims of domestic violence suffered from *battered woman syndrome and rape trauma syndrome*. It was during this period that it became clear that the psychological syndrome witnessed in survivors of rape, domestic violence and incest was the same syndrome seen in combat veterans (Herman, 2001).

In the years following the Vietnam War, a five-volume study on the horrors of Vietnam was published, which clearly outlined the syndrome of PTSD and the inextricable link to combat exposure. This study validated the traumatic nature of war since it showed how the syndrome of PTSD would occur when this trauma was not dealt with (Scott, 1990, Young, 1995; Van Der Kolk, Weisaeth & Van Der Hart, 1996; Herman, 2001). Swartz (1998) states that the establishment of PTSD as a category gave voice to silenced war veterans who were deserving of receiving psychological assistance and respect. The diagnosis was a powerful political landmark for war veterans, as it eliminated veterans' culpability in the war as perpetrators by acknowledging them as victims, whilst legitimising their distressing experiences of war. Young (1995) suggests that, as public attention to the Vietnam War wanes, interest in trauma will be moulded and defined by other conflicts in the world.

2.3 THE DIAGNOSIS OF POST TRAUMATIC STRESS DISORDER

The diagnosis of Post Traumatic Stress Disorder (PTSD) first appeared in the third edition of the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1980. Over subsequent versions of the DSM, the definition of PTSD and profile of diagnostic criteria have been revised. The dominant model of traumatic stress is specified in the current revised fourth edition: DSM-IV-TR. According to Becker (1995), " PTSD is, necessarily, a concept, that shapes our way of understanding trauma, that determines treatment strategies, and, lost not least, that possibly influences how persons suffering from trauma will deal with their problem " (100).

The DSM-IV-TR profiles explicit traumatic stressors and symptoms that is required in order for a diagnosis of PTSD to be made. Examples of traumatic stressors include, natural disasters such as floods, volcanic eruptions and earthquakes. It also includes acts of human design including rape, sexual abuse, being taken hostage, being a victim of a terrorist attack or a motor vehicle accident. In addition, the DSM-IV edition of the PTSD model reformulated the definition of traumatic stressors to include, witnessing traumatic events or hearing the news about such events happening to someone to whom one is affiliated with (Summerfield, 2001).

Symptoms of PTSD are structured into three distinct clusters or categories. These include intrusive symptoms, symptoms of avoidance and symptoms of hyperarousal. Firstly, the intrusive category takes the form of recurring and irrepressible thoughts of trauma, which can include nightmares and flashbacks. Secondly, the avoidance category takes the form of attempting to diminish contact with people or places that could elicit memories of the traumatic event, which include symptoms of emotional numbing and emotional withdrawal. In the final category of hyperarousal, the autonomic nervous system enters into a state of permanent vigilance anticipating the return of danger, which includes symptoms of increased startle response and hyper-alertness (Hamber & Lewis, 1997; Herman, 2001).

The DSM-IV-TR diagnosis of PTSD requires a visible link between the traumatic stressor, and the person's presenting symptoms. In addition, an individual has to exhibit at least one symptom from the intrusive category, a minimum of three symptoms from the avoidance or constrictive category, and a minimum of two symptoms of increased arousal. These symptoms have to be in evidence for a period of more than one month, in order for PTSD to be diagnosed (Hamber & Lewis, 1997; Herman, 2001).

The DSM-IV-TR includes a section of associated symptoms and disorders. This expands on the PTSD symptoms mentioned above, whilst profiling likely additional symptomology. This section includes the specific symptoms of prolonged or repeated trauma, which encompass experiences of childhood sexual abuse, torture, domestic abuse, and being kept hostage or in a concentration camp (Herman, 2001). For the first time, DSM-IV included a specific section on the cultural manifestations of

disorders. The creation of this section was a consequence of the criticism directed at previous editions of the DSM, for not properly investigating the impact of cultural factors. McBride (2003) states that, of the many international advisors responsible for resolving this problem, " only a small number came from non-Western countries and only three came from African countries" (2). Nonetheless, the inclusion of cultural manifestations, acknowledges the role of culture in the experience of traumatic stress. A further section on *Ethnic and Cultural Considerations*, details to mental health professionals, the potential dangers associated with misdiagnosis, due to cultural differences.

In the section that follows, the DSM nomenclature and the PTSD paradigm discussed above will be analysed through the lens of poststructuralist theory. Poststructuralist theory is a valuable tool in theorising how the discourse of PTSD encapsulated in the DSM has been constructed, and how this construction shapes the way that we experience ourselves in the aftermath of a distressing experience.

2.4 A POSTSTRUCTURALIST ANALYSIS OF TRAUMA

The term post-structuralism is plural in nature, as it is applied to a variety of diverse theoretical positions. These theoretical positions include the work of literary critics who focus on the meaning in literary texts, radical feminists who rewrite the meaning of gender, and a number of thinkers who undertake an analysis of discourse and power originally developed by Foucault. Although post-structuralism takes on many diverse forms by virtue of the various theoretical positions; post-structuralist thinkers share particular critical assumptions about language, discourse and subject positions (Weedon, 1987, Crossley, 2000; Hepburn, 2003).

Poststructuralist theory set within a feminist framework adopts the principle that meaning is constituted through language, which is situated in discourse and inextricably linked to power relations (Burns, 2004). Poststructuralist theory is an important theoretical framework in analysing the construction of PTSD as the dominant model for articulating distress.

2.4.1 A POSTSTRUCTURALIST ANALYSIS OF WESTERN DIAGNOSTIC SYSTEMS

The Diagnostic and Statistical Manual (DSM), now in its revised fourth edition: DSM IV-TR and the International Classification of Diseases: ICD, are two competing diagnostic systems created by the North American and European Psychiatric community. These diagnostic systems represent an international system of classification for the diagnosis of psychiatric disorders. It functions as the field of psychology and the psychiatric community's professional authority on mental illness. It is a diagnostic system by which mental health professionals, researchers and educators all utilise to learn, teach and diagnose particular individuals with mental illness. These manuals of classification utilise a categorical model in the diagnosis of mental illness, by stipulating explicit criteria that individuals must exhibit in order for their symptoms to be categorised under a particular diagnosis (Cermele, Daniels & Anderson, 2001).

Although the DSM and the ICD systems of classification are established as a certified benchmark in geographical spheres of practice, it is certainly not devoid of any controversy. In fact, several criticisms have been directed at these diagnostic systems: they are social constructions, they mirror commercial enterprises, they reflect dominant European notions of the self, that are highly individualistic in nature and are empirically invalid (Parker, Georgaca, Harper, McLaunglin & Stowell-Smith, 1995).

Richters (1991) maintains that the DSM has become a scientific *meta-narrative*. A meta-narrative is defined as "dominant narrative about the nature of reality, which acts to unify ideas, allowing them to legitimate themselves with reference to this dominant narrative in a self-referential way" (Hepburn, 1999:13-14). The DSM constructs a particular view of reality that comprises symbols and signs, which express the worldview of a professional subculture of mental illness. This particular construction of the world has been adopted universally across cultures and contexts (Richters, 1991) The DSM symbolises a particular way of looking at and understanding the world and people, by reinforcing the normal-abnormal binary.

For Parker et al. (1995) diagnostic categories in the DSM can be classified as discursive complexes. Discourses are defined as a "set of statements that construct objects and an array of subject positions" (Parker et al, 1995: 39). These diagnostic categories constructed by the bio-medical profession, have established abnormality as an object. Each of the diagnostic categories in the DSM offers the individual a subject position. If a person takes up the subject position, or is placed in it by others within the diagnostic category, a limited set of behaviours, ways of speaking and self-narratives are made possible by that position (Burr, 1995).

Parker et al. (1995) challenge the nature of the DSM by arguing that the pure form of pathology that the DSM portrays is fundamentally misleading. Individual problems and experiences of distress are made to appear clear cut and scientific, in order to be placed in particular diagnostic categories. Rather experiences of distress are "ambiguous and messy", and are the furthest thing from being scientific (38). Parker et al. (1995) argue that the categories incorporated in the DSM are not descriptive of reality out there, but rather constitute these realities. This means that categories in the DSM functions to create problems by constructing ideas of mental illness. In addition, it silences other perspectives of mental health such as culture and gender. For Rose (1990) the diagnostic categories in the DSM make a new sphere of reality thinkable by constructing certain kinds of people or subject positions, which regulates our existence (Parker et al., 1995: 39). This implication of this perspective, is that the *'psy'*-disciplines are vigorously involved in overseeing our psychological lives by creating particular ideas of what people should be, such as the normal-abnormal dichotomy (Hepburn, 2003).

2.4.2 PTSD AS A DISCURSIVE CONSTRUCT

A discourse is defined as a coherent system of meanings, representations, and stories that together create a particular description of events (Burr, 1995). Discourses are not merely transparent mediums that simply describe the world. Rather, discourses are responsible for shaping meaning and experiences in the world. The category of racism for example, is given meaning through discourse that have real effects upon people, for example by discriminating others based on race (Burr, 1995). A discourse gives an

object its status, thereby making an object visible, nameable, and describable. For Foucault (1972) some of the representations or discourses that individuals are constantly subject to; will have a greater tendency to be seen as "common sense" or "truthful" than other discourses. Hence, dominant discourses shape the way human beings understand both themselves and the world around them. These dominant discourses legitimate certain kinds of practices; constitute certain truths about the world and position people, for example as either sane or insane (Malson, 1998).

These prevailing discourses are always interwoven with power. Power, according to Foucault (1972), is invested in discourse, which functions to produce, maintain and play out power relations. This form of power is not a sovereign kind of power, owned by the state or particular individuals. Rather discourses have a regulatory power that regulates knowledge, creates a particular representation of events and positions people within discourses by subjecting them to normalising judgements. According to Foucault (1972), people are always caught up in local power struggles with each other (Burr, 1995). Structures such the family, classrooms, and heterosexual relationships all represent various configurations of power relations. Thus, power is not only possessed by certain individuals, rather, power relations albeit unequally distributed are everywhere. People can use this power to bring about change in their lives. This occurs through analysing the discourses that shape our experiences and resisting them by identifying with marginalised discourses, as alternative ways of thinking and experiencing the world. Marginalised discourses of trauma that emphasise the importance of social and cultural reality for example, can shape different interpretations and experiences of trauma distinct from the PTSD model (Burr, 1995; Malson, 1998; Hepburn, 2003).

For Rose (1989) psychological discourses are responsible for creating new identities and establishing new ways for people to understand themselves, whilst generating new positions from which to speak. The "*psy*"-disciplines such as psychology, psychiatry and educational psychiatry serves as a primary illustration of dominant discourses that are given the "stamp of truth", which construct and monitor certain kinds of persons in the world. Diagnostic categories such as Anorexia Nervosa, Depression, and PTSD are discursive constructs that position people within them. These institutions provide people with new vocabularies, which have direct

consequences on how people relate to themselves, and each other. The PTSD paradigm of trauma encapsulated in the DSM, for example, offers people a new language to construct distressing and destructive events and experiences as traumatic - that damages the individual to such an extent, that it may warrant the diagnosis of PTSD (Hepburn, 2003).

2.4.3 THE POWER OF WARRANTING VOICE

PTSD as a concept has been constructed over a period, and as such has a long history. Allan Young (1995) concluded that PTSD as a disorder has not always existed waiting patiently to be discovered by psychiatry. Rather Young (1995) argues that PTSD is not timeless. It has however been "glued together by a variety of practices, technologies and narratives with which it is diagnosed, studied and represented by the various interests and institutions..." (Young, 1995:5). This dominant PTSD discourse of trauma along with the other diagnostic categories in the DSM are premised on the Western bio-medical model that constructs mental illness in purely biological terms. It has reached universal status and it widely exported across the world.

For Gergen (1989, as cited in Burr, 1995), people are driven by the desire to have our own versions of events prevail against competing notions, known as "warranting voice" (90). Thus, the PTSD paradigm has the ability to "warrant voice" more than other marginalised versions or discourses on trauma, thereby acquiring the label of "truth". Those in positions of power have the authority to make their versions or discourses of events stick (Hacking 1995). In the sphere of psychology, psychologists have the power to *warrant voice* since they have the capacity to make certain that their particular version of events be accepted as valid. Lynch (1995) states that in a therapy session the psychologist, who has a fair amount of uncontested influence, hooks a narrative onto his or her patient. There is no one else other than the patient that can challenge or raise an objection to the psychologist's application of psychological knowledge. Even so, the patient's objections are often dismissed or reinterpreted into the therapist's framework.

This is apparent in the process of diagnosing PTSD for instance. The process of making this diagnosis in accordance with the respective criteria in the DSM takes precedence over the patient who may have their own story to tell about what is happening to their bodies. The story of Ms Mbanga (as cited in Swartz, 1998) a traumatised South African woman struggling to survive, is a clear illustration of this power struggle operating in the psychologist-patient relationship. For Ms Mbanga, her daily struggle with poverty was an ongoing traumatic experience. However, this was entirely neglected by psychologists, who conceptualised the shooting incident that Ms Mbanga fell victim to ten years earlier as traumatic interpreted in accordance with the PTSD paradigm.

According to Brown (1994), the power to diagnose and thus define reality further exacerbates the imbalances between the knower (psychologist) and the known (client's distress). The knower lays claim to sole knowledge through the process of labelling and measuring individual's distress whilst the client (layperson) is cut off from the production of that knowledge and is disqualified as a knower. Hence, those that are intimately acquainted with their distress "are made to give way to the detached voices of an alien authority" (Gergen, 1994:152).

For Swartz (1998) the only way to redress the power imbalances is by contextualising experiences of distress, instead of exclusively focusing on constricted definitions of mental illness, which take the shape of diagnostic categories and related symptomology. Swartz (1998) points out that mental health professionals need to begin acknowledging the daily experiences of ordinary people who face complex everyday challenges. These include living in a world of violence, poverty, HIV/AIDS, death, family fragmentation, ongoing deprivation, and suffering. These people are all entitled to their distress, which may not fit precisely within the ambit of the PTSD nomenclature.

2.5 MAIN CRITICISMS OF THE DSM MODEL OF PTSD

Trauma theorists have noted that the earliest inclusion of PTSD in the third edition of the DSM in 1980 highlights the complexity involved in defining a phenomenon, which morphs relative to changes in the social and political climate (Beveridge, 1998;

Herman, 2001). Trauma theorists have argued for the need to *deconstruct* the PTSD paradigm of trauma (Root, 1992; Becker, 1995; Summerfield, 1995; Bracken, 1998 & Eagle, 2002). The term deconstruction derives from a variety of sources most notably however, from the work of French philosophers, Michel Foucault (1972) and Jacques Derrida (1994b). Deconstruction is a method of analysis that involves the process of "teasing apart" dominant ideas in a given discipline, that are made to appear as common sense reflections of the world. The process of deconstruction aims to give voice to alternative less influential paradigms of knowledge, which have been silenced by the common sense view of reality (Parker, 1992; Burr, 1995; Bracken, 1998 & Hepburn, 1999).

Bracken, Giller & Summerfield (1995) challenge the suppositions of pain and therapeutic intervention incorporated within the PTSD paradigm, as acutely limiting in conceptualising psychological trauma. However, the dominance of the PTSD paradigm has concealed other paradigms of traumatic healing. The process of deconstruction provides insight into alternative paradigms within the field of trauma study. These alternative paradigms provide diverse modes of understanding how trauma affects people of other cultures, the additional potential causes of traumatic stress, and the variety of possibilities for action. These issues are salient in the South African context, characterised by a legacy of violence and exploitation, diverse social conditions, and culturally distinct ways of expressing states of distress.

In the sections that follow, the main criticisms of the PTSD paradigm will be delineated. Considering the importance of culture and context to the research question, a core component of the discussion will explore the links between traumatic stress and culture, with a special focus on cross-cultural research studies conducted in contexts of war and violence.

2.1 CONTEXTUAL MODELS OF TRAUMA

Trauma theorists have challenged the PTSD paradigm of trauma as profoundly limited in conceptualising trauma across the political, social and cultural spectrum. These realities "structure the individual's response to violence by determining the practical context in which violence occurs, and in which the individual recovers"

(Bracken, 1998:55). These alternate models of trauma constructed in response to divergent realities are reviewed below.

2.5.1.1 CONTINUOUS TRAUMA

Situations of ongoing trauma challenge the DSM IV-TR's criteria of PTSD. Although recent revisions of the PTSD paradigm in the DSM-IV-TR have incorporated the multiplicity of events in the development of PTSD and moved beyond the "single event" conception of a traumatic episode, the endemic violence characterising the South African context for example, poses a unique challenge. The PTSD model of trauma in subsequent versions still does not adequately capture the existence of continuous traumatic stressors and its effects on people who have been exposed to and lived in violence ravaged communities for the greater part of their lives. Becker (1995) asserts that the term *post* in PTSD indicates that a traumatic event was restricted to a certain amount of time, which occurred in the past. However, in many cases people fall victim to traumatic experiences, such as domestic and political violence that are continuous in nature. Furthermore, Becker (1995) argues that symptomology exhibited in cases of continuous trauma do not occur within a particularly defined time span, rather occurring throughout the process of continuous trauma. As such, the term *post* in PTSD is a misnomer (Becker, 1995).

For Bruno Bettelheim (1943) a survivor of Holocaust believed that a new language was needed to acknowledge and capture the experiences that he and other survivors had endured. Bettelheim (1943) used the term *extreme situation* to characterise the outcome of this particular kind of trauma created by human intervention. This form of trauma was later renamed *extreme traumatisation*. This model of trauma is distinct from other forms of traumatic experiences, in terms of occurrence, symptom profile, long-term consequences, and socio-political impact. It is pervasive and particularly brutalising. Experiences of extreme traumatisation are both individual and collective in nature located within a particular social context (Becker, 1995).

During the political turmoil in South Africa in the 1980's, Straker (1987) developed a model of trauma called the *continuous traumatic stress syndrome* in response to the widespread trauma experienced by black youth. Many of these traumatised black

South African youth and opponents to the apartheid regime did not have a safe place to return to. Many were returning to extremely violent surroundings that increased the possibility of being traumatised on a daily basis. Straker (1987) developed a model of intervention termed the single therapeutic interview that acknowledged the social, cultural and political realities of these traumatised individuals (Straker, 1987; McBride & Collins, 2003).

2.5.1.2 MULTIPLE TRAUMA

Rape and other forms of sexual violence in a context of war, came into prominence during the war in the former Yugoslavia, ethnic cleansing in Kenya, and genocide in Rwanda. For Richters (1998) there is a limited understanding of the traumatic consequences of rape in a context of violence, as women experience multiple traumas. Apart from being subjected to inter-personal violence at the hands of male kin and strangers, women also experience other kinds of traumatic experiences, such as coping with extreme poverty, the loss of their homes and the death of their loved ones (Bracken et al., 1995; Summerfield, 1995; Jenkins, 1996; Richters, 1998 & Lykes-Brinton, 2002).

In a context of multiple stressors, it becomes impossible to determine which traumatic experience is the dominant trauma, and which trauma the survivor will respond to. It becomes extremely unclear if it is the "rape victim", which defines the victim or if the "rape victim" can be separated from the "refugee", "bereaved mother" or "widow" (Summerfield, 1995:20). In situations of multiple traumas, it is impossible to predict which particular traumatic experience is going to be the most difficult for the traumatised individual to survive. Jenkins (1996) suggests that when treating traumatised women who have suffered differential exposure to certain kinds of stressors, it is fundamental to take in consideration the context of gender status, power inequities, and culturally sanctioned misogyny which generate particular types of socially produced disorders" (176).

2.5.1.3 A FEMINIST CONCEPTUALISATION OF TRAUMA

Maria Root (1992, 1996), Laura Brown (1994; 1995) & Annemiek Richters (1991, 1998) challenged the traditional model of trauma enshrined in the DSM. These feminist trauma theorists have constructed a feminist model of trauma that encompasses and delineates a wide range of "traumatic" experiences across people by race, gender, age, class, ability, culture, and experience. The core focus of the feminist trauma paradigm is to give voice and validation to the experiences of minority groups worldwide, which face the continuous peril and existence of trauma everyday. This model of trauma examined through the feminist lens, places prominence on the subjective realities of people. This aids in attaining a deeper insight into the trauma experienced by all kinds of people as opposed to the dominant group in society. This model of trauma examines the social context of power relations and the marginalisation of minority groups specifically with respect to gender (Root, 1992, 1996; Brown, 1994; 1995 & Richters, 1991; 1998)

2.5.1.3.1 THREE CATEGORIES OF TRAUMA

In order to encompass a wide range of "traumatic" experiences, Root (1992, 1996) and Brown (1994; 1995) have broadened the conventional definitions of trauma encapsulated in the DSM nomenclature by introducing three distinct categories of trauma. These categories of trauma provide greater insight into the pervasive nature of traumatic stress experienced by people from all spheres of society. Root (1992; 1996) maintains that these categories of traumatic stress acknowledges that the post-trauma responses experienced by traumatised people are genuine rather than being labelled as a character flaw or a negative stereotype of a particular minority group.

A) DIRECT TRAUMA

Direct trauma is analogous to the DSM-IV-TR definition of trauma. It includes acts of inter-personal violence, such as sexual and domestic violence that had gained validation through its alignment with the feminist movement of the 1970's. It was during this period through the movement of consciousness raising that female victims

of abuse and domestic violence were given a space to share their experiences, and name their pain (Root, 1992; 1996 & Brown, 1994; 1995)

Direct trauma acknowledges the psychological impact caused by sexual acts of violence on the lives of women and girls. Direct trauma also encapsulates situations in which an individual is forced to commit atrocities, such as soldiers in a situation of conflict who are ordered to kill women and children. The concept of direct trauma also acknowledges that entire communities can sustain trauma. This includes entire communities in Rwanda and Kenya that continue to suffer as a result of the Genocide and ethnic cleansing in their respective countries (Root, 1992; 1996; Brown, 1994; 1995; Dewhirst, 1998 & Herman, 2001).

B) INDIRECT TRAUMA

Indirect trauma, secondary trauma, or vicarious trauma referred elsewhere in the literature (Becker, 1995; Summerfield, 1995) is often overlooked in diagnosis and as a concept of study within the field of traumatic stress research. This category includes people who become traumatised by the trauma sustained by another, because they identify with that person in a meaningful way. It also includes receiving information about distressing events and bearing witness to traumatic incidents. Root (1992, 1996) argues that there is a greater probability that women as compared to men will experience indirect trauma in a lifetime. This can be attributed to the caregiver and nurturer roles that women are socialised into making them inter-dependent on others. As a result, there is an increased likelihood that women will be affected when someone that they are closely associated with experiences distress. Secondly, more women as compared to men are victims of violent acts such as rape. Hence, women curtail their activities and experience increased anxiety for fear of personal safety.

This is especially salient for all women but in particular women of different racial and ethnic backgrounds who are accorded secondary status. These women are positioned in the lowest rung in the ladder of power by gender and ethnicity that places them in "double jeopardy" (Root, 1996:371). By virtue of their position in the matrix of power within society, women of colour often become the prospective targets of anger and violence by women and men of colour who are subordinate to white men within

the power matrix. Thus, those oppressed in the power matrix can become potential oppressors, whilst the subordinate status of women of colour within the power grid also functions to silence her voice and prevents her from being taken seriously (Root, 1996).

In cases of indirect trauma, many individuals exhibit PTSD symptoms. Nonetheless, there is extreme difficulty involved in linking the PTSD symptomology to the traumatic event, which frequently means that the post trauma reactions are attributed to minor stressors. This tends to make the post trauma response appear amplified and out of proportion (Root, 1992).

C) INSIDIOUS TRAUMA

Root's (1992; 1996) model of insidious trauma is characterised by recurring collective experiences. This model is very similar to models of continuous trauma (Straker, 1987; Becker, 1995). The kinds of experiences that constitute insidious trauma include violence (expressed or unexpressed), repeated oppression, genocide, and femicide. This kind of trauma is perpetrated by persons of the dominant group, which are directed towards people in society by virtue of their lower status on a particular variable such as race, gender, ethnicity, and sexual orientation. Traditional models of trauma presuppose that traumatic events rupture the individual's beliefs about their safety in the world (Root, 1996; Herman, 2001). Conversely, insidious traumas construct reality and merely underpin the belief that the world and life in general is unjust (Root, 1996). The core point of this model is that that traumatic events do not have to materialise. By virtue of belonging to a high-risk group creates a life of risk, fear and victimisation that creates an insidious form of trauma.

In the sections that follow, further criticisms of the PTSD model of trauma will be delineated and illustrated specifically analysing contexts of war and violence, including the African and South African context.

2.5.2 FOCUS ON THE INDIVIDUAL

The individual is located at the centre of the Western bio-medical paradigm of disease and distress. Since the fields of psychiatry and psychology operate in accordance with the Western bio-medical framework, the PTSD model of trauma has adopted a principal focus on the individual (Summerfield, 2001).

The consequence of this individualistic approach is that it serves to de-emphasise the effect of traumatic stress, on family, community members, colleagues and friends, who comprise the traumatised individual's social network. The result of this particular kind of trauma is known in the literature as indirect or vicarious trauma. Eagle (2002) asserts that the research into vicarious trauma is given secondary status, as compared to direct trauma. This serves to perpetuate the belief that trauma is experienced on a purely individual level. Therefore, those experiencing secondary trauma do not view themselves as entitled to their distressing experience or to receiving psychological assistance.

The PTSD paradigm of trauma fails to acknowledge that entire communities can experience psychological trauma on a collective basis (Root, 1992; Bracken, 1998; Swartz, 1998; Dickson-Gomez, 2002 & Eagle, 2002). Citing incidences of mass scale trauma in Rwanda and Kosovo, Eagle (2002) states that in such contexts the very foundation that society is built upon, is shattered. Hence, any attempts to capture the experiences of traumatised people in this particular context under the category of PTSD, are "grossly inadequate" (Eagle, 2002: 80). The psychologist Martin Baro (1990) writing about state violence in his homeland of El Salvador, argued for the urgent need to conceptualise state violence in terms of the individual-society correlation. For Baro (1990, as cited in Bracken et al., 1995) and Dickson-Gomez (2002) Salvadorian individuals were traumatised by state violence, however more significantly, extreme trauma was experienced by large sections of the population.

In the same vein, Swartz (1998) argues that apartheid in South Africa was not merely an event but a method of political and economic supremacy that continued for over forty years. This meant that the overwhelming majority of South Africans, who fell out of ruling caste, were traumatised by the policies of constant intolerance, poverty,

homelessness, and the denial of basic human rights and freedoms. A secondary form of trauma has arisen in South Africa, which can be characterised by rape, family abuse, and crime in a context of acute poverty and deprivation. These social traumas often unacknowledged, are according to Simpson (1995) "an indirect result of the extent to which political trauma weakens...the capacity of the social system to defend and heal itself" (189).

2.5.2.1 CONCEPTIONS OF SELF

Since the inclusion of PTSD in the third edition of the DSM in 1980, researchers and clinicians have assumed that the conception of the self, its relationships with others, and with the world at large is accepted as a universal known. Thus, traumatic events are conceptualised as impinging on this conception of the self and its relationships with others and the outside world. Bracken et al. (1995) have challenged this universalistic assumption, by arguing that the focus on the self and its immediate networks draws attention away from vital social, political, and cultural variables that remain relatively under-theorised (Marsella, Friedman, Gerrity, & Scurfield, 1996).

Markus & Kitayama (1991) state that the failure of Western psychological theory and practice to attend to the needs of people from non-Western cultures is directly located in its conception of a self-contained independent self, which comprises internal attributes that influence behaviour. This has been labelled as the *independent* view of the self. The independent view of the self adopted by the DSM and the PTSD paradigm, is contrasted to the *interdependent* view of the self; adopted by a variety of non-Western cultures and indigenous societies, including cultures within Africa.

Markus & Kitayama (1991) describe the experience of interdependence, as:

"seeing oneself as part of an encompassing social relationship and recognising that one's behaviour is determined, contingent on, and to a large extent organised by what the actor perceives to be the thoughts feeling and thoughts of others in the relationship" (27).

Thus, the self in these societies is defined as context based and characterised by one's relationships with others, including family, community, and position within the group.

For Mkhize (2004), the purpose of socialisation is directed towards achieving synchronicity with those of the collective, rather than being an autonomous human being.

Constructs of self not only "influence, but in many cases determine the very nature of experience, including cognition, emotion and motivation" (Markus & Kitayama, 1991: 224). Thus, in the context of psychological trauma the traumatised person locates the traumatic event in a particular context of which the person is an interdependent part, rather than arising just from the person's internal attributes.

Feelings of guilt for example, traditionally linked to traumatic stress reactions may not necessarily be present in someone with an interdependent concept of self (Markus & Kitayama, 1991). Westerners adopting an internal locus of control, which directs attention to the individual's construct of self, experience feelings of self-blame and guilt as part of a traumatic stress reaction. Conversely, people belonging to indigenous systems of meaning, such as the Zulu cultural group subscribe to an external locus of control. Thus, events are attributed to factors outside of themselves. This is linked to the idea of *life force* within the African worldview, which influences events without peoples' awareness. This creates the belief that nothing in the world happens by accident and that events are outside human control. This directs attention away from the self and reduces the experiences of self-blame and guilt (Markus & Kitayama, 1991; Van Dyk, 2001; McBride & Collins, 2003; Mkhize, 2004).

2.5.3 UNIVERSALITY OF SYMPTOMS

Western biomedicine makes the implicit assumption that diagnostic categories encapsulated in the DSM, can be applied to members of various cultural groups across the world. By not including cultural considerations in the main body of the diagnostic profile of PTSD, the DSM-IV has advanced an inherent hypothesis that the symptoms of PTSD are universal and exist across social and cultural contexts (Bracken et al., 1995; Swartz, 1998).

This failure to include cultural considerations in the main body of PTSD criteria means that the DSM has not differentiated between the concepts of *disease* and *illness*

as defined by Kleinman (1988). *Illness* is defined as the patient's subjective interpretation of their health problems, whilst *disease* constitutes the health professionals re-interpretation of a health problem in accordance with diagnostic profiles. During this process of re-interpretation, the psychosocial aspects of the patient's illness are essentially lost and are not dealt with. Kleinman (1988) extends this distinction between disease and illness to include the category of *sickness*. According to Kleinman, (1988) *sickness* is defined as the " understanding of a disorder in its generic sense across a population in relation to macro-social (political, economical & institutional) forces" (6). This means that all people (patients, families and healers) are involved in further interpreting the illness as an expression of a variety of social crises, including oppression and poverty, which in turn can influence the effect of the disorder (McBride, 2003).

The assumption underlying PTSD is that negative psychological effects, as they are understood in Western cultures, are the fundamental results of the experience of trauma (Summerfield, 1995). However, Swartz (1998) states " there is evidence that using the body to speak of and experience distress, is in fact more common than experiencing anxiety purely in psychological terms" (125). In many African cultures for example, symptoms including back and chest pains or sensations of faintness, appear to be very common in people who have experienced trauma (Eagle, 2002).

The dichotomy between mind and body operating in the Western bio-medical paradigm cannot be assumed as a universal known. The African worldview belief of *cosmic unity* for example, endorses the idea of inter-connection between the different elements in the universe that influence and are influenced by each other. Therefore, indigenous societies that subscribe to this view do not make distinctions between problems of the mind and the body. Rather, events in the world, including illness are always inter-connected to the elements of the universe. The mind-body split in the West prevents both clinicians and patients from detecting somatic symptoms or correlating the links between somatic symptoms and a traumatic event (Becker, 1995, De Vries, 1995; Swartz, 1998, Mkhize, 2004).

2.5.3.1 AFRICAN MODELS OF ILLNESS

Discussion about an African worldview certainly does not mean that every member of the culture within the continent subscribes to this view. Similarly, debate around the Western view of individualism, does not translate into every European subscribing to this philosophy. The African worldview described below is rather an endeavour to describe human reality from within an African indigenous framework (Myers, 1988). Thus, the African worldview and the likeness that it shares with various African cultures produces a particular medical explanatory system through which African people can understand illness. This also has enormous relevance to the clinician's ability to work with people from diverse cultural backgrounds (Ngubane, 1977; Mkhize, 2004).

Ngubane's (1977) research into the conceptualisation of illness amongst members of the Zulu cultural group, led to the identification of two broad categories of illness. In the first category, illness is linked to biological factors that are expressed as somatic symptoms. Illness is identified by symptoms, which are treated with medication, including Western forms of medication (McBride, 2003).

The second form of illness is attributed to particular kinds of influences or factors in the environment, which increases a person's vulnerability to illness. This form of illness is interpreted in accordance with the African worldview idea of the *hierarchy of beings*, described below:

All the elements or objects that constitute the African worldview are arranged in a hierarchy, which defines the relationships between the living, the ancestors, and God. God is at the summit of the hierarchy and exists universally in all elements in the world. The world of the integrated ancestors comprises the second level of the hierarchy. The ancestors are people who have lived commendable moral lives on earth. The spiritual connection between the living and the ancestors is believed to be vital for wellness and family cohesion. Ancestors have the power to withdraw their protection from their family, which severs the spiritual relationship between the living, and God. This withdrawal of protection tends to leave people extremely vulnerable to bad luck and sickness (McBride, 2003, Ndlovu, 2003 & Mkhize, 2004).

It is believed that both people and animals leave traces of themselves in the environment as they pass through it. In addition, the elements of disease that are removed from patients during healing practices or rituals are also discarded into the atmosphere. The existence of these natural dangers in the environment can potentially cause illness. In some cases, the existence of these dangers increases the likelihood that other people can influence these elements to intentionally cause harm to others through witchcraft (Ngubane, 1977; Kenny, 1996; McBride, 2003).

In order to gain protection from these undesirable elements, people are required to strike a balance between themselves, each other, and the environment. This can be achieved by obeying the principles of *communal life and personhood* of the African worldview. *Personhood* is defined in relation to maintaining positive relationships with members of the community. This stems from the philosophy that a person cannot exist in isolation; rather he/she is always interdependent on others. Thus, a person's sense of meaning or purpose in the world can only be attained through their ties with other people. Personhood is also dependent on successfully abiding by certain standards and beliefs of the community. Failure to do so means that an individual is denied personhood, which reflects badly upon the individual, family, and the community (Mkhize, 2004). In addition, Ngubane (1977) states that maintaining healthy relationships with the ancestors, who constitute a fundamental part of the African worldview is vital in gaining protection against undesirable elements.

2.5.4 ATTRIBUTION OF MEANING TO TRAUMA

The PTSD paradigm implicitly assumes that PTSD symptoms and the meanings attributed to these symptoms are the same cross-culturally (Bracken, et al, 1995; Summerfield, 1995; Kirmeyer, 1996). On the contrary, Root (1992) argues, "trauma is a very personal experience, the upheaval, stress and pain of which can only be judged subjectively and in a psychosocial context " (230). The salient point of this quote is that the meaning that an individual attributes to a traumatic event cannot be adequately captured by a diagnostic system, such as the DSM. This has a direct impact on the wide range of experiences that can be considered traumatic, and the kind of symptoms that are experienced.

The process of generating meaning is an act that is located within a particular social, cultural and political reference point. For Summerfield (1995) this process, often becomes more significant than the act of diagnosis itself. Thus, the meaning attributed to a traumatic event can determine whether traumatisation occurs and/or to what extent. For example, research findings indicate that identification with a political movement can offer people better psychological protection against events that would otherwise be considered traumatic. Two salient examples of the process of generating meaning in situations of conflict are discussed below:

Hein, Quota, Thabet & El Sarraj (1993, as cited in Summerfield, 1995) suggest that identifying with political ideals, such as the notion of Palestinian nationhood in Gaza, appeared to provide Palestinian children with a psychological shield. This meaning provides protection against the high levels of violence experienced on a daily basis, which would ordinarily be conceptualised as a traumatic experience. Similarly, Black youth freedom fighters at the peak of the Apartheid regime in South Africa did not experience PTSD symptoms, even though they witnessed or participated in horrendous acts of violence. For Straker (1987), the kinds of meanings that the participants generated, specifically of what it meant to be in a situation of conflict, appeared to provide them with psychological protection against traumatisation.

Equally, feminist trauma theorists challenged traditional definitions of trauma. Root, (1992) & Brown, (1995) have argued that marginalized groups are incessantly exposed to a gamut of traumatic experiences in which, " the social context, and the individual's personal history within that context, can lend traumatic meaning to events that might only be sad or troubling in another time or place" (Brown, 1995:110). For Brown (1995) unemployment may be traumatic in a context of acute economic paucity, whilst bereavement can be traumatic in a context of constant fatalities. The thrust of the feminist argument is that none of these traumatic stressors have been included in the DSM.

In addition, trauma theorists (McFarlane & van der Kolk, 1996; Herman, 2001) state that the meaning that other people ascribe to the traumatic event can influence the

trauma survivor, to such an extent that the person may be re-traumatised by the reactions of those around them.

For McFarlane & van der Kolk, (1996) the:

"conflicts between the victims and the bystanders assessment of meaning of the trauma may set the stage for the trauma to be perpetrated in a larger social setting, soon the allocation of blame and responsibility, not the trauma itself, become the central issue" (27).

Questions around meaning are particularly pertinent in cases of rape, as victims are often blamed for causing the rape, thus they are expected to assume responsibility for their actions. Herman (2001) states that rape victims are forced to acknowledge that the rapist violates them, in addition to being dishonoured by people in their social and communal network. Issues concerning the construction of meaning are fundamental, particularly in African communities that adopt an inter-dependent view of the self. The philosophies of communal life and personhood are characterised by gaining the acceptance, respect and understanding of people in the individual's community. This is vital in the construction of personhood and a positive identity. Thus, a lack of respect, acceptance and understanding by other people has a range of negative consequences for the individual concerned (Mkhize, 2004).

The importance of social and cultural factors in the construction of meaning attributed to traumatic events and symptoms will be explored in the discussion that follows.

2.5.4.1 SOCIAL & CULTURAL REFERENCE POINTS

Kirmeyer (1996) suggests many variables determine how traumatic experiences acquire meaning. The construction of experience is often thought of as a simple reflection of sensory processes within the individual. However, the processes that play a vital role in the interpretation of sensations, expression of symptoms, illness narratives and help seeking behaviours, are themselves deeply embedded in the larger social matrix. Therefore, traumatic experience and the meaning it acquires, is constructed in a framework of interpretation that incorporates cultural expressions, local words and the social context.

A person's interpretation of their traumatic experience is influenced by their worldview, which influences the way the person perceives their symptoms. Nightmares, a common PTSD symptom widely reported by traumatised people, serves as an illustrative example of how culture shapes the interpretive process. It is important to note that the meaning attributed to nightmares experienced by traumatised people cross-culturally, varies greatly. Nightmares framed within the PTSD paradigm are interpreted as the programming of the traumatic moment in an abnormal state of memory, which suddenly enters into consciousness through traumatic nightmares (Herman, 2001). On the contrary, traditional African societies such as in Zulu thought, interpret nightmares through the lens of the African worldview. Thus, nightmares are interpreted as a bridge between the world of the living and the spiritual world, which can be remedied via the performance of certain traditional rituals and practices. Eagle (2002) asserts that research among non-Western societies, such as South and Central America, Asia and Africa highlights the shortfall of the DSM and the diagnosis of PTSD, which could be seen as "colonising the domain of responses to extreme stress" (81).

Bracken et al. (1995) state that the PTSD paradigm of trauma embodied in the DSM, has assumed that particular events can always objectively be explained as traumatic or psychologically damaging. However, examples cited from the conflict in Uganda and El Salvador described below, point to the contrary.

In the first case, a 40-year-old Ugandan man who had been severely tortured by the military for a number of days was offered psychiatric assistance. During the session, the man denied experiencing any great distress. On closer reflection however, the man who was a committed member of the Christian faith described his ordeal as a form of identification with the suffering of Christ. His ordeal was perceived as a positive experience that enhanced his spirituality. In a second case study, women traumatised by the mass-scale trauma in Uganda and Kenya had exhibited a level of symptomology, which was significant enough to warrant a PTSD diagnosis. On closer reflection however, it appeared that the women were traumatised by the fact that they were unable to properly bury their husbands and their children since they were forced to flee their homes. Their source of distress was firmly located in their belief

that the souls of their loved ones were not at peace because the women were unable to bury them according to traditional rites.

Both these case studies discussed above, highlight the importance of the meanings that individuals ascribe to distressing events. This meaning cannot be accessed without reference to the social, political, and cultural context that people live in, and in which these particular events transpired. In addition, situations of acute war and violence often rupture cultural structures and customary ways of living. This rupture often means that distressing events are likely to be more traumatic for those who do not have a system of meaning to experience their suffering (Bracken et al, 1995; De Vries, 1995; Giller, 1998; Dewhirst, 1998).

2.5.5 TREATMENT IMPLICATIONS

It is assumed that therapeutic modalities developed and practised successfully in the West are appropriate for people suffering from various kinds of psychological distress in the non- Western world, such as South and Central America, Asia and Africa. For Bracken (1998) Western style psychotherapy directed at changing a person's behaviour, is rooted in an individualising discourse promoting independence and distinctiveness. This discourse encourages self-change that occurs in relative isolation from the social world.

In non-Western cultures Western style psychotherapy or the *talking cure* is regarded as a foreign concept. Bracken et al. (1995) has argued that the Western style of psychotherapy is not particularly relevant in societies that subscribe to different philosophies about the nature of the self, and its relationship to the social and supernatural world. The work of the healer in traditional societies is structured around the belief that the body cannot be separated from the mind, and the mind cannot be isolated from the social context. Healing practices, therefore involve the assimilation of the mind, body and social context that construct and transmit cultural value systems of meaning from birth to death (De Vries, 1995).

Traumatic events result in the rupture of a person's entire community, including social and cultural institutions. In indigenous communities, such as Mayan communities in Guatemala and traditional African communities, Lykes-Brinton (2002) asserts that the notion of *selfhood* or *who I am* "invokes family, community, the animal kingdom, one's traditions, languages, and the earth " (104). Therefore, subjectivity in these communities is defined as " social subjectivity" (Lykes-Brinton, 2002: 104). It is necessary for models of therapeutic intervention to shift focus from healing the individual to healing the collective community. It is important to acknowledge that models of healing traumatised individuals do not always have to be psychological in nature. Treatment should be directed towards improving peoples' capacities to function in their daily lives, as well as rebuilding social and economic networks whilst restoring cultural identity (Summerfield, 1995). These kinds of intervention programmes include reuniting war orphans with their extended families, training teachers in schools to work with children afflicted by trauma, and community based interventions that involve developing interpersonal skills, self-confidence and coping mechanisms for traumatised men, women and children.

Other models of healing encourage traumatised adults in communities to come together to share their stories, support each other and explore a variety of means to process their suffering, whilst engaging in the practice of rebuilding. These informal group therapy meetings proved extremely successful for Kenyan women traumatised by the ethnic cleansing in their country. It was during these meetings that the women began to learn how other women were also traumatised by their experiences, and together they discovered and practiced indigenous methods of healing and counselling. These informal groups of healing were referred to as "merry go round[s]", which comprised traumatised women creating spaces of healing for each other (Dewhirst, 1998: 6). In a similar vein, the "Photo Voice" project in Guatemala enabled Mayan women traumatised by the violence in their country to document their experiences via the medium of pictures, which provided an outlet for their traumatic experiences. The content of the photographs aided in the sharing of previously untold feelings about the violence in their communities. The story telling process that accompanied the images provided a space for individual growth and community re-integration (Lykes-Brinton, 2002).

Bracken et al (1995) argue that a traumatised individual's experience of illness occurs within the context of "a whole set of cultural, family and individual values, and orientations" (1075). These factors structure an individual's experience of illness, and as a result, determine what methods of intervention need to be implemented.

Traditional healing practices and the performance of rituals are important forms of therapeutic interventions utilised in non-Western cultures. Many cultures believe that traditional healing rituals can heal people afflicted by trauma. In Mozambique, Columbia, and amongst various Native American tribes for example, traditional healing practices performed by a traditional healer occur through the usage of herbal treatments and by establishing communication with the ancestors (spirits), in order to heal people suffering from trauma (Bracken et al, 1995; Summerfield, 1995 & McBride, 2002; 2003). In fact the role of traditional healers are becoming recognised by mainstream aid agencies, such as the World Health Organisation (WHO). In the light of this recognition, it has been suggested that aid agencies should provide material support to indigenous organisations, which play such a vital role in helping traumatised people rebuild their lives. Mkhize (2004) suggests that mental health professionals should acknowledge the importance of indigenous worldviews. This empowers indigenous patients by providing them with a framework in which to interpret their experiences of distress.

2.7 CONCLUSION

This literature review has mapped the critical ideas and theories within the field of trauma study. These ideas emphasise the important role that social and cultural systems of meanings play in mediating a person's experience and understanding of distressing events. Contextual understandings of illness, various indigenous worldviews, and various notions of the self have also emphasised the importance of these variables in a person's understanding of traumatic stress.

The important tools from the philosophical discipline of post-structuralism provided an alternative framework of conceptualising psychological trauma. These critical ideas will be used to gain an insight into the discursive constructions that isiZulu speaking men and women from rural KZN draw on to define and explain their

experiences of distress or suffering. It is envisaged that these discursive constructions around experiences of distress or suffering could possibly enlighten mental health professionals who work with rural isiZulu speaking people, and form the basis of more appropriate and efficient methods of therapeutic intervention.

CHAPTER THREE

RESEARCH METHODOLOGY AND PROCEDURE

3.1 INTRODUCTION

The previous chapter examined the relevant literature pertaining to the area of traumatic stress and its application across social and cultural contexts. This chapter begins with a review of the critiques of mainstream positivist methodologies in psychology. This is followed by a discussion of the qualitative methodological frameworks, including an analysis of poststructuralist theory. Poststructuralist theory set within a feminist agenda forms the methodological and epistemological framework for this study. In addition, this chapter maps out a detailed description of the aims, procedure, ethical considerations, as well as data gathering and analytic techniques employed in the present study. This discussion includes a comprehensive background analysis relating to the sample utilised in this study.

3.2 CRITIQUES OF POSITIVISM

Positivist methodology has been represented as the dominant methodological paradigm in psychology. However, it has received criticism from those within and outside the realms of psychology. The positivist approach is characterised by the usage of particular well-established methodological tools, such as experimental control and the manipulation of variables. Rigorous adherence to specific research procedures produces the "objective truth" of research findings. Positivist scientific research is framed as increasingly accumulating objective truths; and obtaining a universally applicable form of knowledge that is determined by the actual nature of the world (Malson, 1998).

Those within the domain of psychology have criticised positivist science on the basis that this framework automatically produces reliable scientific forms of knowledge. Psychologists such as Harre (1979) & Shotter (1975) have argued that the science of behaviourism using experimental techniques, could not simply be generalised to human beings in their respective social milieu. They argue that positivist methodology

is completely isolated from the context of human behaviour (Taylor, 2001). Mouton & Marais (1990) have challenged the positivist framework within the social sciences by questioning how one can begin to understand social life, since "the attempt to encapsulate the social world in terms of overt behaviour of its members misses the precise character of that world, namely its intrinsic meaningfulness"(4).

3.3 QUALITATIVE RESEARCH METHODOLOGY

Qualitative research paradigms aim to understand social actions and events from the perspective of the social actors themselves. This means that the qualitative researcher has to understand the meanings and concepts that social actors draw upon in order to understand themselves, their actions, behaviours, and rituals from the perspective of the actors (Babbie & Mouton, 2001). This focus on this perspective in the qualitative research paradigm directs this kind of research towards describing and understanding the behaviour and experience of the participants in detail, rather than attempting to explain this kind of behaviour.

For Geertz (1973, as cited in Babbie & Mouton, 2001) qualitative research methodology always emphasises qualitative descriptions that take the form of a " a rich detailed description of specifics" (272). These lengthy abundant descriptions in essence, aims to capture the significance of the concepts and meanings that actors use in understanding their actions within a particular social, political and historical context, rather than formally generalising explanations (Babbie & Mouton, 2001).

3.4 POSTSTRUCTURALIST THEORY

The poststructuralist tradition of epistemology claims to offer a version of reality that is inexorably partial as compared to the positivist framework, which claims to capture the truth of reality. Poststructuralist theorists argue that the complexity and dynamic nature of the social world inevitably means that it is impossible to make predications about it. The ultimate premise of the poststructuralist tradition is to find and investigate meaning and significance, as opposed to attempting to predict and control reality.

Poststructuralists posit a specific relationship between language and reality by dividing language into discourse. A discourse is defined as a coherent system of meanings, representations, and stories that together create a certain version of events (Burr, 1995). Thus, language in the form of discourse is not perceived as a transparent medium, which is used to simply view the world, carry information, and describe reality. Rather language or discourses are framed as constitutive, and constitute the site where meanings are constantly being created and changed. Language is responsible for "making things mean", rather than simply transmitting an already existing meaning of reality (Malson, 1998: 27). Thus, language through discourse gives an object its status, making it visible, describable, and nameable.

Poststructuralists reject the claim that a single truth or reality is possible in the social sciences. There are multiple realities or ways of understanding the world because discourses are constantly creating new realities in particular ways. Since there are multiple realities, there are also multiple truths or meanings of the world. Similarly this research study posits that trauma in the form of PTSD is not the only "truth", or way of conceptualising psychological distress and suffering in rural KZN. Through the adoption of this standpoint, a space is created to explore alternate ways of thinking about distress and suffering in people's lives. Thus, this research study investigates how men and women belonging to the Zulu cultural group in rural KZN construct meaning of their distressing experiences, by primarily identifying the discursive constructions that the participants drew on in this process. Analysing these threads of meaning is a useful mode of inquiry for theorising how experiences of distress and suffering are conceptualised and treated amongst people living in rural KZN.

3.5 FEMINIST POSTSTRUCTURALIST THEORY

Poststructuralist theory through the feminist lens is directed towards reclaiming women's experiences, which were marginalised and pathologised by social science theory and research. In fact, feminists have criticised the positivist science within the social sciences by focusing on the issue of invisibility of women, and in particular the invisibility of women's issues (Henwood & Pidgeon, 1995). The positivist science applicable across the social sciences has posited the ideology of the "rational man" as

a characteristic applying solely to men. As Malson (1998) has pointed out, whether this was a deliberate or unintentional mistake on the part of science, it has resulted in the systematic exclusion of women as agents of knowledge. In fact, as Westcott (1979) points out, "women's invisibility as agents of knowledge has occurred because the domain of science is not immune from institutionalised practices that produce and enforce gender biases across societies" (423).

Additionally feminists have argued that the theory and practice of the social sciences are developed from research by and with male subjects. Thus, women's issues are often rendered invisible or focused on as deviations of the male norm, whilst others have been restricted to stereotypical women's issues such as motherhood and childbearing. One possible way of reclaiming women's voices and experiences, is to include diverse research concerns that are particularly relevant to the feminist perspective, including making women both the participants and researchers in this process (Malson, 1998; Eagle, Hayes & Sibanda, 1999).

Although feminist poststructuralists are concerned with restoring women's experiences on the research agenda, it has been argued that feminists researchers should place importance on, and continue to analyse the experiences of men. In fact, Stanley and Wise (1990) point out, that women do not occupy a single sexed universe, as both sexes inhabit the real world collectively. Thus a study of gender, and more particularly an analysis of experiences and social relations needs to focus on both sexes. Since feminist poststructuralists cite gender as the site of difference between the sexes, an analysis of men and women's experiences together, can help to explore the central dynamic of power relations (Willott & Griffin, 1997).

Feminist poststructuralists argue that discourses represent the ways in which power invariably circulates and operates in society. It is within these networks of power that people can and do position themselves. Taking up a particular subject position within a discourse is especially revealing because it gives birth to a limited set of behaviours, ways of speaking and the construction of meanings, around which identities are shaped and power relations are played out. For Burr (1995) taking up a subject position in discourse, such as *male* for example, determines what is correct and acceptable to do. This includes appropriate male gendered behaviour, which includes

ways of thinking about oneself as a male, appropriate ways of dressing as a male, appropriate masculine behaviours, and masculine ways of experiencing and expressing emotions.

Similarly, Holloway's (1984) identification of heterosexual discourses illustrate how positioning within certain discourses have been used to understand gender differences between men and women. These discourses illustrate how men and women are positioned within them and the subsequent implications on the structure of power relations between the sexes (Burr, 1995; Willig, 1999; Hepburn, 2003).

For example, Holloway (1984) identified the male-sexual-drive discourse, which frames male sexuality as a biological drive. This prescribes a biological and need driven expression of male sexuality that is asocial. Within this discourse, men are positioned as driven by biological instincts actively seeking sexual encounters. Women on the contrary are positioned as objects of this form of male sexuality, as they are perceived as precipitating men's natural sexual impulses by their sexual attractiveness (Burr, 1995; Willig, 1999; Hepburn, 2003).

In contrast, Holloway (1984) identified the have/hold discourse that positions men and women within a range of different sets of behaviours, actions, and ways of thinking. The have/hold discourse is based on ideas of monogamy, love, and commitment. Within this discourse, women were positioned as seeking out emotional commitment through their relationships with men. Sexual relationships were perceived as a sign of love and commitment. Men on the contrary were represented in relation to whether they intend to commit to this kind of relationship with women. The gender roles have been reversed positioning men as the object of this discourse, with men the focus of women's attention as an attempt towards obtaining commitment (Burr, 1995; Willig, 1999; Hepburn, 2003).

The central methodological focus of this research study is to create a space to understand how experiences of distress and suffering are conceptualised and subsequently dealt with by men and women residing in rural communities across the KZN province. Thus, a qualitative methodological paradigm within a feminist poststructuralist framework serves as an important mode of inquiry for theorising

about how meanings are constructed and actions are played out. Concepts such as discursive positioning and configurations of power are important tools for theorising how isiZulu speaking men and women from rural KZN construct meanings of distress and suffering in their lives. This mode of enquiry is valuable for theorising how a range of possible discursive positions mediates responses to distress and suffering in the lives of people living in these communities.

In line with poststructuralist thought, the qualitative standpoint of discursive meanings and positioning creates a space for theorising alternate ways of thinking about distress amongst rural isiZulu speaking people in rural KZN. This mode of inquiry of analysing threads of meaning opens up a space for reclaiming and validating the silenced meanings of distress experienced by isiZulu speaking men and women in rural communities across the province. For Willig (1999) discourse analytic research methodology opens up a space to speak and put forward a version of events that is not normally heard. Giving voice to these silenced meanings is significant in order to shed light onto the subjective realities of distress, that has been marginalised by the dominant PTSD model of conceptualising distress, which has acquired the "stamp of truth" (Root, 1992; Brown, 1995 & Hepburn, 2003).

3.6. AIMS OF THE STUDY

By exploring narratives of distress amongst isiZulu speaking men and women residing in rural communities across KZN, this study aims to analyse how these threads of meaning in the form of discursive constructions, shape the way that these participants define, describe and respond to their experiences of distress, and suffering in their lives. Secondly, the identification of these discursive constructions is valuable in exploring the differences between how male and female participants were positioned by them, which in turn frames experiences of distress and mediate coping responses.

3.7 THE SAMPLE

This research study was conducted in collaboration with a locally based non-governmental organisation. SINANI also known as the KwaZulu-Natal Programme

for Survivors of Violence was established in 1991 to provide rehabilitative mental health assistance for communities afflicted by violence in the province. The objectives of SINANI include assisting communities to cope with their experiences of violence and other forms of distress in their lives, such as widespread poverty, unemployment and HIV/AIDS, by offering individual and group counselling as organising informal support groups. The organisation is also active in promoting reconciliation between individuals, families and communities that were involved in the political uprisings in the province. SINANI is committed to providing income-generating projects to assist communities economically as an alternative to violence. As part of this process, SINANI is active in developing good governance by providing leadership training to community members. This empowers communities to play an active part in their own development alongside the organisation (Emmet & Higson-Smith, 2000; SINANI Annual report, 2000).

The services provided by SINANI are organised into a variety of programmes that focus on different groups in these communities. These include women's groups, youth groups, male leaders groups, and children's groups. For the purpose of this particular research study, SINANI provided the sample groups that formed the basis of the data collection. As such, the non-probability sampling method in the form of purposive sampling was adopted. In purposive sampling, the researcher chooses a sample based on the researcher's needs and the purpose of the research (Babbie & Mouton, 2001). The sample for this study consisted entirely of survivors of violence and trauma from various communities in the Province. These survivors were targeted by SINANI for community development projects and their stress and trauma workshops. In addition, the participants had to belong to the Zulu cultural group, were first language isiZulu speakers, and had to reside in rural communities in KZN.

3.8 DATA COLLECTION TOOLS

Focus groups were used as the data collection tool in this study. A focus group is defined as a special kind of group in terms of its particular purpose, composition, procedures, method, and size. Focus groups are designed to provide insights into the attitudes, perceptions, and opinions of the participants in a non-threatening environment (Morgan, 1988; Kruger, 1994). In addition Babbie & Mouton (2001)

assert that focus group have become a valuable method of data collection because they provides a space for people who share a common purpose to come together and create meaning amongst each other, rather than individually. Focus groups are a valuable data collection tool because they are an effectual method of understanding and comparing the experiences of a sample that comprise different categories of people (Morgan, 1998). The total sample for this study consisted of seven groups that included five formal groups, one informal discussion group, and a final feedback session that comprised participants of the various groups.

3.8.1 THE PARTICIPANTS

The sample comprised the groups described below. This includes a detailed background analysis of each of groups participating in this study.

A). THE MADUNDUBE WOMEN'S GROUP:

Our first meeting with the women's group took place in Madundube, an area situated past the Umlazi Township outside of Durban. We drove to Madundube in order to introduce this research study to the participants.

The trip to Madundube was also an eye opening experience for the members of the research team because it provided a greater understanding of the kind of context that these women reside in, and the kinds of challenges that they face on a daily basis. Madundube is a rural area in which people rely on cattle, poultry and subsistence farming to earn a living. There is no running water, and people are required to walk long distances to fetch water. Schools and trading stores in the area were destroyed during the political uprising in the community, and the road system has not been properly developed.

Although our first meeting in Madundube was meant to be an introduction to the research study, the participants were very enthusiastic to talk to us about their daily experiences and struggles. The participants spoke very emotively about their experiences of political violence that ravaged through their lives and destroyed their community. This included discussions around the aftermath of the violence, including

their daily struggle to survive. They also spoke about the roles that women and men play in the community.

The data from this informal discussion group in Madundube was captured in field notes and unabridged summaries of the discussion were transcribed. The second meeting with the Madundube women's group took the form of a three hour focus group conducted at the SINANI offices in central Durban. The data from this focus group was tape recorded, translated and transcribed.

B). THE RICHMOND YOUTH GROUP

This group comprised ten male and female youth from three communities in and around the Richmond area situated outside of Pietermaritzburg. The participants' ages ranged ages of sixteen to thirty. Most of the participants had failed to finish school and were unemployed at the time of the study. Due to issues of time constraints on behalf of the participants, this focus group comprised male and youth together. The interpretative process was guided by the identification of discursive constructs and not in terms of a comparison between the male and female responses.

These participants belonged to three political parties in the area who were involved in discord and violence against each other for extended periods. The focus group was conducted in the Richmond town hall. Although it was anticipated that the focus groups would be conducted in a non-threatening environment, tension still existed between members of the focus group who were affiliated with different political parties, even though an informal truce was declared. As a result, the participants initially refused to participate in the focus group discussions due of their political affiliations. The participants also refused to be tape-recorded because they felt that any information that was disclosed during the session could potentially be used against them. After negotiations with a SINANI youth group leader and our group moderator, the participants agreed to participate in the focus group. They shook hands with each other, and decided to temporarily set aside their political affiliations for the purpose of community cohesion and upliftment. The participants also agreed to the session being tape recorded on the condition that the tapes were returned to

them after analysis. It was also agreed that the participants could utilise pseudonyms to protect their identities.

During the focus group discussions the participants provided in depth information about the daily struggles endured by their families and communities, as well as their own difficulties and experiences. They also spoke very candidly about their own hopes for a better and brighter future.

C). THE MALE TRADITIONAL LEADERS GROUP

This group comprised six male traditional leaders from various areas in rural KZN. This focus group session was conducted at the SINANI offices in central Durban, and lasted for approximately two hours. These leaders worked as mediators or counsellors between people in the community and the king of the area. They were involved in conflict resolution projects in their respective communities, in addition to running a variety of social development projects. This ranged from maintaining peace in the area, developing solutions to poverty, homelessness, and unemployment, as well as dealing with various domestic issues.

Although the participants valued their important roles in the community, they are not paid for their services. Thus, throughout the session, the leaders expressed their feelings of despondency and anger because they like the rest of the members of the community lived in relative poverty. At a particular point in the session, some of the participants became antagonistic and demanded food and money that they could take home to their families. The participants spoke in detail about the roles that men and women play in their communities. Particular emphasis was placed on the challenges that men faced on a daily basis. They spoke very fervently and emotively about not being able to support their families, and how this was experienced as a form of failure at being a man, husband and father.

The participants also acknowledged the important work that SINANI plays in rebuilding and empowering people in their communities. They placed emphasis on how learning new skills such as conflict resolution techniques, and basic listening

skills has greatly assisted them in conducting and facilitating their duties in the community.

D). THE COMMUNITY DEVELOPERS & HEALTH WORKERS GROUP

This group comprised eight female and two male participants who resided in rural areas of the KZN province. These participants worked as volunteer community health workers. The participants job description ranged from disseminating vital information about cholera, tuberculosis and HIV/AIDS to the communities, as well as taking care of the sick and the elderly. Others were involved in community development projects aimed at encouraging agricultural and poultry farming in these communities. All the participants were deeply affiliated to various church organisations in their respective communities, and they expressed their commitment to community development.

This focus group was conducted at the SINANI offices in central Durban. The focus group session lasted approximately three hours. The focus group discussions were centred on the participants sharing their experiences of their daily interactions with people in their communities. They spoke very candidly and emotively of the difficulties faced by these people, such as poverty, HIV/AIDS infection, alcohol and drug abuse, rape and domestic violence. These difficulties were of great concern to the community development workers who worked tirelessly to uplift their communities and empower its members. The participants more particularly discussed the impact that these difficulties have had people's psychological functioning and their overall well being. They also spoke in detail about the community development work in the community and the profound impact that it has had on their own lives.

E). THE TRADITIONAL AND FAITH HEALERS GROUP

This group comprised traditional healers who practise a variety of indigenous healing rituals in conjunction with Christian religious practices. This focus group was conducted at the SINANI offices in central Durban. The focus group session lasted for approximately two and a half hours.

The traditional and faith healers provided detailed information about their important role in healing people suffering from all kinds of physical as well as psychological conditions. As such, they alluded to the position of great respect that they occupied in their communities. The participants spoke comprehensively about their methods of intervention in treating clients that exhibit a range of physical and psychological forms of distress. They spoke about physical forms of distress that were caused by common ailments, and psychological forms of distress that occurred as a result of exposure to violence, extreme poverty and failure to perform traditional rituals and practices. The traditional and faith healers provided comprehensive information regarding their various treatment strategies. These treatment strategies are grounded in Christian forms of prayer that provide healing and comfort. The participants spoke about how Christian religious practices are successfully combined with traditional methods of healing, which include medicinal herbs, and the performance of traditional rituals that complement the healing process.

The participants also spoke specifically about the difficulties facing the community. Problems such as lack of respect between elders and youth, rampant HIV/AIDS infection, domestic violence and alcohol abuse were mentioned, and specific treatment strategies and possible methods of interventions were discussed amongst the participants in order to resolve these difficulties.

F). THE FEEDBACK SESSION

As part of this research collaboration with SINANI, the results of the study were presented to the participants in the form of a final feedback session. The aim of this strategy was two fold. Firstly, the feedback session was presented out of respect for all the participants who provided their time and shared their experiences with our research team. Secondly, the findings were presented in order to give the participants an opportunity to engage with the outcomes of the study. This took the form of understanding and clarifying the findings of the study, as well as discussing salient issues and concepts that emerged from the research. The feedback session also provided the participants with an opportunity to reflect on their own experiences, which provided a space for learning about the experiences of other people in their communities. The feedback session consisted of fifteen participants across the range

of groups. The data from the three-hour feedback session was tape recorded, transcribed, and translated and will be utilised as part of the analytic process.

3.9 DATA COLLECTION PROCEDURE

Before conducting the focus group sessions, SINANI group facilitators working with these communities on a monthly basis, briefed the participants in advance about the study. This included a discussion around the nature of the research study, the role that the focus group discussions would play in the study, and how the outcomes of the study would be used to inform SINANI's methods of intervention.

All the focus groups with the exception of the Richmond Youth group and the informal Madundube Women's discussion group were conducted at the SINANI offices in central Durban. Before conducting the actual focus groups, our research team introduced ourselves and explained our research interests to the participants. Participants were also informed about the purpose of the study and the role that the participants themselves would play in the research project. We also made ourselves available for questioning in the hope that participants would feel comfortable about their role in the study and to encourage their active participation.

The focus groups were conducted in isiZulu because the majority of the participants could not speak or understand English. It also enabled the participants to speak as freely as possible in the mother tongue. Since the research was of a highly personal and sensitive nature, each of the focus groups were opened with an abridged version of a story of Ms Mbanga: a narrative of a Black South African trauma survivor adapted from Swartz (1998)¹. Participants were invited to comment and discuss the story and how they could possibly relate it to experiences in the own communities. The interview schedule comprised open-ended questions that provided participants with the space to explore discuss and share their understandings and experiences of distress and healing in their communities².

¹ Appendix A

² Appendix B

3.10 ETHICAL CONSIDERATIONS

The participants in the study had established a sense of trust and understanding with the members of SINANI. They were familiar with the rehabilitative work that SINANI conducts in their communities. The participants in this study had all experienced violence and trauma in their communities whilst many of the participants were exposed to traumatic events on a daily basis. Thus, many participants experienced a complex range of emotions and reactions. This had raised the question of our ability as a team of researchers to be able to effectively deal with the emotional intensity of the psychological distress of our participants. Throughout the various focus groups sessions, participants expressed a range of emotionally intense reactions that ranged from crying to outbursts of anger and hostility. SINANI had briefed our team of researchers about the intense stressors that the participants had been exposed to, and the psychological impact of their experiences. Intense and emotional responses had been anticipated as a reaction to the focus group experience. To anticipate the difficulty, the context of SINANI provided a safe and comfortable space for emotional and psychological containment. In addition, SINANI trained counsellors and group leaders who worked very closely with the participants over a period of time were always on hand at their offices and in the field to provide psychological assistance. A member of our research team with comprehensive training in counselling was also available during the focus group sessions to provide assistance if required.

In all the focus groups, our research team was required to deal with the issue of raising the expectations of the participants. The majority of the participants were living in impoverished conditions without access to basic amenities. Hence, many participants were in desperate need of immediate assistance in the form of food, shelter, and money. The participants believed that the study would benefit them directly and provide them with immediate solutions to their problems. Dealing with the raised expectations of the participants was extremely difficult for us as a group of researchers because the outcomes of the research are essentially long term. It was initially difficult for the participants to understand that outcomes of the study would benefit them in the long term in terms of informing the intervention strategies adopted by the organisation.

Due to the sensitive nature of the research, participants were assured that their anonymity would be guaranteed by using pseudonyms during the focus group sessions and during the final write-up phase. The tapes were returned to the respective focus groups once the final transcription and translation process was completed. Even though pseudonyms were used during the write up process, the participants were still concerned about their identities being kept confidential. Due to the sensitive nature of the focus group discussions, the decision was made by the participants, SINANI, and members of the research team to keep the focus group transcripts private as a further precaution aimed at guaranteeing anonymity and preserving the integrity of the participants. Although this may affect the validity of the study, it is hoped that the information given in the data collection process and the supporting quotations will suffice. Any inconvenience that this may cause is regretted.

3.11 TRANSLATION AND TRANSCRIPTION

Each focus group discussion was approximately three hours in length. The focus group discussions were facilitated by an isiZulu speaking co-researcher. The data was transcribed into isiZulu and later translated and transcribed into English. The process of translating and transcribing the data does not result in direct representations of the actual encounters with the participants. In order to achieve the greatest degree as possible of lexical and conceptual equivalence, the back translation method of translation was adopted. The translation and transcription process does eliminate contextual and the non-verbal factors at work during the actual interactions with the participants. The limitations of the translation and transcription process are acknowledged, but this does not invalidate the data. What were produced are constructed versions of the social interactions of the participants (Flick, 1998). The focus of this analysis was not directed at the language itself, rather analysis was centred on the underlying structures of meaning and configurations of power, which shape experiences of distress and suffering, and mediate particular kinds of coping responses.

3.12. METHOD OF ANALYSIS

Discourse analysis has been described as an umbrella term that incorporates a diverse range of theoretical orientations and research techniques. For the purposes of this research study, discourse analytic theory based on the work of Parker (1992, 2002) and Willig (1999) was adopted as a method of analysis used to investigate the research problem.

Discourse analysts fundamentally challenge the traditional view of language as purely a collection of labels that reflect objects in the world. On the contrary, discourse analysts argue that language proceeds well beyond its function of labelling objects and reflecting experience. Rather discourse analysts adopt the view that languages are actually systems of organisation, which shape the way people experience events in the world in particular ways. These systems of organisation classify thoughts by providing a schema of explanations used to understand sensory information. Thus, experience of the world is not simply an awareness of events, but rather is an interpretation of those events. In critical social psychology these broad schema of explanations known as discourses move beyond the realm of words, to include rituals, beliefs, practices, customs and symbols that are used to interpret events, and create meaning in the world (Parker, 1992; Willig, 1999 & Collins, 2003).

For Parker (1992, as cited in Babbie & Mouton, 2001) discourse analysis is used as a methodological tool to progress beyond the obvious view of language as simply reflecting experience, to the obscure but unappreciated view of how discourses shape meanings and experiences in the world. Discourse analysis is centred on identifying and understanding how underlying systems of meaning shape the way people from a particular group understand and interpret their experiences (Burr, 1995; Collins, 2003). Since people are not consciously aware of the discourses they draw on in their daily interactions, the discourse analytic researcher is thus required to move beyond the surface layer of language by identifying underlying discourses that shape how people construct meaning and play out their behaviour.

Discourse analysis enables the researcher to identify underlying discourses that operate at individual, social and cultural levels, which inform how people interpret

experiences and act out certain behaviours. As part of this process, discourse analysis allows the researcher to identify subject positions that either constrain or facilitate certain ways of thinking and behaving. For example, Strelbel and Lindegger's (1998) study of women's discourses and HIV/AIDS amongst women in the Western Cape, illustrates how the concept of discursive positioning either facilitated or constrained responses to HIV/AIDS. An example will be discussed below:

The study illustrated how women's responses of HIV/AIDS and gender primarily centred on discourses of power. A discourse of male power emerged in the participant's discussions around HIV/AIDS and gender relations. Male power was interpreted as the power men have over women in sexual relationships. Men were positioned as having the power to determine what happened in relationships. This included putting themselves and their partners at risk by having multiple sexual partners and by refusing to use a condom. Women were positioned as the objects of male power as they defined their sexuality in terms of the male sexual drive as identified by Holloway (1984). This prevented women from insisting on condom use for fear of reprisal, which increases their risk of HIV/AIDS infection (Strelbel & Lindegger, 1998).

Discourse analysis has become a prominent alternative mode of analysis within the sphere of mainstream psychology that has been dominated by positivist frameworks. This mode of analysis is useful in exploring how social conditions have produced particular ways of thinking and how discourses have shaped thought patterns and behaviour. Discourse analysis has also become a powerful methodological tool for psychologists, who challenge dominant psychological categories in traditional and mainstream psychology. Discourse analytic methodology is used to highlight the constructed nature of DSM nomenclature for example, such as Depression, Anorexia Nervosa and PTSD, by illustrating the diverse ways that these categories operate. More importantly by emphasising the impact on the individual, the discourse analyst opens up a range of possibilities by creating a space for thinking about experiences such as emotional distress for example, in new alternate ways (Willig, 1999, Hepburn, 2003).

3.13 THE ANALYTIC PROCESS

The focus group transcripts were analysed using a discourse analytic method that drew on the work of Parker (1992; 2002) and Willig (1999) set within a feminist poststructuralist framework.

The aim of the analysis was to understand how isiZulu speaking men and women from rural KZN construct meanings of distress and suffering in their lives by identifying discursive constructions and the subject positions contained within them. This was achieved by identifying the discursive meanings attached to discussions around distress and suffering by using Parker's (1992) definition of a discourse as " a system of statements which construct an object as a guide (5).

The analysis of the focus groups data generally observed the following procedure. Firstly, this included attempting to identify any particular recurring patterns in the text, which was achieved by re-reading the transcripts several times across the focus groups. Recurring patterns included seeking binary oppositions, repetitive phrases and metaphors and by identifying possible subjects. Thereafter various references linked to discussions around distress were removed from the text and organised using relevant themes. During this process, specific patterns were identified in terms of identifying similar content and divergent content in terms of what was being discussed. This was carried out by highlighting the related references and by making notes. The next stage in the analytic process centred on identifying the variety of discursive meanings that framed how experiences of distress were interpreted. This part of the analytic process progressed to the stage of establishing specific links and meanings. This included making links to the social, cultural and political context (Parker, 1992; Burr, 1995; Willig, 1999 & Babbie & Mouton, 2001).

The final stage of the analytic process led to the identification of particular discursive constructions and the identification of subject positions contained within them. Special attention was given to the analysis of subject positions across gender lines. Given that this analysis is grounded in feminist poststructuralist theory, analysis was directed at how configurations of power are played out across gender lines and how these structures of power shaped the positioning of male and female subjects in

relation to interpreting experiences of distress. These were elaborated by using quotations from the text as a form of linguistic evidence. Thereafter hypothesis were formulated relating specifically to the functions and the effects of the related discursive constructions and subject positions contained within them.

The process of interpretation from within a qualitative paradigm grounded in poststructuralist theory is fraught with difficulties. Firstly, this is centred on the relativist stance of poststructuralist theory, which stipulates that one cannot search for a single underlying absolute truth. Rather the qualitative researcher adopting the poststructuralist perspective needs to direct their analysis on exploring meaning and significance, as opposed to attempting to predict and control reality. This stance is premised on accepting multiple truths as opposed to searching for the objective truth. Thus, the research process is not guided by the discovery of truth; rather this process is orientated towards a different more pragmatic goal. Research processes within this framework are orientated towards opening a range of possibilities by creating a space for thinking about experiences in new alternate ways (Burr, 1995).

Secondly, this research study does not claim to make sweeping generalisations from the participants of this study as representative of all the members of the Zulu cultural group living in rural areas in KZN, or any other rural areas across the country. In addition, the identity as the researcher needs to be acknowledged in the research process. This means that the analysis of the data, the selection of particular discursive constructions and the formulation of hypothesis need to be understood in the context of my own experiences as a young, privileged, middle-class, feminist researcher with a background in critical social psychology who does not belong to the Zulu cultural group.

For Duelli Klein (1983) the starting point for a feminist researcher always begins by adopting a conscious subjectivity or reflexive awareness. According to Willig (1999) reflexive awareness for the discourse analytic researcher stems from a conscious awareness of the researcher's own contribution to the creation of meanings and the impossible task of conducting research whilst remaining "outside of one's subject matter" (161). Thus reflexively speaking, I acknowledge that my own contribution to the construction of meaning was primarily guided by my own feminist standpoint of

providing a space for silenced women's voices to be heard. However, through the challenging theoretical and research process involved in completing this dissertation, I was made aware of the importance of providing an equal space for men's voices to be heard and acknowledged, as male voices like their female counterparts have also been silenced and marginalised. My youth, privileged middle class background, and lack of knowledge of Zulu culture and practices also provided an enormous challenge. I therefore acknowledge that the direction and outcome of the research process needs to be understood in the context of my own identity and life experiences. However, this research process has provided me with an enormously enriching and apt learning curve. This research experience has opened my eyes to the daily challenges and chronic problems that men, women, and children in rural KwaZulu-Natal endure. This experience has pushed me beyond the barriers of my own privileged middle class background, as it has fostered an acute sense of personal awareness and a strong desire to give voice to silenced and marginalised groups of people struggling to make their voices heard. I have become schooled in Zulu culture and tradition, which initially appeared fundamentally different from my own. However, this learning experience has enabled me to broaden and challenge my own cultural boundaries. I have gained a profoundly deeper understanding of Zulu culture and developed a strong sense of respect for the men and women, young and old that belong to this cultural group. These variables need to be taken into consideration in accordance with the relativist position. Thus this research study only offers a partial truth interpreted in a framework of multiple truths (Burr, 1995).

In order to achieve clarity and coherence of the discursive constructions and of the subject positions contained within them, the chapter that follows will incorporate the findings and discussion sections simultaneously. This will be followed by a concluding discussion.

CHAPTER FOUR

FINDINGS & DISCUSSION

4.1 INTRODUCTION

This chapter begins with a brief discussion of the research question, and the methodological and interpretative tools utilised to investigate the research question. This leads to the identification and analysis of discursive constructions that the participants drew on to define and describe their experiences of distress. This includes an analysis of the subject positions contained within these discursive constructions that situated the participants in relation to their experiences of distress. Participants' quotations from the focus groups are utilised as linguistic evidence and serve as illustrations of the discursive constructions and the subject positions contained within them. Hypotheses were then formed relating to the particular functions and effects of the discursive constructions.

Within Western frameworks, the experience of distress is articulated as trauma, which conveys emotional and psychological disruption. Trauma is further interpreted within a psychological paradigm as PTSD, prescribing explicit traumatic stressors and symptom profiles that have to be present in order for a diagnosis to be made (Hamber & Lewis, 1997). The PTSD model of trauma lays out clear-cut therapeutic solutions, thus shaping the way those suffering from distress will experience and cope with their problem. The PTSD model of trauma has been exported across the world and is utilised as the dominant model for interpreting and diagnosing distress from a psychological perspective. Questions have been raised about the use of the PTSD model of trauma in the South African context, characterised as it is by a history of chronic violence, discrimination and human rights abuses. These questions are complicated by the country's cultural heterogeneity and the multiple ways that distress is interpreted in the face of crisis.

The aim of this study was to gain a broader understanding of the discursive constructions that men and women from the Zulu cultural group from rural KZN drew on to define and explain their experiences of distress or suffering. It is hoped that the identification of these discursive constructions and the subject positions contained within them will provide a greater understanding of the way distress is constructed and experienced by members of this group. The use of the vignette relating a story of Ms Mbanga (Swartz, 1998) a traumatised South Africa woman struggling to survive under difficult socio-economic circumstances, combined with a semi-structured interview schedule, facilitated comment and discussion from the participants. This enabled the participants to discuss, explore and share experiences of distress in their own lives, or experiences of distress in their communities.

This research study is directed at a particular cultural group in South Africa- men and women who belong to the Zulu cultural group, who speak isiZulu as their first language and reside in rural KwaZulu-Natal. The participants of the study had the least possible exposure to Western concepts of psychological trauma and methods of therapeutic intervention. However, the participants did fit the PTSD profile of trauma, which presumes that a person has experienced a traumatic event that involves "actual or threatened death or injury to themselves or others, and where they felt fear, helplessness or horror" (Hamber & Lewis, 1997:6). The participants were all exposed to structural violence of the Apartheid regime and lived through the political violence and unrest that ravaged through their communities in the late nineties, and the initial period of the post Apartheid era. Thus, many of the participants across the focus groups had been exposed to traumatic stressors in accordance with the PTSD model of trauma, albeit on an unremitting basis. Additionally many of the participants reported exhibiting an array of psychological symptoms consistent with the PTSD profile.

Hence, it was expected that the participants' narratives would be dominated by discussions around their exposure to traumatic stressors and their experiences of psychological symptoms consistent with the PTSD profile. However, through the analytic process that followed, it became evident that the existence and experience of distress amongst the participants of this study differed dramatically in form and substance to the conceptualisation and experience of trauma in the West. The

participants' narratives revealed that the word trauma in English did not have an equivalent in isiZulu. Rather, the participants across the focus groups utilised the isiZulu word *ukuhlukomezeka*, which when closely translated and defined, meant suffering or distressing experiences. This was used to describe events that disrupted the stability of people's existence resulting from a breakdown in African cosmology, to such an extent that it motivated people to seek help. Cross-cultural research studies on psychological trauma have highlighted the existence of indigenous systems of illness and healing, which incorporate local concepts of suffering and misfortune (Summerfield, 1995; Bracken, 1996). Trauma theorists have argued in favour of these indigenous knowledge systems, and the meanings that they generate, which are firmly located in the "public and social realm of language and practice" (Bracken, 1998: 50). Thus, the meaning of the isiZulu word *ukuhlukomezeka* provided an entry point towards understanding how the participants experienced and defined distress in their communities.

The meanings of distress or suffering amongst the participants were firmly located within a particular indigenous framework of illness and healing, embedded in the local sphere of language and practice. For Poststructuralist writers, language is a system of organisation that shapes the experiences of individuals as opposed to simply reflecting experiences (Parker, 1992; Willig, 1996, Collins, 2003). Hence, the word *ukuhlukomezeka* used to conceptualise distress and the language used to identify this experience, shaped how the participants experienced and dealt with distress.

Discourse analytic theorists, such as Parker (1992, 2001) and Willig (1996), argue that discourses can only be identified by determining what has been brought into existence (Parker, 1992). *Ukuhlukomezeka*, described as distress or suffering resulting from the breakdown in the continuity of life within an African cosmology was shaped into existence by a network of socially and culturally embedded meanings. Distress interpreted through the lens of the Western paradigm of trauma on the contrary, emphasises emotional and psychological breakdown originating from traumatic stressors causing a plethora of symptoms, which are labelled as traumatic and interpreted as PTSD. This paradigm positions subjects via a different network of socially and culturally embedded meanings.

4.2 DISCURSIVE CONSTRUCTIONS

In the section that follows, the discursive constructions that the participants drew on when they expressed their experiences and understandings of distress will be identified and discussed. A central component of this discussion will include the identification of the subject positions contained within these discursive constructions, which constrain and/or facilitate the way that distress is defined, described and dealt with.

4.2.1 TRAJECTORIES OF DISTRESS

Good (1997) has underscored that "social environments interact with mental illness to produce new trajectories of illness" (236). Macro events forming the backdrop of the participants' lives are embedded in a network of contextual (social, cultural, historical, political, & economic) meanings. These meanings shape particular experiences (realities) of distress and mediate certain forms of coping responses. These macro-events perceived as outside people's control overwhelm their coping responses.

These macro-events include events such as political violence, poverty, HIV/AIDS, suicide, drug and alcohol abuse, domestic violence and rape. These macro-events are characterised by accumulative, sustained and inter-woven stressors, which produces a distinctive experience and perpetuates a vicious cycle of distress. It underscores the interaction between contextual realities and communities, which can be juxtaposed to trauma theory in the West. Traditional trauma theories prioritise the psychological well being of the individual traumatised by circumscribed events located in the past (Root, 1992; Becker, 1995; Summerfield, 1995; Swartz, 1998 & Herman, 2001).

The detailed discussion that follows will comprise the identification of discursive constructions that the participants drew on and the analysis of subject positions contained within them that constitutes this form of distress.

4.2.2 VIOLENCE

The participants across all focus groups referred to the political violence that ripped through the KZN province. Political violence included state sponsored violence during Apartheid, as well as the faction fighting that took place between rival political parties in the run-up to South Africa's first democratic elections. Political violence was conceptualised as a process located outside the limits of human agency, which was the root cause of distress in people's lives. Many of the participants experienced the political violence as traumatic events involving "actual or threatened death or injury to themselves or others, and where they felt fear, helplessness or horror", consistent with the PTSD stressor profile (Hamber & Lewis, 1997:6). However, this type of violence was incessant and prolonged in nature, which is in sharp contrast to the once-off traumatic events described in the PTSD model of trauma (Root, 1992; Becker, 1995; Summerfield, 1995; Swartz, 1998 & Herman, 2001).

Violence was framed as death and destruction, which was interpreted as a cause of distress for the participants across all focus groups. Within this construction, violence was framed as an unrelenting force of destruction that brought death and tragedy into people's lives. Violence entered people's lives as a form of structural violence, made possible by the policies of the Apartheid regime. Hamber & Lewis (1997) define structural violence as "unequal power relationships that manifest in unequal life chances" (5). This form of violence targeted those that fell out of the ruling caste, who were oppressed politically, economically, psychologically and socially. Structural violence continued unabated for years across South Africa, including the rural communities of KZN. In the lead up to the country's first democratic election in 1994, the state-sponsored violence and the conflict between rival political parties escalated into a state of blood-shed across the province. Rural communities that form the basis of this study, including Madundube, Richmond, Eshowe and Mbumbulu, were at the very heart of the violence that dramatically altered the course of people's lives.

The political violence in the province escalated to the point that entire communities turned against each other based on their political alliances. The devastation continued as people's homes were burned down leaving entire families displaced, whilst

innocent people were killed in the crossfire, and families were left without breadwinners. In addition, schools and shops were burned down, bringing education to a grinding halt, and leaving many people without food and other necessities. People's livelihoods were lost as people were unable to leave their homes and communities for fear of being caught up in the conflict and being branded as members of opposition parties.

Life under the dark cloud of constant danger and violence created a state of continuous anxiety and stress. People's lives were shattered, their sense of autonomy gradually eroded as routine activities, such as washing clothes and sweeping the yard were drastically altered. People were afraid to leave their homes becoming "internal refugees", whilst in some cases, staying indoors did not provide any immunity from the violence. (Bonnin, 1997). For example, Mrs Mkhize from the Women's Group and Lindiwe and Tshepo from the Youth Group respectively, describe their experiences of political violence.

Extract 1

"They [looters belonging to rival political groups] went to my home and took everything- wardrobes, beds, and they even undid the roof and they took it. That is how my family became separated and remains without a home until today. I went away for a while, and when I came back, my home is still non-existent...it is just finished and gone. They took everything that was there, and possessed our land. I am trying to give you a feeling of how violence affected me in a very big way"

Extract 2

"Violence has made people poor in the communities...it has just destroyed so much. I wish that you [moderator] could go outside [into the town-Richmond] and look at the buildings that were shops before. They are just ruins now. Those were butcheries and people's houses. Really, it [violence] has destroyed many things".... People died and some families were separated by the violence ...like my father who joined another political organisation and this broke up our family".

Extract 3

" It [violence] destroyed me emotionally. I did not have the power to fight then. I feel that if I can see the person who killed my brother, I think that I will not be able to leave him untouched. When I meet that person, I know for sure that he will not get away.

In the extracts above, the respondents describe the devastating impact that political violence had in their own lives and in the lives of people in their communities. The extracts illustrate how violence entered people's lives as an unrelenting force of destruction that brought death, destroyed homes, separated families and fractured the economies of entire communities. Violence positioned the participants in a state of helplessness, as they were unable to prevent the destruction caused by the violence. Participants were powerless to prevent their homes and communities from being destroyed. They were incapable from preventing the death of their loved ones and their families from being separated. Participants were forced into a state of compliance unable to make the slightest act of defiance, for fear of their own lives and the lives of their families. In extract 3, the respondent describes how he was unable to prevent his brother's murder. He now seeks revenge against the perpetrator of his brother's death. For Herman (2001) a revenge fantasy is a way for the survivor to rid themselves of the shame, guilt and terror of their trauma, whilst allowing the survivor to move out of the position of complete helplessness into a position of power.

The participants also framed violence-as-disintegration that constructs violence as causing the disintegration of the familial and community bonds defining interdependence within an African worldview. The sustained wave of political violence effectively ruptured not just the life of one person, but rather caused the rapid disintegration of traditional community and cultural structures forming the foundation of life within rural Zulu culture. The participants of this study were abruptly thrust into a crisis, desperately probing for meaning in personal and communal relationships. The unrelenting wave of political violence shattered assumptions of the self and the world as a benevolent and meaningful place, thereby throwing the part of the self shaped and maintained in relation to other people into a state of entropic chaos (Hamber & Lewis, 1997; Cutler, 1998; Herman, 2001). This underscores the

collective nature of political violence that ruptured entire rural communities within KZN.

Cultural and community structures of support provide members of this culture with a moral and cultural anchor, which guides their actions in the world. The rapid disintegration of these structures caused people to violate cultural rules and cross the line in their relationships with others. For example, Mrs Khumalo from the Women's Group and Khanyi from the Community Health Workers Group cite two such examples:

Extract 4

"Lets just say that you don't have anybody to give the children [orphans] to, in that case they experience a miserable life at home. So much so that the children could even decide to steal. This would affect not only you, but also the whole community. If the child steals from the neighbour, the neighbour comes back to you and complains about what the child is doing.... The child is hungry and it causes all sorts of problems"

Extract 5

This also affects you because he [husband] will come back with a bad attitude.... Sometimes he will come back and swear at you and beat you up and you don't know why"

Political violence has pushed people into a state of poverty and in a desperate struggle for survival. Both extracts illustrate how people positioned in a state of vulnerability, desperation and without their cultural and moral anchor, have violated their relationships with other people. In extract 4, the respondent cites the example of children left orphaned by the political violence. Children forced to live by themselves without any visible means of social, cultural and economic support, resort to stealing as a desperate means of survival. This violates cultural rules and causes a further disintegration amongst people in the community.

Extract 5 illustrates how political violence has morphed into domestic violence in the private sphere. For Bulhan (1985) political violence defined as vertical violence, is

constructed as a legitimate form of violence sanctioned by the policies of the apartheid regime. Political violence however, has manifested in inter-personal relationships in the domestic sphere where the man seeks to exercise power over women and children. Men who are positioned as devalued, threatened and unable to defend themselves in the political sphere, often seek to reassert their power, dignity and value by whatever means possible. This usually occurs in the home to women and children who become a man's socially powerless victims. Bulhan (1985) refers to this type of violence as horizontal violence. This underscores the maxim "*violence breeds violence*", as violence has become a normative part of South African life and means of coping with conflict (Vogelman & Lewis, 1993). Horizontal violence is a source of conflict within the family and community.

The repercussions of political violence have undulated into the participants communities, systematically annihilating the social and cultural fabric. Social and cultural structures of meaning are vital in the construction of an inter-dependent view of the self and the notion of personhood within an African worldview³. The erosion of these pillars of meaning and support was experienced as a form of distress amongst the participants. These discursive constructions have underscored the importance of rebuilding social and cultural networks eroded by political violence. This view is consistent with cross-cultural trauma theorists, who argue that the best way to respond to the realities of communities traumatised by violence is to work toward liberating and healing the collective as opposed to the individual (Hamber & Lewis, 1997; Herman, 1999; Lykes-Brinton, 2002).

4.2.3 POVERTY

Participants across all focus groups drew on poverty caused by the political violence as a source of distress in their lives. Poverty is defined as " the inability of individual's, households or entire communities, to command sufficient resources to satisfy a socially acceptable minimum standard of living " (May & Govender, 1998, in Pieterse, 2001:30). Poverty creates a state of ill-being that is multidimensional and interwoven. The particular circumstances, experiences and feelings of ill-being is

³ Any references made to the critical concept of an African worldview explanatory system will be comprehensively analysed and illustrated in section 4.3 of this chapter.

characterised by an instant material need and desire for food in order to survive and the desperate need for money to purchase food and clothing, and to access essential services such as health care, education and basic forms of shelter (Narayan, Chambers, Shah & Petesch, 2000; Pieterse, 2001).

Physical ill-being is characterised by a constant state of hunger, ill-health, pain and distress that results in weakness, dependence on others and the inability to continue daily functioning. The physical pain and discomfort that many poor people experience is felt on the body that functions as their main although uninsured asset in people's attempt to survive. For Narayan Chambers, Shah & Petesch (2000) ill-health and hunger serves to deteriorate and diminish the value of the body as an asset. The participants of this study across all groups exhibited salient characteristics of the multi-dimensional state of ill-being. The loss of homes that were set ablaze during the political violence and the death of the male breadwinner in many families has forced people into living in small over-crowded spaces with minimal resources in a state of abject poverty. The body fraught with physical pain, hunger, and distress mirrored the internal pain and suffering of the participants and their families.

Participants across all groups framed poverty as a trap that was the cause of great distress in people's lives. Poverty-as-a-trap was constructed as an inescapable prison that people were thrust into by the political violence that ravaged through their communities. The poverty trap is endured throughout an individual's lifetime and is passed onto future generations, thereby perpetuating a vicious cycle of suffering and death. Incarceration in a prison of poverty was subjectively experienced through feelings of hopelessness, constant anxiety, shame, stigma, anger and guilt. For example, Mrs Dhlomo and Mrs Mkhize from the Women's Group, and Bongi from the Youth Group respectively describe this experience.

Extract 6

"Violence makes people suffer, and then poverty makes people suffer...we are hungry and weak. It will always be like this and nothing better will ever come. You just suffer and struggle until you grow old and just die.

"You [upon death] end up leaving your children in that situation and you

have never been happy in your life. You suffer and suffer until you grow old. Suffering comes like that as a result of being poor"

Extract 7

"The children come to you ask you [mother] for food and for the things that they need at school. I feel so guilty because I have nothing to give them. I worry a lot because I have to go out and find food when there is none"

Extract 8

" When you come home after school, you find that there is no food except phutu [maize meal] and sugar solution [sugar dissolved in water]. Some days you just have to go to sleep without any food to eat.

The extracts above illustrate the state of helplessness and desperation that position the participants within the poverty trap. Extract 6 for example, illustrates how people living in a state of poverty are positioned in a state of powerlessness, lacking any control over what happens in their present and being completely incapacitated to plan for their future, which they believe will only bring more poverty and suffering. They have bleak expectations for their own lives and the lives of their children, firmly believing that there is no escaping the vicious poverty trap that people live in, die in, and are born into. Extract 7 and 8 illustrates the state of desperation that positions people in the poverty trap. People are constantly living in a state of desperation struggling to survive. Women are often placed with the burden of finding food to feed their families, even though there is none. This positions women in a state of guilt and distress at having failed to find food to feed their families who are left starving.

The inhabitants of many rural communities across the length and breath of KZN were traumatised by the political violence that disintegrated both individual resources and social, and cultural structures of support. Thus, Hamber & Lewis (1997) argue that present difficulties such as, substance abuse and relationship breakdowns appear to be symptomatic of the prolonged traumatising caused by the violence that is amplified in a context of poverty. However, the context of poverty as a psychological stressor can itself cause a series of new psychological problems. The state of powerlessness,

anxiety, fear, and hopelessness located at the crux of poverty, can be likened to the experience of complex PTSD conceptualised by Herman (1999; 2001). This model broadens the experience of psychological distress, by acknowledging that traumatic stressors can include situations of prolonged repeated forms of captivity. This produces a symptom picture distinct and complex from the trauma caused by delineated traumatic events.

The construction of poverty-as a-trap pursues different trajectories of distress, such as women abuse, substance abuse, rape, suicide and HIV/AIDS infection. Participants framed their accounts of these events within a range of discursive constructions. These discursive constructions place men and women on diverse trajectories, by offering men and women different subject positions that shape distinct experiences of distress and mediate particular kinds of responses.

4.2.4 MALE POWERLESSNESS

The cumulative effects of the abuses of power during the apartheid regime suffused with the destructive consequences of poverty, have produced heightened levels of tension, violence and the disintegration of families across rural KZN. For Root (1996) these kinds of experiences fundamentally disempower communities, forming the breeding ground for insidious trauma. This creates a diminishing sense of survival and the increased threat of displaced anger.

In a context of oppression and poverty, the battle for survival is exacerbated by the pervasiveness of unemployment. The impact of unemployment resonates throughout the community and not just within individual families. However, the prospect and experience of unemployment is particularly stressful and distressing for men. Griffin (1996) points out that men frequently do not experience themselves as powerful beings, any more than women automatically experience themselves as powerless and oppressed. The male participants of this study framed powerlessness as a source of distress that was directly linked to unemployment.

The psychological state of powerlessness produced by unemployment is a direct inversion of masculine ideology in traditional rural Zulu culture. Within this

ideological framework, rural men belonging to this cultural group are constructed as strong, bold responsible individuals, always in control and never revealing feelings of weakness. Thus fulfilling the role as a breadwinner is necessary towards achieving power, respect and status in the community. In addition, fulfilment of this role is a necessary requirement of an African worldview. A successful breadwinner translates into the attainment of purpose in the world, which others perceive as a fully functioning person in the community (Hempson, 1991; Horowitz, 1997; Silberschmidt, 1999; Mkize, 2004).

The reality of unemployment seriously disrupts this ideology for men who view unemployment and their subsequent loss of economic power as a "serious violation of the accepted gender norm" (Narayan et al., 2000: 118). Unemployment acts to threaten the identity of men who, according to Vogelmann (1990) structure their identities around their work. Thus, men view their unemployed status as a personal failing rather than a result of a variety of contextual variables, such as the lack of education and skills caused by disrupted schooling. Men begin to perceive themselves as failures because of their inability to fulfil their traditionally defined role as breadwinner of the family. This has serious implications on a man's role as a husband and father (Narayan et al., 2000). For example, Mrs Khumalo from the Women's Group describes how poverty affects men in the community.

Extract 9

"For males the first thing that affects them is being unemployed...that [failing to provide food and shelter] affects him very much, since he believes that he is the head of the household and must lead the family. The man gets affected by that...he really begins to suffer and then we all suffer"

In extract 9, the female respondent draws on the construction of a hegemonic masculinity operating in rural Zulu culture. This construction frames masculinity in relation to a man's position as the head of the family, who is required to fulfil the role of the breadwinner. A man who is unable to fulfil this role is positioned as a failure at not being able to support his family as the head of the household. In a context of inter-dependence, a man is positioned as unworthy in the eyes of his family and

community, including the extended world of the ancestors. Men are positioned as helpless as they are forced to passively accept their situation. They are forced to become increasingly reliant on other people, including women to fulfil their role as the breadwinner.

This distress is exacerbated, as unemployed men are not permitted to speak openly about their problems, which are experienced as a loss of pride and control. They are labelled as weak and isolated by other men in the community. Thus, men suffer in silence and in many cases; their suffering is often invisible from their own families (Hempson, 1991; Horowitz, 1997). For example, Simon from the Community Health Workers Group describes this experience.

Extract 10

" We have this belief that a man does not cry...if you are a man you must be that thing which is courageous, bold, and never show his true feelings. No matter how big the problem is. Losing your pride by going to another person, being a man and going to tell another man, you just die inside".

In extract 10, the male respondent draws on the construction of a hegemonic masculinity operating in his social group. Men are framed as strong and courageous individuals who are always in control of their feelings. As part of this construction, men are denied avenues of expression, such as crying or verbalising their feelings of vulnerability. Pride is located at the crux of this hegemonic masculinity; therefore, a loss of pride by expressing one's feelings is equivalent to the death of a person's masculinity or what it means to be a man.

The crisis of masculinity that men are abruptly thrust into, constructs the groundwork for heightened levels of anger and frustration. Horowitz (1997) describes this crisis as a lethal combination of three destructive behaviours, namely "dropping out, numbing out, and/or punching out" (77). Men often direct their frustration onto themselves using alcohol and narcotics as a means of coping with the profound sense of powerlessness, failure and inadequacy in their lives. This is conceptualised as "numbing out". Herman (2001) documents that the use of alcohol and other narcotics often complicates the difficulties for traumatized individuals, who habitually develop

a dependence on these substances. For example, Mrs Ndaba from the Women's Group and Bheki from the Community Health Workers Group respectively, explain why men resort to alcohol abuse.

Extract 11

" He is affected by the fact that he is not working and does not know how to take care of the situation. He knows that he is expected to carry his duty as a man and the head of the household. This drives him mad and he decides to drink".

Extract 12

" You find that a man would rather go and drink booze [alcohol] to forget about it [problems]"

Both extracts illustrate how men positioned as helpless and unworthy seek solace through alcohol and drug abuse, which is deemed as an acceptable means of coping with distress. This is preferred over expressing one's feelings as it is deemed unacceptable in the construction of a hegemonic masculinity.

Other men in the community adopt a more severe and final way of dealing with their feelings through "dropping out". Suicide amongst unemployed men is rife in these communities. In some cases, the unemployed man kills himself and his entire family in the process. Siphwiwe from the final feedback session describes this phenomenon.

Extract 13

" Mostly it is the males because most of them are breadwinners. Because of their responsibilities that they have in the form of shelter, food, and other needs for the family, they opt for killing themselves if they cannot provide for their families. In some instances, the person kills his entire family and himself".

The respondent in the extract above describes the "wipe-out syndrome" in which family suicide is the only way of ending the shame and powerlessness created by

unemployment. The male perpetrated family murder is often the final attempt at declaring definitive control and power over one's domain (Simpson, M.A., 1993).

Men also cope with the traumatic impact of unemployment by displacing their anger and frustration onto other people using violence. This is conceptualised as "*punching out*". Vogelman & Lewis (1993) have termed South African culture, a "*culture of violence*" since violence has become the dominant way of resolving conflict. They argue that violence has played a significant role in African tribal society, in white colonial settlement, in the Apartheid's government agenda of oppression, and in the struggle for liberation. The use of violence as means of solving conflict has become normalised in various sectors of South African life, including the family, in intimate relationships and more generally between people (Vogelman, 1990; Vogelman & Lewis, 1993).

Unemployed men in the study often coped with the powerlessness of unemployment, by aggressing against other men in their communities. An alternate means of coping with this kind of distress entails displacing their anger and frustration onto women. This is often fuelled by the use of alcohol and other narcotics. Bulhan (1985) and Vogelman (1990) attribute this kind of behaviour to the fact that women can be easily overpowered and controlled. Therefore, the process of displacing anger onto women acts as a compensatory mechanism functioning to change the aggressor's perception of himself. This is achieved by reasserting his sense of masculinity, power and control that unravelled during the crisis of unemployment (Hempson, 1991; Simpson, M.A., 1993; Campbell (1992, as cited in Horowitz, 1997) & Narayan et al. 2000). For example, Khanyi and Zinzi from the Community Health Workers Group respectively, explain how unemployment morphs into domestic violence.

Extract 14

" Its just that since he felt pain, he likes inflicting it on other people. With men its worse, its worse they keep it all inside and take it out on other people. At night you get beaten".

Extract 15

" He will go out and come back drunk like nothing. This also affects you because he will come back with a bad attitude... Sometimes he will come back and swear at you and beat you up, and you don't know why"

The above extracts illustrate the phenomenon of punching out, where men displace their anger and frustration onto women through acts of violence. Men unable to express their feelings use alcohol and other narcotics as a means of coping with their distress. These factors act as a catalyst for the syndrome of punching out. Within this framework, women are positioned as the victims of male aggression. Men displace their anger onto women who are targeted because they are positioned as weaker and easier to control. Men emasculated by unemployment use the act of punching out to reassert themselves in a position of dominance. This functions as a compensatory mechanism for their loss of authority caused by the crisis of unemployment.

Men also drew on hegemonic and cultural ideologies of masculinity to justify the channelling of their aggression onto women. Within traditional rural Zulu culture, men are perceived as culturally dominant, thus constructing a particular set of expectations for both sexes. Traditionally within the family, which is regarded as the most basic unit of society and within heterosexual relationships, males are implicitly afforded greater power over women and children. With men being viewed as the head of the family particularly in rural communities, women possess lower status and their roles are often scripted as acquiescent. Thus violence against women is legitimised by dominant patriarchal and cultural ideals suffused with support of structural institutions, such as traditional customary law and religion that maintain this kind of behaviour (Campbell, 1992; Townsend, Zapata, Rowlands, Alberti & Mercado, 1999 & Boonzaier, 2003). For example, Mr Mavundla a male community leader explains the cultural ideology of masculinity.

Extract 16

" We grew up as Zulus with our father's beating up our mothers very hard. However, mother never said that her husband was abusing her and the children never said that the father was abusing the mother. It's just our Zulu traditions that we are holding on to."

In the above extract, the male respondent draws on a Zulu cultural discourse to frame acts of violence against women. Displacing anger onto women through violence is defined as a tradition, which is constructed as an inherent, acceptable and justifiable act. The respondent explicitly states the displacement of anger onto women through acts of violence is not perceived as a form of abuse within this cultural group. Western systems of meaning, such as legal and feminist discourses on the contrary, would clearly define these actions as a form of mistreatment that is prohibited by law. The extract illustrates how western systems of thinking have permeated and challenged cultural systems of meaning and practice within this cultural group. The respondent claims that he is trying to maintain traditional practices of Zulu culture, which are a central part of an African worldview and the interpretation of distress.

4.2.5 WOMEN'S POWERLESSNESS

A state of powerlessness can be defined as a "profound experience for the poor who are caught in an inescapable poverty trap that leaves people at the mercy of abuse, violence, and oppression" (Pieterse, 2001:44-45). This experience can be located on the body that is hungry, exhausted, and sick; between people in the form of unequal gender relations and on social structures that exclude and disempower the poor (Narayan et al., 1999). The female participants of this study framed powerless as a cause of distress in their everyday lives. For Jenkins (1996) investigations into experiences of distress should focus on the character and the intricacies of various psychological stressors, which are usually interwoven and multiple. Women's experiences of distress should be examined in a separate context of "gender status, power inequalities, and culturally sanctioned misogyny", which generates an experience of distress distinct from men (Jenkins, 1996: 176).

This state of powerlessness is infinitely exacerbated in a context of sustained political and intra-community violence, domestic violence and acute poverty. Thus, various writers (Summerfield, 1995; Jenkins, 1996, Richters, 1998 & Lykes-Brinton, 2002) argue that in a context of multiple stressors it is not clear which stressor women will respond to. All the women in this study had been exposed to multiple stressors in their daily lives, however, for the women themselves the major stressor in their

community was linked to the increased burden of having to provide financially for their families in a context of sustained poverty.

Distress-as-powerlessness was framed in relation to the prevalence of male unemployment and the desperate need survival, which ruptured traditional divisions of labour. For Narayan et al. (2000) this blurring of the lines between traditional gender roles and subsequent shift in identities causes a deep sense of anxiety and distress for both sexes. Male unemployment and economic adversity places an added burden of responsibility upon women, who are forced to work a "double shift" of employment in the public realm in addition to traditionally managing responsibilities in the home (Coyle & Morgan-Sykes, 1998). For example, Mrs Ngubane and Mrs Ndaba from the Women's Group respectively, describe how women are forced to work a "double shift".

Extract 17

"A man can see that there is nothing to eat, and go away wherever he goes to and come back home. The first thing that he will ask for will be for food. You have to go out and find something to cook and provide him with the food. He does not care how you got the food. You [women] have to suffer thinking what to give him and the children as food...and worry about the following day. You notice that he is just relaxed"

Extract 18

"He could see that things are so bad at home but he just ignores the fact there is a serious problem...and he expects that you being a woman to come up with a solution."

Both extracts illustrate women's positioning as the new breadwinner. Women have been forced to absorb the male responsibility of the breadwinner in a context of pervasive male unemployment. Thus, women are required to provide the basic resources of the family through employment in the public realm of work, in addition to fulfilling their traditional responsibilities in the private realm of the home. This disruption in the traditional division of labour positions women in a constant state of anxiety, fear and distress related to the fulfilment of the added responsibility of the

main breadwinner. This responsibility is exacerbated in a context of abject poverty where families are often forced to go to bed starving for days in the absence of basic needs.

In some instances, women were abruptly thrust into the position of the breadwinner, as a result of the death of their spouses during the apartheid and post-apartheid conflict. In both circumstances, fulfilling a double shift in employment in addition to traditional responsibilities in the home was linked to the fulfilment of a hegemonic construction of femininity, which includes prevailing definitions of womanhood and power within rural Zulu culture. This comprises meanings around being a good wife, mother and caregiver. For example, Mrs Dlamini from the Women's Group describes her role as a wife and a mother.

Extract 19

"It worries me not knowing where you are going to get the food and how you are going to get it. Men do not care that his family could go to sleep without food. You [woman] have to try for his children for him and for our children...I have to go out and find something to eat"

Extract 20

"There is a great difference between women's troubles and men's troubles, since the woman is the one that carries a heavier burden than the man.... Males are careless and you have to be the one to sort out his troubles [perform his responsibilities]"

In extract 19, the respondent frames her new role as the breadwinner within the construction of womanhood within this culture. Womanhood is defined in relation to maintaining a successful marriage and home. This entails fulfilling the needs of a person's spouse and children. Thus fulfilling the male role of the breadwinner has become a necessary requirement towards maintaining a successful marriage and home. Power is a central dynamic in this construction of womanhood. Amongst members of this cultural group, women are scripted as acquiescent and are positioned on the lower rung of the ladder of power as compared to men. By drawing on a hegemonic construction of womanhood, women are positioned as powerless as they

do not have the power to negotiate their added responsibilities with men. This forces women to passively accept the role of breadwinner (Small & Kompe, 1992).

In extract 20, the respondent describes the level of distress between men and women. Women are framed as carrying a heavier burden of responsibility as compared to their male counterparts. Men are framed as irresponsible in fulfilling the role of the breadwinner. Men emasculated by unemployment resort to alcohol and drug abuse as a means of coping with their distress, thus placing the burden of responsibility onto women. Women, on the contrary, adopt action-orientated ways of dealing with the crisis of male employment. The reality of a starving family spurs women towards fulfilling their responsibilities of womanhood by whatever means necessary, even though it is perceived as a source of distress.

In the face of such a crisis, women are forced into work in marginal sectors accepting underpaid jobs. Many women are employed in various forms of domestic labour; others have resorted to begging, whilst many women are driven to exchange sex for money, food and other basic resources in order to support their families. Being forced into transactional sex by economic insecurity increases women's vulnerability to HIV/AIDS infection. The rapid spread of HIV/AIDS infection throughout rural communities across KZN was framed a serious cause of distress amongst the participants of this study. The rapid spread of HIV/AIDS infection intersects with the aftermath of violence and abject poverty to intensify and perpetuate suffering and the experience of distress. This continues to rupture families leaving child-headed households and orphans without any means of support.

Many young girls from rural communities are left with the responsibility of supporting their families. Desperation forces many young girls to resort to transactional sex with multiple partners in exchange for basic needs such as money, food and clothing. The young women of the study framed their accounts of transactional sex in terms of the "*sugar daddy*" phenomenon. For example, Bongi and Simon from the Youth Group respectively, describe this phenomenon.

Extract 21

Sometimes you will find that a woman or a girl is the only person left in the family. They were trying to keep themselves going...trying to find money. They end up being prostitutes and have unprotected sex".

Extract 22

"Most of them [schoolgirls] are involved with people who are rich. So they have their own ABSA Banks [a rich man]...one gives them a car [provides transport], money, and another one, clothes". So they convinced themselves that at the end of the day that they have all the money. So they [school girls] don't care what happens [teenage pregnancy & HIV/AIDS infection], as long as they have money."

Many young school going girls forced to accept the responsibility of the breadwinner sell sex as a commodity to obtain basic resources, including food and money, whilst others obtain luxury items, such as expensive clothing, transport and cell phones from multiple older partners. Young girls positioned in a state of desperation and powerlessness by economic vulnerability resort to multiple partners for survival, which makes them less able to insist on safe sex. In addition, the fear of interpersonal violence precludes many young women from insisting on safe sex. The inability to insist on safe sex practices is linked to the rapidly increasing vulnerability of HIV/AIDS infection and teenage pregnancies, which are rife in communities across rural KZN (Webb, 1997; Strebel & Lindegger, 1998; Watts & Garcia-Moreno, 2000; Laclerc-Madlala, 2003 & Walker, Reid & Cornell, 2004).

Sustained violence, oppression, and poverty across rural communities of KZN have produced distinct trajectories of distress for the male and female participants of this study. The female participants of the study framed distress-as-disease, which was directly linked to men in their communities. Distress-as-disease is attributed to men who are perceived as partly responsible for the political violence and poverty, which ruptured many communities in rural KZN. Women framed male emasculation and anguish as a form of disease that is subsequently contracted by women. For example, Mrs Nkosi from the Women's Group illustrates the discursive construction of distress-as-disease.

Extract 23

" There is suffering or being affected that you get from all over, but mostly suffering comes from men and women contract it, and then all people get it. I mean being affected by violence and other forms [suffering]. Its starts from men and then women come it [get affected]. Women come in [are affected] as men are involved in violence... and then it [suffering] gets into you [a woman]. It just happens and you can't stop it."

In extract 23, the respondent describes how distress is framed as disease that is transmitted from men onto women. Women's distress is positioned in relation to men, thus producing a distinct experience of distress amongst women as compared to men. Women are positioned in a state of powerless, as they unable to protect themselves from contracting this form of distress. This perpetuates a vicious cycle of distress that is amplified in a context of inter-dependence within an African worldview (Mkhize, 2004).

Distress-as-disease manifested into women's lives via domestic violence. Many female participants of this study were in fact survivors of domestic violence, which they have grown accustomed to expect as part of their daily realities. Violence was adopted and made hegemonic by the apartheid government as a means of maintaining power, whilst resistance movements simultaneously legitimised violence as a method of achieving change and resolving conflict. The use of violence inevitably spilled into the various facets of people's lives as a justifiable and normative means of resolving disputes. Violence has acquired normative as opposed to deviant status in the private realm of the home (Simpson, G., 1993).

The female participants of this study cited this gendered dichotomy by linking male involvement in political violence to domestic violence in the home. This legacy of violence intersects with male unemployment and narcotic abuse, to produce heightened states of emasculation, frustration and vulnerability amongst men. For example, Mrs Mkhize and Mrs Ndaba from the Women's Group and Khanyi from the Community Health Workers Group respectively, describe their understanding of domestic violence.

Extract 24

"If I have been affected because my husband's behaviour affects me and he comes home drunk and swears at me and does other things. This is a visible form of abuse. It is a form of suffering that can be explained because we know where it comes from -all the political violence and the unemployment.... This is just the way it is. It does not come out of the blue like other kinds of suffering [referring to bad luck]."

Extract 25

" It [not fulfilling their role as the breadwinner] affects them [men] so much that they become alcoholics and resort to drugs"

Extract 26

" He will go out and come back drunk like nothing. This also affects you because he will come back with a bad attitude.... Sometimes he will come back, swear at you, and beat you up"

The extracts above serve as an illustration of the links between political violence, unemployment and domestic violence, which was framed as a source of distress amongst the female participants of this study. In extract 24 for example, the respondent defines domestic violence as a visible form of abuse that occurs between men and women. These extracts illustrate how domestic violence in the secluded realm of the home is framed as a legitimate and normative form of behaviour, which the participants themselves have grown accustomed to experiencing. The respondent in extract 24 for example, directly contrasts domestic violence to bad luck. Bad luck or, for example acts of witchcraft appears unexpectedly, therefore suggesting that acts of domestic violence appear predictably as a common occurrence in the home.

Sustained domestic abuse embedded in a matrix of poverty and inequality has rendered women relatively powerless. This position of powerlessness precludes women from responding to their abuse, thereby resulting in the adoption of a hegemonic gender identity shaped via cultural and structural discourses. This growing sense of acceptance and understanding around domestic abuse does not

diminish the fact that domestic violence is a cause of significant of distress for women. Rather this sense of acceptance actually underscores the impact of this kind of distress, which is characterised by a loss of autonomy and feelings of hopelessness. These symptoms are characteristic of the symptom picture of complex PTSD often exhibited by survivors of prolonged repeated trauma, which includes situations of domestic captivity and abuse (Herman, 1999; 2001).

The private realm of the home away from public scrutiny is therefore experienced as an illusory duality: as both a place of safety and a prison in which the powerful barriers of escape are invisible (Herman, 1999; 2001; Simpson, G., 1993). The "*double jeopardy*" of gender and ethnic status suffused with economic, social, psychological, cultural, and religious subordination, contributes to render women captive in these relationships of prolonged repeated trauma. Goldblatt & Meintjies (1997) point out that these variables of captivity are particularly salient within the South African context, as they directly relate to the status of women in South African society. Women's secondary status merges with cultural and religious stereotypes of male entitlement and female obedience, poverty, and violence to prevent women from leaving their oppressive situations. It shapes the belief that women's daily experiences of distress are ultimately their fate in life (Root, 1996; Goldblatt & Meintjies, 1997; Boonzaier, 2003).

4.2.6 WOMEN'S EMPOWERMENT

The women of the study framed their experiences of distress as powerlessness. However, a strong contradictory discursive construction of empowerment emerged amongst the participants' talk, thereby offering a space for resistance by constructing an alternative subject position. The very nature of subjectivity in this process is that it is multiple, fluid and contradictory, as language provides a range of subject positions or ways of interpreting the world (Weedon, 1987; Mama, 1995; Boonzaier, 2003).

Female participants of this study framed distress-as-powerlessness, whilst simultaneously framing their accounts of distress from an alternative position of empowerment. For Townsend et al. (1999) rural women across the world crippled by insidious trauma, can eventually come to experience what they have termed "*power*

from within". This is a "recognition that one is not helpless and not the source of one's own problems" (30). Rather power from within operates on the principles of self-acceptance, responsibility and internal strength that propel women out of the crippling aftermath of poverty, violence and oppression.

Living in sustained powerlessness, anguish and fear spurred the female participants towards the conscious realisation that they were not going to be rescued from their suffering, and that they themselves had to find their own solutions out of their distressing circumstances. This was grounded in the collective belief that the women themselves were the backbone of their families, who deserve a better life and a brighter future. This collective belief forms what *Townsend et al.* (1999) refer to as "*power with*". "Power with" is defined as the ability to accomplish with the assistance of others what could not be accomplished alone. It is described as a fundamental awareness that the "sense of the whole being is greater than the sum of individuals especially when a group tackles a problem together" (Townsend et al., 1999: 32). Achieving this state of group agency depends primarily on people's ability to associate with each other. For Mhloyi (1999, as cited in Esu-Williams, 2000) the greatest strength of African women lies in their ability to work, teach, support and share their experiences with each other in the face of HIV/AIDS and poverty.

This spirit of unity was reflected amongst the female participants of this study who came together to form what they have termed the "*Madundube Women's Club*" (named after the area that they reside in). The triple vectors of distress, namely, violence, poverty and oppression have drawn these women together to form a variety of small business ventures. The basic profits generated from projects such as poultry and vegetable farming were used to support themselves and their families. For example, Mrs Dlamini from the Women's Group describes this group venture.

Extract 27

" You are trying not be a nuisance to other people by asking them for food. You try very hard to take care of yourself. Then you lose that part-time job. That is why we decided to gather as women to try to find ways of keeping ourselves going. We are trying to help each other to move on with our lives as we are battling in our homes".

In extract 27 the respondent describes how they have decided to come together as a group of women to generate ways of financially supporting their family. Distress is framed as a form of empowerment, which positions the participants with a sense of collective agency and strength. The state of powerlessness created by sustained distress has prompted these participants to take responsibility for their own lives, as a viable alternative to simply accepting their future as fatalistic and hopeless. This position of group agency encouraged women to continue pursuing their endeavours that filled them with a sense of pride and purpose in their lives.

Apart from developing basic survival strategies, the women used their discussions as a safe space to share their distressing experiences, and support each other through their difficulties. For example, Mrs Dlamini from the Women's Group describes these interactions.

Extract 28

" We hope that this will motivate us to be able to start something. If you look at these days, you can see that we are faced with difficult times. Therefore, we gather, talk about our suffering and come up with ideas that help us to move on with our lives. Having problems makes you think about ways of making a living".

Extract 28 illustrates how the respondents use their discussions as a safe space to share their distressing experiences and as a means for designing viable alternatives for the future. For many of these women the process of sharing their distressing experiences with others marks the first time that they have verbalised their experiences. These women acknowledge and validate each other's experiences, they support each other through the process and they work together through the deep bonds of womanhood and survival cultivated through the process, to move on with their lives.

Herman (2001) refers to this group connection between survivors of trauma or distress as "commonality", in which the group collectively provides a sense of belonging, restores lost humanity, bears witness and honours the survivor. Through this process,

the survivor makes a giant leap towards establishing a vital connection with other people and begins to reclaim the parts of themselves lost during the suffering. These informal spaces for healing shares many similarities with the many community women's groups that emerged in the aftermath of the ethnic cleansing in Kenya. Known as "*merry go round[s]*", these groups provided women with an informal space to heal the wounds of trauma and empowered women to work together to rebuild their lives (Dewhurst, 1998: 6).

4.2.7 YOUTH POWERLESSNESS

The youth participants of this study ranging from sixteen to thirty years of age, framed experiences of distress as powerlessness. These experiences were attributed to political violence. These participants, like many other Black South African youth, were continuously exposed to gruesome acts of violence. Rural communities across KZN were located at the crux of this violence, inflicted by South Africa's legacy of apartheid operating in symbiosis with politically affiliated intra-community violence. Even though the violence in rural KZN has ceased, strong political affiliations still polarised the community. Some of the youth participants of this study, for example, were initially opposed to meeting with other youth participants who belonged to different political alliances.

Stevens & Lockhat (2003) point out that traditional definitions of violence cannot fully encompass the sweeping psychological consequences of apartheid on Black South African youth. Traditional definitions of violence underscore explicit physical abuse or actions, thus failing to take into account the ostensible non-violent actions that may have resulted in violent consequences. Stevens and Lockhat (2003) adopt Bulhan's (1985) definition of violence, which is defined as "any relation, process or condition by which an individual or group violates the physical, social and/or psychological integrity of another person or group" (137). This definition incorporates all forms of explicit and clandestine acts. These acts may have had direct or indirect violent outcomes in attempting to conceptualise oppressive regimes, and the subsequent affect its people.

This definition of violence in the South African context translated in forced removals, poverty, poor access to health care, lack of housing and infrastructure. These acts in conjunction with distinct and disparate education systems can be classified as violence, along with political acts such as murder and torture. Many Black South African youth were killed, arrested, detained under house arrest, tortured, displaced and/or exiled during the state repression and intra-community violence. Many other youth were witnesses to atrocious violence, including murder, torture and abuse of loved ones and members in their community (Simpson, M.A., 1993; Stevens & Lockhat, 2003).

Distress-as powerlessness amongst the youth participants of this study was framed in relation to the structural and politically motivated violence that swept across rural KZN. This rendered youth politically voiceless, frustrated, uneducated and generally disempowered. Many of the youth participants directly experienced and witnessed violence and this constituted their only reality, which hampered their efforts to rebuild their shattered lives in the aftermath of such violence. For example, Lindiwe, Bongi and Cynthia from the Youth group respectively, describe the devastating aftermath of political violence.

Extract 29

" They (youth) are doing nothing. Most of them are sitting in joints [bars] from morning to sunset"...They don't know what to do or how to do it".

Extract 30

" This type of violence [political], I just feel has destroyed us and entire my area"...There is nothing that we can do with our lives now, after all this violence. We are just suffering".

Extract 31

" Violence has stopped all of them [youth] from fulfilling their dreams".

The extracts above illustrate how the respondents have framed distress as powerlessness. Within this construction, the participants are positioned without any sense of purpose or direction in their lives. Many are still struggling to come to terms

with the devastating aftermath of violence. They have a bleak outlook for their future believing that they are meant to suffer for the rest of their lives. The violence has destroyed their ambitions and sense of purpose in life positioning the participants in a state of relative helplessness. They are uncertain about how to move forward with their lives in the aftermath of such violence. The participants are also positioned in a state on inertia. Their lack of direction combined with relative uncertainty has meant that many of the youth in these communities are unemployed, and spend their time on trivial pursuits that maintain a cycle of distress.

The consequences of political violence are experienced via multiple interwoven trajectories of distress, which feed into each other perpetuating a vicious cycle of suffering. Inter-personal violence, alcohol and drug abuse, and sexual violence are some of the main difficulties facing the male and female youth participants of this study. These events in a context of interdependence within an African worldview have serious implications for entire communities (Ngubane, 1977; Mkhize, 2004).

The violence of the apartheid and post-apartheid era has left many youth in rural KZN uneducated, unemployed, frustrated and invisible, which further entrenches black youths menial status in society. Many youth are still struggling to come to terms with the violence rendering life meaningless. The primary escape, albeit on a temporary basis, from the unrelenting cloud of despair is to enter into a haze of alcohol and drug abuse. The effect of "numbing out" as described by Horowitz (1997), is a common means of attempting to forget and cope with psychological distress. As Herman (2001) noted, alcohol and drug abuse further complicates the difficulties for traumatized individuals who habitually develop a dependence on these substances. For example, Siphon and Gloria from the Youth Group respectively, describe these difficulties.

Extract 32

" The fact is that the youth have still not moved on from the past.... They just do not know how too. They still have the attitude that they have to do negative things to stop them from thinking about what happened in the past. They decide to let themselves go. Into liquor, hoping that drinking liquor will make them forget about their troubles".

Extract 33

" If there were something to keep the youth busy, maybe they would not be doing bad things. They would not let themselves into liquor. ...Since there is nothing to do, they let themselves into liquor".... They want to kill boredom and their sorrows by committing themselves into those things [Alcohol & drug abuse]. The reason why liquor is taken [consumed] more than food, is because liquor is easier to get than food...Alcohol is taken to move you away from your worries".

Both extracts illustrate how the participants are still struggling to come to terms with the past. They are positioned in a state of denial, as the participants have still not accepted and come to terms with the violence that ruptured their lives and communities. The youth are not able to cope with their past, thus being positioned in a state of uncertainty. The absence of positive intervention has driven the youth to engage in alcohol and drug abuse as a primary means of coping and "killing time" in a context of unemployment and abject poverty. The participants also noted that in the midst of abject poverty, alcohol and other narcotics were in fact easier to obtain than basic food. As such, alcohol and drugs were used to curb physical hunger and simultaneously used to fill the void of despair and distress.

Apart from fostering dependence, the high rate of alcohol and narcotic abuse in the community feeds directly into another trajectory of distress, which contains different positionings for male and female youth. Alcohol and drug abuse and the meanings permeated in these particular activities were framed as a direct cause of the high levels of rape in the community. For example, Bongi from the Youth Group describes this trajectory of distress.

Extract 34

" When they [youth] were still fighting, it was easy [to inflict harm onto others] since they carried guns. It was easy to get an AK47 [particular model of automatic rifle]. Since you have a gun, it was easy to get things, demanding people or pushing them around".

The respondent describes how male youths involved in violence, utilised their guns, political party affiliations and involvement in the struggle as a symbolic tool for displacing aggression and reasserting their sense of power, self-esteem and pride. This positioned the participants in a position of power and respect that was utilised to easily inflict harm onto other people through acts such as, rape and inter-personal violence.

Simpson (1998) states that since the violence has ended, uneducated and unemployed Black male youth living in abject poverty have relied on crime and violence as their primary means of entertainment and stimulation. It becomes a primary source for self worth, mutual respect and a sense of belonging. Chronic gender based violence directed at young women underscores this shift in violence. The heightened sense of frustration, impotence and oppression produced by the apartheid and post-apartheid conflict have merged with the challenges of unemployment. Unemployment often perceived as a personal failure serves to exacerbate feelings of inferiority and powerlessness. This often results in anger and frustration being channelled onto young women in the community who are positioned as the weaker and subservient sex.

For various writers such as Vogelmann & Lewis (1993) the act of rape and other forms of aggression towards women is a symbolic reassertion of masculinity, power and control. The youth participants of this study framed sexual activity as a sexual drive characterised by irrational uncontrollable sexual urges, similar to that identified by Hollway, (1989). This propels a man to seek out a sexual partner irrespective of whether the partner consents or not. For example, Tshepo, Bongile, Siphon and Gloria from the Youth Group respectively, describe acts of sexual violence.

Extract 35

" In the evening when they [young women] are coming from the joint [bar/informal gathering where alcohol is consumed] they [young men] grab them [young women] since they want to fulfil their desires. After doing that [carrying out acts of non-consensual sex] it is done and forgotten".

Extract 36

" Whenever the males look at the woman, they think that she is the dustbin to fulfil their desires. They don't care if she enjoys it or not, as long as they fulfil their desires".

Extract 37

" I somehow feel that the man starts this and just ends up failing to control it [sexual desire]. It ends up becoming a bad habit".

Extract 38

" They rape women even when they are crying for help".

The extracts above illustrate this purely reductionistic approach to male sexuality as uncontrollable, which legitimises male sexual conduct and provides a defence for acts of rape and infidelity. It legitimises the act of rape by reducing the act to an inherent drive, making violence and multiple partner relationships hegemonic and a necessary requirement of fulfilling one's desires (Hollway, 1989; Burr, 1995).

Walker, Reid and Cornell's (2004) study of sexual activity and HIV/AIDS underscores the impact of sexual activity as a sexual drive. For Walker et al. (2004) this framing imbues many young people into believing that "a man has a right or a duty to force himself on a woman who displays reluctance or shyness" (32). Secondly, it implies that since this inherent drive is of an irrational nature, men are positioned as being unable to control their rational decision making faculties, thereby precluding them from taking any kind of responsibility for their actions. This in turn rules out any possibility for safe sex practices having direct implications for the spread of HIV/AIDS, which was perceived as a trajectory of distress.

The construction of sexual activity- as a- sexual drive implicitly positions women as an object of male sexuality who triggers the impetuous male sexual drive. For example, Tshepo, Siphon and Gloria from the Youth Group respectively, try to explain why young women are raped in their community.

Extract 39

" They are soft targets... its not that other woman are not raped. But it is alcoholic woman who are mostly targeted".

Extract 40

" Another thing is that women are careless with themselves, an example is a woman who drinks liquor like food and starts looking for men. These women drink, and the drink (alcohol) in their blood drives them for sex. That type of woman makes every attempt to tempt men until they get them".

Extract 41

" Some would say that the girl wanted it. I mean why else did she wear a short skirt".

The above extracts illustrate how women are positioned as objects of sexual desire. These women have failed to observe conventional restrictions by proceeding to lure a man by her sexual attractiveness, clothing and actions. Many of the male participants perceived that women who consume large amounts of alcohol become "careless" and "tempting", thus enticing men into having sexual relations with them. The implications for a woman being positioned as "trapping men", implies a conscious awareness on her part to dress and act in a way that invites sexual advances from men.

The community in many cases, tends to rally around the rape survivor. However, in some circumstances the young women in the community are held completely responsible if they are forced into sexual relations with a man (Brown, 1992; Root, 1992; & Burr, 1995).

Herman (2001) underscored the importance of social support for survivors of sexual violence. The socially and culturally constructed meanings of those that form part of the survivor's social world, play a fundamental role in either encumbering or facilitating the healing process. The support, understanding and non-judgement of loved ones and those that form part of the survivor's immediate network are essential to the survivor. It helps to rebuild the survivor's shattered sense of self, restore trust

and re-establish basic connections with other people and the world at large (Mcfarlane & van der Kolk, 1996, Herman, 2001).

In many circumstances, the rape survivor is often faced with the jarring realisation that her experience of the event contradicts the social and cultural reality of her community. In some cases, others frame the rape survivor as entirely responsible for her victimisation. The sense of dishonour and the lack of understanding afforded to the rape survivor often results in re-traumatisation, as issues of blame and responsibility take centre stage (Mcfarlane & van der Kolk, 1996).

This becomes amplified within the context of the African worldview in which personhood and a sense of self is constructed via relationships with others, and by abiding by the standards and beliefs of the community. Therefore, if the community perceives that the rape survivor has having breached the rules and beliefs of the community and she is blamed for her actions, the victim is denied personhood and is not considered as a fully functioning member of the community. This loss of status caused by the disconnection with others can further exacerbate the crisis of the self that occurs in the aftermath of sexual violence. The disconnection and loss of status can also be perceived as a greater form of trauma and suffering than the actual act of rape itself (Ngubane, 1977; Mcfarlane & van der Kolk, 1996, Herman, 2001). For example, Siphon from the Youth Group describes how the threat of rape has encumbered the lives of young women in the community.

Extract 42

" You find that they [young women] drink too much and end up hanging out till it is late in the joint [bar]. Then they end up walking [home] late at night. On her way to her home, she comes across us [young men]. It is we, the youth [young men] that are doing all of this, by going after the woman. The woman is raped...and we do not know what is going to happen because most of the women are now scared. They are even scared to go out since they know they are going to get raped".

For feminist author Susan Brownmiller (1975, as cited in Herman, 2001) the act of rape itself has served a critical function. In addition to maintaining male power, rape is framed a weapon of conscious intimidation that keeps women in a state of fear.

This is evident in the extract above, which illustrates how rape and other forms of sexual violence has increased in frequency to such an extent that it has morphed into an insidious form of trauma. Many young women in the community live in fear of leaving their homes and avoid situations in the community that are perceived to be high risk (Simpson, G., 1993; Brown, 1995; Root, 1996; Herman, 2001).

4.3. AN AFRICAN WORLDVIEW

The discussion thus far has comprehensively analysed the series of stressors that cause overwhelming distress amongst members of the Zulu cultural group residing in communities across rural KZN. Many of the participants did fit the PTSD profile of trauma by experiencing traumatic events that involves "actual or threatened death or injury to themselves or others, and where they felt fear, helplessness or horror" (Hamber & Lewis, 1997:6). Many stressors were cited, such as histories of political violence, chronic domestic violence, criminal acts of violence, the sudden deaths of loved ones, HIV/AIDS infection, substance and narcotic abuse, suicide and forms of structural violence, such as extreme poverty. Whilst some of these stressors are consistent with the PTSD profile of trauma, they fundamentally diverge in terms of duration. These series of stressors are experienced as persistent, accumulative, interconnected and ongoing for the participants of this study. However, the constitution of PTSD is limited to isolated, once-off incidents located in the past (Straker, 1987, Swartz, 1998; Herman, 2001).

The PTSD model derived in the Western world reduces experiences of distress as trauma that is a relatively static circumscribable entity conveying emotional and psychological disruption, which can be located and addressed in the psyche of the individual (Summerfield, 1995). However, Kirmayer (1996) pointed out that all societies differ in how they produce explanations of health and illness. For Mkhize (2004) indigenous systems of meaning play a critical role in guiding the process of explanation and treatment. Hence, the participants of this study representing the rural Zulu cultural group interpreted their narratives of distressing events, such as political violence, poverty and gender-based violence in accordance with an African worldview explanatory system. Distressing events and the trajectories of distress that

they follow, are conceptualised in terms of the breakdown in inter-personal relationships with kin, community and ancestors.

This African worldview explanatory system constructs people as believers or non-believers, thereby positioning the participants in contrasting subject positions. Each subject position has serious implications for the existence of both the individual's kin and community. The position of a believer implies that the person has accepted an African worldview and the hierarchy of beings as truth. This belief establishes the performance of certain rituals and practices as condition of that acceptance. These practices are directed at God and the ancestors, as a form of reverence and respect (Ngubane, 1977). Thus individual responsibility falls onto the believer, who is positioned in terms of the performance of these rituals and practices. These rituals have to be exercised in accordance with an African worldview, which implies the existence of a happy and prosperous life for the believer and his family.

4.3.1 THE CONSTRUCTION OF THE NON-BELIEVER

The construction of the non-believer on the contrary, defines people who do not believe in an African worldview and do not perform the required rituals and practices. It also includes people who have lapsed in their beliefs and the practice of rituals. This waning of belief was attributed to a variety of factors, such as moving from a rural area to an urban area. The ancestors play a crucial role in an African worldview based on interdependence and mutual influence. The ancestors intercede and negotiate on behalf of their descendants living on earth to God for the well-being and protection of the family in the community. Maintaining these relationships are vital for people and the community, thus a rupture in the links with one's ancestors is perceived as undesirable. (Mkhize, 2004).

A lapse in belief, such as ignoring the ancestors and not fulfilling traditional responsibilities associated with them, are common occurrences when people move from their rural communities to urban areas. People who move to urban areas readily adopt Western culture and practices, which diminishes their interest in their own traditions and practices. Not devoting time to the performance of traditional rituals and practices dedicated to the ancestors in a fast paced metropolitan lifestyle, can lead

to a string of strange and distressing incidents interpreted as distress. For example, Lindani from the Feedback Session describes the importance of the ancestors within an African worldview.

Extract 43

"If you move to a big city like Durban from your community and you do not believe anymore, then you have to make sure that you find out what they [ancestors] want. If you do not, harm can come into your life or your family. You need to go to the Sangoma [healer] and find out what you need to do. Sometimes it happens that the ancestors are angry and you start having bad luck, you suffer, lose your job, and have many accidents. To heal that situation you need to slaughter cows and other things".

The respondent's sentiments above capture the importance of belief and the necessary traditional practises that form part of this worldview. The extract illustrates how the non-believer incites the anger of the ancestors, for not performing traditional rituals and practices. The withdrawal of protection by the ancestors positions the non-believer as at risk to various kinds of distress. Distress can exist in a variety of forms, which include bad luck or misfortune such as losing a job, illness, family disintegration and in severe cases, can result in death. This form of distress disrupts the life of the non-believer and the functioning of his/her entire family. The non-believer however, does have agency and can easily remedy the situation. As the respondent states, this can be achieved by seeking the assistance of a traditional healer who can end the non-believer's distress by guiding the non-believer through a series of rituals to appease the ancestors.

The discursive meanings of an African worldview facilitate the way distress is defined, experienced and dealt with. Distress is constructed as a disruption in the normal course of existence caused by a rupture in the realms within an African cosmology. This rupture can occur through the angering of the ancestors by not performing rituals as a form of reverence or not abiding by the ancestors moral standards. This disruption in an African worldview influences a person's sense of belonging and sense of personhood, which is defined by one's links to people both living and dead (Ngubane, 1977). If a person's links with their ancestors are strained,

they are understood to be vulnerable to a variety of distressing experiences and events.

4.3.2 DISCONNECTION

The participants constructed their experiences of distress as disconnection. Distress-as-disconnection is linked to the importance of maintaining strong relationships with people in a person's family and their community at large. This constitutes the third level of the hierarchy within an African worldview, based on the principle that people do not exist in isolation but are fundamentally interdependent on others. Thus, achieving personhood and finding meaning in life can only be attained through a person's connection with other people (Mkize, 2004).

For Markus & Kitayama (1991) the inter-dependent view of the self embodied by an African worldview, "not only influence, but in many cases determine the very nature of experience, including cognition, emotion and motivation" (224). The philosophy of the inter-dependent view of the self, is captured by the local idiom, "Umuntu ungumuntu ngabantu", which translates as "I am because we are: and since we are therefore I am" (Mbiti, 1969, in Bell, 2002:60). Thus, a person's sense of personhood or meaning in the world, is constructed as "part of a thoroughly fused collective 'we'" (Menkiti, 1971, in Bell, 2002:61).

Distress-as-disconnection constructs distress as a direct result of the breakdown between people in the community. This breakdown and the distress it causes, ruptures the entire social fabric and not just the life of the individual (Summerfield, 1995; Hamber & Lewis, 1997). Within this construction, people are positioned as disrupted or separated, as they lack personhood and meaning in their life. The distress that people experience is linked to their disconnection from other people. This positioning plays out between people through acts of conflict. Acts of witchcraft for example, are often motivated by jealousy or hatred, which are common causes of disconnection and disharmony in people's relationships. Witchcraft is attributed to a human agent who could be any person in the individual's community including relatives and neighbours. For example, Mrs Dlamini a participant from the Women's Group narrates her personal experience of witchcraft.

Extract 44

"People came to steal and left clay pots with muthi [supernatural/evil material] in my sugar cane field...If you notice anything that is not supposed to be in your yard, things that are mutilated, then you start to ask yourself questions. Why are these things left in my yard, why me and why does that person hate me so much. This is where witchcraft comes in, and when it happens, it means that you are being bewitched. This means that it comes from someone that hates you so much, that they decide to do harm to you. This upsets me so much".

In the extract above, the act of witchcraft is interpreted as a supernatural act intended to cause harm to another person. This construction positions the participant as an object of witchcraft, as the participant may guard against it through prayer and maintaining strong relationships. However, they cannot fully control whether they are able to protect themselves from the distress that witchcraft causes. On the contrary, the person who decides to bewitch the participant in the extract above is positioned as the subject of this construction. They are fully intending to inflict harm onto another person. They have control over the situation and can choose not to inflict harm onto others.

For Ngubane (1977) certain kinds of illness (defined as the patients subjective interpretation of their health problems), which cannot be linked to biological factors, are usually a result of manipulation by people. In the case of witchcraft for example, people manipulate healing elements in the environment to intentionally cause harm to other people. This causes disconnection in relationships that acts as a catalyst for a range of distressing events and processes in people's lives. Distress caused by witchcraft is interpreted through an African worldview. This explanatory system of meaning grounds the act of witchcraft in the realm of social and cultural reality. It positions acts of disconnection and conflict that causes distress, as occurring between people. This for Kenny (1996) is in sharp contrast to the DSM nomenclature that labels the symptomatic profile of witchcraft as an individually based psychiatric disorder.

The participants of this study all lived in a context of sustained violence and abject poverty. Living in dire social conditions often meant that people violated community rules and crossed the line in socially defined relationships. Whether this occurs through witchcraft motivated by jealousy or through acts of conflict between parents and children, the disconnection that results and the distress that it causes, leads to a crisis of people's inter-dependent view of the self. Personhood and self-definition is put into jeopardy because it is constructed through relationships with other people. For example, Lindiwe and Gloria, two female participants from the youth group respectively, describe how disconnection leads to the experience of distressing events.

Extract 45

" Now there is violence taking place in our homes, which is known as domestic violence. It takes place between parents and the children. This is a big problem".

Extract 46

" Mothers are now scared of their sons. Grannies are afraid of their grandsons. They demand pension money, and they will be hurt if they do not give it [money] away".

In Extract 45, the respondent indicates the assimilation of the Western discourse of domestic violence. The Western discourse of domestic violence is traditionally constructed between intimate partners or spouses in a relationship. However, the participant in the above extract draws on the term domestic violence to describe the kind of violence that occurs between parents and their children in the domestic sphere. In this form of violence, the parents are not the perpetrators. In Extract 46, children are perpetrators of acts verbal and physical violence against their parents and other members of their family. This construction inverts and subverts the traditionally defined relationships between parents and children. In this construction, children are positioned as dominant and superior to their parents, who are positioned as passive and afraid of their own children. These positionings challenge the hierarchy of beings within an African worldview, in which respect of elders is of utmost importance and value (Mkize, 2004). In this construction, children have lost respect for their elders,

thereby causing a disconnection in inter-personal relationships. This disconnection is a cause of distress and concern for the entire community.

4.3.3 FAILURE

The participants of the study across all the focus groups described the failure to fulfil one's roles and social obligations as a cause of distress. This is linked to the notions of interconnectedness and inter-dependence, in an African worldview. Within an African cosmology God, the ancestors, the newly passed away, the living and children yet to be born are all bound together by a common life force or spiritual energy (Azibo, 1996). This life force creates an interdependent view of the self. For Billington, Hockey & Strawbridge (1998) people are born into a society that predates us, and casts us into predetermined roles and positions. Thereby in a context of inter-dependence, people are defined by their relationships to others and by the roles and obligations that they fulfil. These roles and responsibilities include being a good spouse and parent, maintaining a good job, completing your education, living in a nice house, having children, being financially stable and earning the respect of your elders and peers.

Within this framework, people who have failed to fulfil their socially and culturally defined roles and obligations are positioned as socially stigmatised, alienated and inferior. They live in a state of anxiety about fulfilling their responsibilities and meeting their goals, whilst constantly comparing themselves and their achievements to others. Their mood oscillates between states of anger directed at themselves and the success of other people and a state of hopelessness at having failed and not knowing how to rectify the situation. For example, Khanyi from the Community Health Workers group describes her personal experience of failure.

Extract 47

" Maybe the one behind me [referring to someone] is being so successful and doing better than me. His success pushes me back. This thing [seeing others succeed and personal failure] tires my brain that I planned to be something in life. I ended up not even being able to finish school, I could not even get a job, and I cannot even raise the children that I got before I

got married. So this stress keeps piling up... and then I am a failure. I see myself as a failure in life and I tell myself that I have failed. By telling myself that I have failedit is now better for me to kill myself. Maybe if I kill myself it will be better to leave the life that I am living. I am living a life that I never thought that I would live. I could not achieve what I planned to achieve. So I am at the bottom of my life and I see that it is better to kill myself to take my life, or else I just become nothing in life, and have hatred for those [other people] that I see succeeding"

In extract 47, the constant pressure to achieve goals combined with the success of others, distresses the respondent to such an extent that she begins to perceive herself as a failure. To some extent, the respondent above has positioned herself as a victim of the success of other people whom she perceives as holding her back, thereby exacerbating her feelings of hopelessness and inferiority. The price of failure is so high that the respondent is not presented with any positive options to remedy the situation. The respondent directs her feelings of shame, anger and hopelessness onto herself. The only way to remedy the situation and end her feelings of failure, is to commit suicide. She indicates that suicide appears to be a much better option than living her life as a person who has not achieved anything.

In a context of inter-dependence, fulfilling one's roles and duties to other people is imperative. Failure to achieve this causes a disruption in the life of the individual and within the entire community. Thus, failure although experienced as an individual crisis, is more importantly experienced in relation to having failed other people.

For example, Simon from the Community Health Workers group talks about the social expectations placed onto women to succeed in marriage.

Extract 48

" If a woman in the family gets married and then the marriage fails for certain reasons - maybe because the husband is beating the wife up, and she has to come home and come back to the neighbourhood. You will find that they [other people] will be calling her names and start taunting her - that you can't make it, you couldn't hold onto the marriage and that you couldn't be patient enough that is why you have failed in your marriage"

In extract 48, the respondent relates the story of a woman who has failed in her marriage. The social expectations placed upon a woman to succeed in marriage are so high that if her marriage fails for whatever reason, she is positioned as a failure. She is perceived as a failure in the entire community and is stigmatised as a result. Thus, failure in a context of inter-dependence is perceived as a sense of communal failure. This incorporates the immediate and extended community including the spiritual realm of God and the ancestors. Failure constructed as communal in nature causes a deep rift within the entire communal existence. Individuals do not possess any kind of intrinsic value within this discursive construction. Rather an African worldview shapes people in relation to their connection with others and their roles and responsibilities. These conditions have to be met in order for the individual to gain their own sense of worth in the world. More importantly, these obligations have to be met in order for the individual to be perceived as a person of worth and value in the eyes of others (Ngubane, 1977; Azibo, 1996 & Mkize, 2004).

The most interesting feature of the discursive construction of failure is in the way that it positioned men and women. In the discussion that follows, the distinctive gendered subject positions constructed by the construction of failure will be illustrated.

4.3.3.1 FAILURE - MEN

Failure to fulfil one's roles and social obligations was framed as a cause of distress amongst the male participants. The construction of failure as distress embedded in a network of masculine and patriarchal ideologies were framed within an African worldview.

The construction of value and a sense of worth for a man belonging to this cultural group in rural KZN are specifically determined by the fulfilment of socially and culturally defined roles and obligations. According to Silberschmidt, (1999) the traditional African male is "stereotyped as the head of the family - not just a figurehead" (52). The head of the family occupies a position of prominence and prestige. He is required to fulfil certain culturally and socially defined roles and obligations. The head of the family occupies the role of the family's protector; he

becomes the family's financial provider, he plays the role of the counsellor and is the family's decision-maker. A man that fulfils these functions is deemed a honourable man who has acquired social value and respect (Horowitz, 1993). For example, Simon from the Community Health Workers Group and Lindani from the Feedback session respectively, capture the importance of the male role and required responsibilities within this group.

Extract 49

"As a black nation we believe that a man is the head of the household...at the end of the day households are called by the name of the man"

Extract 50

"Males are the breadwinners. They have to go out and get a job and they have responsibilities in the form of shelter, food and other needs for the family...In African culture, men want to be respected as the heads of the family".

In the excerpts above, both respondents draw strongly on a hegemonic masculinity as a means of defining and describing the male role. This hegemonic masculinity fuses with African cultural meaning that is patriarchal in nature. In extract 49 for example, Simon states that within African culture the home can be defined as patriarchal, as households are defined in the name of the man. Men are constructed as the leader of the family, they are positioned as powerful, valued and worthy of respect. In extract 50 Lindani, a male respondent, describes the requirements of the male role. He draws on the traditional division of labour by describing a man's role in the public sphere and the responsibilities that he has to fulfil. Within the framework of an African worldview, achieving the respect of other people is fundamental to the principle of communal life and personhood. Personhood and a sense of worth within this context can only be achieved through communion and by gaining the respect of other people in a person's family and community (Ngubane, 1977; Mkize, 2004). Thus fulfilment of the role as the breadwinner is tantamount to respect and positive self worth within this worldview.

The participants of this study faced insurmountable challenges in their lives. The discriminatory policies of the apartheid regime and the continuous violence and uprisings in their communities resulted in a sporadic and incomplete school education for many of the male participants. This coalesced with little or no vocational skills in a context of high levels of unemployment, has meant that men are unable to fulfil their traditionally defined role as the breadwinner. Failure in a social and cultural reality that emphasises male power and status, has serious implications for the individual. Since the construction of masculine identity within this cultural group is contingent upon prescribed responsibilities; failure to meet these requirements is experienced as a profound loss of value and worth associated with being a man. For example Mr Ndlovu, a respondent from the Male Leaders Group describes the male role.

Extract 51

" According to our Zulu customs, we term failure as the husband who did not take proper care of his family and his wife. This is how we put it..I mean he does not take care of his wife and his home...we call it a man who has failed to have care of his home. He has no respect in our eyes now. Nobody will respect him"

For the male participants of this study the experience failure was interpreted as the inability to perform the traditionally defined role of the breadwinner who is responsible for taking care of his family and their needs. Thus, men are positioned as worthless as a hegemonic masculinity is culturally stereotyped as strong, bold, powerful, and central to the fulfilment of one's responsibilities. In the context of inter-dependence within an African worldview, men are constructed as failures and are positioned as unworthy in the eyes of his family, community and peers. In extract 51 for example, the respondent elaborates on how failure is tantamount to a loss of respect, particularly by other men in the community. For Willott and Griffin, (1997) hegemonic masculinity constructs men in competition with each other in the race for success. The pressure to succeed over one's male peers in a context of inter-dependence is so high that failure to do so is perceived as a form of incompetence at being a man, thereby losing the respect of one's male colleagues.

Women are also implicated in the construction of failure as a form of distress amongst men. Women's rising economic power has become a matter of contention for men within this cultural group who subscribe to a hegemonic masculinity, and cultural ideologies that emphasise male superiority over women. Women's rising economic power poses a serious threat to a masculine identity and social status.

For example, Bheki, a male respondent from the Feedback group explains how a woman's new role as the breadwinner affects a man.

Extract 52

" In African culture men have to be respected as the heads of their families, but these days it's so normal to find women as the breadwinners, and that disrespects the man in the house. It affects him very much and he suffers more because a woman is doing his job".

In extract 52, the respondent draws on an African worldview to explicate how the breadwinner is constructed as worthy of respect for the fulfilment of his responsibilities. However, women who have adopted the role of the breadwinner appear as a serious threat to men and the performance of this traditionally defined male role. The advancing threat of women disrupts the division of labour. This traditionally confines women to the private sphere (home), whilst men operate in the public realm. In the context of women's rising power however, women are moving out of the private sphere into the public domain and into the world of work traditionally occupied by men. Although the respondent indicates the normalising state of women's new role as the breadwinner, the impact of this behaviour has serious implications for men who feel disrespected. In the above extract, women are constructed negatively, whilst men appear to be constructed rather favourably. Women are represented as stealing the role of the breadwinner from the man, who reacts negatively to her actions. A woman now occupies the role of the breadwinner representing status, power and worth in the family. Thus, women have advanced from a position of sub-ordination to an equal footing, or to some extent a position of power over men. This disruption of hegemonic masculinity positions men as the victims of women's success, because it appears normal to find women fulfilling the male role of the breadwinner, whilst men are unemployed and experiencing a significant amount of distress as a result.

Men in the community pay a high price for having failed to fulfil their roles and responsibilities in their families. In a context of inter-dependence, failure is distressing for the person, his family and his entire community. The primary means of escape from the feelings of despair, anger and humiliation caused by the construction of failure, is to enter the intoxicating world of alcohol and drug abuse. The incidence of narcotic abuse amongst men in the community has further become a catalyst for domestic abuse. For example, Mrs Ndaba from the Women's group, Khanyi from the Community Health Workers group and Lindani from the Feedback session, respectively describe this phenomenon.

Extract 53

"For males, the first thing that affects them is being unemployed, which means that he cannot perform his duty as the head of the household. Secondly it affects them so much that they become alcoholics and resort to drugs"

Extract 54

" He will go out and come back drunk like nothing. This also affects you because he will come back with a bad attitude.... Sometimes he will come back and swear at you and beat you up and you don't know why"

Extract 55

" They [men] opt for killing themselves if they cannot provide for their families. In some instances, the person kills his entire family and himself.... Men who are not respected in the home and the community will kill themselves".

Extracts 53 and 54 above illustrate the limited options available to men who are positioned as unworthy of respect from others. Men drown their shame, anger and humiliation through alcohol and drug abuse, whilst others opt for suicide as a decisive way of ending their distress. In Extract 55, Lindani describes how a man would rather choose to kill both himself and his family, if he does not fulfil his role as the breadwinner. Suicide is preferred over being disrespected and ostracised in one's

family and community. In a context of inter-dependence, a person's family is perceived as an extension of oneself, which is vital in the creation of meaning in life. Thus, men in this predicament choose to kill both themselves and their families as the only way to end their shame, anger and sense of worthlessness (Ngubane, 1977).

4.3.3.2 FAILURE - WOMEN

The failure to fulfil one's roles and social obligations was framed as a cause of distress amongst the female participants. The construction of failure as distress amongst the female participants is embedded in a network of feminine ideologies framed within an African worldview. The construction of value and a sense of worth for women belonging to this cultural group residing in rural KZN are specifically determined by the fulfilment of socially and culturally defined roles and obligations. Within this context, the role of a woman is constructed in relation to particular discourses of femininity that link particular qualities with being female (Burns, 2004).

The hegemonic construction of femininity circulating within this cultural group is characterised by the fulfilment of particular socially and culturally defined roles. For Small and Kompe (1992) womanhood in this context is characterised by committing to marriage, the ability to conceive, and maintaining a successful marriage and home, which includes exhibiting deference to one's spouse and successfully practising one's child-rearing skills. The fulfilment of these conditions contributes to a woman's experience of womanhood, in which she is allocated status and respect within the family. The respect and status constructed by womanhood in the context of inter-dependence within an African worldview extends far beyond the family to incorporate the entire community and the extended realm of the ancestors.

Failure amongst the female participants was interpreted as the inability to fulfil the traditional requirements of womanhood. This includes the fulfilment of marriage obligations, procreating, and fulfilling one's responsibilities in the domestic sphere. Women who do not meet these requirements are positioned as worthless and are denied the experience of womanhood, as they are considered to be of no value in their community. A woman who has failed is ostracised in the community particularly by other women and experiences subjective feelings of worthlessness, shame and guilt.

The desperate need for social acceptance often leads women into compromising situations and relationships. For Small & Kompe (1992) distressed women in many African communities often enter in polygamous or abusive marriages for example, to avoid been stigmatised for being unmarried or having children out of wedlock. For example, Simon, Mary, and Khanyi from the Community Health Workers Group respectively, describe the difficulties faced by married women.

Extract 56

"If a woman in the family gets married, and then the marriage fails for certain reasons - maybe because the husband is beating the wife up, and she has to come home and come back to the neighbourhood. You will find that they [other people] will be calling her names and start taunting her - that you can't make it, you couldn't hold onto the marriage, and that you couldn't be patient enough...that is why you have failed in your marriage".

Extract 57

"If you find that a woman's right as a wife is being violated, she ends up suffering and her husband does not take care of her anymore ...because the husband pays more attention to his other wives. That affects her a lot, because she left her own home to dedicate herself as a wife. It affects her in such a way that that she even loses her confidence [being a person] in the community".

Extract 58

"Some married women will kill themselves because of the problems that they face in their marriages, including abuse by their husbands or if they find their husbands cheating on them. It's just so shameful to face other people after that".

The above extracts illustrate the value placed on the specific roles and obligations that define womanhood in the community. The pressure to be deemed a successful woman, and the shame of failure to fulfil this role is possibly more significant than it is in the Western cultural context that values independence. In extract 56 for example,

the respondent describes the value placed on maintaining a successful marriage. A woman who cannot maintain a successful marriage is perceived as a failure. In the context of inter-dependence within this worldview, she is positioned as worthless in the eyes of her family, community and the extended world of the ancestors. For Ngubane (1977) of all the illnesses and deaths that are attributed to the anger of the ancestors, almost all are linked with the failure to fulfil marriage obligations.

In extract 57, the respondent describes the traditional practise of polygamy in which a person has more than one spouse. The traditional practice of polygamy practiced by members of this group enables the husband to take on more than one wife. However, central to this practise; the husband has to support and fulfil his responsibilities to all his spouses. In extract 57, for example the respondent describes a polygamous marriage whereby the husband overlooks his wife for his other spouse. This is distressing for the wife because her husband has failed to fulfil his marital responsibilities to her, which includes her basic means of survival. In addition, the wife perceives herself as a failure for having failed in her role as a wife, which causes her husband to direct his attention onto his other spouse. The wife is positioned as worthless and denied personhood in her community, which is gained through the communion and respect of others.

In extract 58 for example, the respondent describes some of the problems that married women endure in their relationships. Women, who are abused or cheated on by the partners, often blame themselves for their partners' actions because they perceive themselves as having failed to adequately fulfil their role as a wife. They are positioned as worthless in the eyes of their community and are denied the experience of womanhood. The pressure for women to succeed in their marriages is so high that failure often has tragic consequences. The indignity of failure drives many women to suicide. This is preferred over being disrespected and ostracised in their community, in addition to enduring the wrath of their ancestors.

All the excerpts above underscore the subjective meaning of failure as a form of distress that is overwhelming for women in the community. The experience of failure symbolises the loss of gender identity and personhood, which are central components in the construction of an inter-dependent self in African cosmology. Herman (2001)

states that traumatic events shatter the connection between the individual and the community, creating a crisis of faith. This was apparent amongst the female participants of this study, as the experience of failure was conceptualised as a communal experience transcending the life of the individual to the immediate family and community at large. The subjective experience of failure would not be labelled traumatic within Western knowledge systems of illness as opposed to indigenous systems of healing that value social integration and inter-dependence. Failure within an African worldview produces an existential crisis for the individual as it shatters the connection between the individual and the community. This vital thread of connection forms the basic building block in the construction of personhood.

4.4 CURE

Issues of cure and mechanisms of healing practised by the participants as part of the wider treatment process has formed a central component of this research study. This includes a specific analysis of the various discursive constructions of distress that frame and to some extent determine specific healing and treatment practices. For Mkhize (2004) the process of framing experiences of distress in accordance with various worldviews is fundamentally empowering for indigenous patients and their therapeutic modalities.

There is a sharp contrast between Western and African indigenous systems of health and illness. This specifically relates to how these distinct paradigms conceptualise and effectively deal with illness, in their specific conceptualisation of the ill person, and primarily in their goals and the outcomes of their interventions. Within Western society, a person afflicted with psychological illness seeks the assistance of a mental health professional. The role of the psychologist in this process involves conducting a comprehensive and informed assessment using various diagnostic tools and devices. This paradigm of classifying mental disorders is informed by a variety of bio- medical and psychiatric discursive frameworks (Summerfield, 1995; Bracken, 1998). The aim of Western therapy is centred on reducing psychological and somatic symptoms, and assisting the individual to function in society. More importantly, it assists the patient to reach greater emotional health and maturity (Kleinman, 1988.)

Within African indigenous systems of healing however, writers such as Kleinman (1988) and Good & Delvecchio Good (1981) emphasise the importance of understanding the lived experience of an illness. This incorporates how the person believes he or she can be cured as vital in determining effective and appropriate methods of intervention. This particular school of thought is central within traditional African societies, in which understanding the cause of an illness becomes crucial in determining the course of treatment (Ngubane, 1977). This principle is especially important in cases involving illnesses that are linked to environmental factors that can be effectively and appropriately treated by correcting or removing the environmental influence.

The participants across all groups underscored the importance of identifying and locating the cause of their distress in their illness narratives. This was vital in order to determine treatment and healing practices. In traditional African societies, a person afflicted with an illness seeks the assistance of a traditional healer or a respected member of their religious community who conduct their own process of diagnosing illness.

The participants of this study framed cure in relation to the practise of rituals. Rituals form the diagnostic tools from which illness is both diagnosed and subsequently treated. Rituals within an African worldview comprise a combination of practices including praying to God for understanding, assistance and healing, as well as invoking the spirits of the ancestors to guide the diagnostic and healing process. For example, Zandi a traditional healer and Jonas a faith healer describe the diagnostic process.

Extract 59

"I kneel down and pray. I simply ask God, and all the ancestors to tell me what the problem is. After going through this process, I get an answer".

Extract 60

" After getting an answer we know what went wrong [illness]. We now know where to start and what kinds of things we need to do to make things

better. I know whether to use things like herbs, prayer, and other rituals to the ancestors to make the person well again. " We pray to God and ask for his help, we use herbs and ask God and the ancestors to bless the herbs, and we use holy water to heal people. We also perform rituals, like burning incense to satisfy the ancestors. All these things work together to heal a person and make them well again".

The extracts above illustrate how the participants have framed cure as the practice of rituals. Rituals are necessary in determining the diagnosis and cure of an illness, which are embedded within an African worldview. The role of the traditional healer is vital in facilitating the healing process. Traditional or religious healers bring to light and lay bare the conflict that has caused the individual to be afflicted with illness or misfortune (de Vries, 1995). This process of acknowledging and bringing to light the hidden aspects of illness is framed within a particular system of meaning or worldview, which determines the diagnosis and cure. Rituals such as herbal remedies to remove symptoms, incense burning to appease the ancestors and prayer to God for healing, are utilised in the healing process as a form of a cure.

The traditional African worldview, like Western psychiatric and bio-medical paradigms, informs and determines the techniques and practices utilised in the diagnostic and intervention process. The focus of Western systems of illness and healing on achieving individual, cognitive and emotional mastery is sharply contrasted with indigenous systems of illness. Indigenous models of healing place emphasis on rebuilding social and communal relationships whilst restoring harmony in the supernatural realm of God and the ancestors. Thus, ritualistic practices such as herbal treatments and burning incense to appease the ancestors are used to restore individual functioning as well as rebuilding communal relationships.

The participants also framed cure as belief in God, which constitutes a core component of an African worldview. Since God is considered to be at the head of the hierarchy of an African worldview, many healers and participants utilise belief in God and prayer as a primary element in diagnosis and healing. For example, Jonas a faith healer states:

Extract 61

" Since I [traditional healer] have nothing else to give him [ill person], I make sure that we pray to God and ask to help him through his troubles. God will always take charge. The cure is in praying and putting all our hope in God. ...We are Christians ...we don't have a better hope that is better than God".

In the extract above, the respondent frames cure as belief in God. Belief in God helped the participants to sustain their troubles. This positioning allowed the participants to relinquish their experiences of distress over to God, who now has control of their circumstances. Thus their experiences of distress and suffering can easily be cured by remaining focused on God through prayer and steadfastly maintaining their beliefs.

Given that the participants of the study were followers of Christianity, their belief in Christian doctrine framed their experiences of distress and subsequently determined methods of intervention. Experiences of distress were interpreted as a test of religious faith within a Christian discourse. For example, Mrs Dlamini and Mrs Dhlomo from the Women's Group respectively, describe the role of God in their lives.

Extract 62

" Since we are here in this world...God is our hope and this is how God comes in. He [God] is the one who is the creator of everything. When you are having problems, you pray to him [God] you feel the load shifting from your shoulders. God is our hope".

Extract 63

" We pray to him [God], we trust him even though we have all these problems in our homes...so I believe in prayer and I ask the Lord to help me out and I notice that a miracle happens. I go out trusting that God will do the job and fulfil my needs. Sometimes you do not have anything to cook and he always provides.... We trust the Lord because he always has plans for us".

Both the above extracts illustrate how the participants have framed their experiences of distress from within a Christian discourse. The participants are positioned as believers of Christian doctrine, which frames distress as a test of religious belief. Being positioned as a believer is tantamount to maintaining an unwavering faith in God. A believer's unwavering faith in God has to remain constant through all kinds of distressing experiences. Experiences of distress, which form part of the believer's life was framed as a necessary requirement towards strengthening one's relationship with God and enhancing a person's belief in God's ultimate purpose.

For Cutler (1998) people who find a sense of purpose and meaning in the world through their religious convictions, are better enabled to endure distress and pain on earth. For example, Mrs Nkosi from the Women's Group describes how her belief in God helps her to make sense of her suffering.

Extract 64

" We trust the Lord and that is why we are surviving. We have hope that God will help us, since he said in his book [the Bible] that if we bring all our burdens, he is going to put us at rest. We always have that hope, of bringing everything to him in prayer and he is going to attend to us. I feel him with me in my suffering everyday. Sometimes you battle up until grow old and die but you are given gifts and you are happy in heaven...that is why we look like we don't have troubles whereas we have so much ".

Extract 64 illustrates how the participant's religious beliefs provide them with psychological protection and acts as a coping mechanism in a time of sustained crisis. The participant's endurance here on earth were interpreted as a test of faith and spiritual growth. This endurance is temporary and leads to great rewards and comfort in the after-life. The respondent in the extract above cites verses from the Bible, which provides the participants with a frame of reference. This helps them make sense of their experiences of distress here on earth. The respondent positions her experiences of distress in relation to God, who is perceived as enduring her suffering with her. This provides the respondent with a sense of comfort in helping her to sustain her suffering.

The participants across all groups framed cure as talking, which played a vital role in the healing process. For the participants of this study talking about their experiences of distress was the first step towards healing and finding a solution to their problems. It is important to note the sharp distinction between talking as a therapeutic modality operative in the West as compared to the participants of the study who represent rural Zulu culture. Cross-cultural trauma theorists have criticised the relevance of Western forms of therapeutic modalities across cultural groups (Becker, 1995; Summerfield, 1995, Bracken & Petty, 1998).

Bracken (1998) state that talk therapy in the West based on the conception of the individual as a distinct and independent being, promotes the alteration of individual behaviour and self-transformation in isolation from social and cultural contexts. Amongst the participants of the study, it was evident that the process of healing was a multi-faceted approach consistent with the inter-dependent view of the self (Markus & Kitayama, 1991). In indigenous communities such as Mayan communities in Guatemala and rural Black African people in South Africa; Lykes (2002) asserts that the notion of selfhood or " who I am" "invokes family, community, the animal kingdom, one's traditions and languages, and the earth " (104). Therefore, subjectivity in these communities is defined as " social subjectivity" (Lykes-Brinton, 2002: 104).

The emphasis placed on talking amongst the participants of the study was framed within the Christian discursive framework. The participants talked extensively around the importance of talking to God through prayer. Prayer was used as a medium to ask God for assistance and used as a means to find religious and spiritual comfort in their suffering. For example, Gloria from the Youth Group and Simon from the Feedback Session explain the importance of talking.

Extract 65

" Talking about the problem creates a space for unexpected solutions rather than keeping to yourself. Firstly, words can be so healing, like the power of prayer and talking to God. Secondly there may be a lot of ideas that can be discussed like self-employment opportunities that can make sure that you have bread for the day".

Extract 66

" It really helps to talk to a spiritually secure person like a pastor who can sense your problem and help you to get to the root of it. In this way, it helps to find out what is causing your problem and then deal with those things that are the problem to you. It helps to talk about it".

The extracts above illustrate how the participants framed talking as a form of healing and comfort. This helped them come to terms with their experiences and move on with their lives. Talking was framed as providing spaces for solutions to their problems, which lightened their burden of distress. The process of sharing one's experiences with another person facilitates the healing process as the listener acknowledges and bears witness to the individual (Herman, 2001).

In the absence of direct prayer to God, the participants relied on the assistance from members of Christian clergy. This included pastors or priests who interceded between the participants and God. Sharing experiences of distress either through prayer or in direct consultation with members of the religious community provided the participants with a sense of comfort and understanding. Many participants made reference to the fact that their problems and difficulties in life were immediately reduced through the process of talking. Others acknowledged the importance of talking as a form of healing the past whilst providing a space for growth and potential for the future.

For Kleinman (1980, as cited in Bracken et al., 1995) the experience of illness does not occur in isolation but does so in a context of social, cultural and family values. These factors play a fundamental role in the process of shaping illness and determine which treatment modalities will be utilised. This was evident amongst the participants of the study who allowed their illness narratives to be constructed by their own social and cultural systems of meaning. This was imperative in order to determine particular methods of intervention. Thus cross cultural trauma theorists have argued that Western healthcare practitioners should develop greater understanding and sensitivity to local knowledge, practices and beliefs regarding illness (Bracken, Giller and Summerfield, 1995, Summerfield, 1995; Bracken, 1998).

4.5 CONCLUDING SUMMARY

This chapter has comprehensively analysed and illustrated how men and women belonging to the Zulu cultural tradition residing in rural communities across KZN conceptualise and respond to experiences of distress in their lives. The analysis of the interview transcripts has demonstrated the range of ways in which discursive constructions of distress and the subject positions contained within them have positioned the participants. These positionings were primarily disempowering with regard to the kinds of events that constitute distress and the variety of ways in which experiences of distress were interpreted.

The participants drew on a range of discursive constructions to interpret their experiences of distress. These discursive meanings were framed around a series of inter-connected stressors that are sustained, accumulative and ongoing, firmly grounded in a particular social, political, economic and cultural reality. This contextual reality embodies a different conceptualisation of the self and indigenous explanatory system that has opened up a space for thinking about experiences of overwhelming distress in new ways. For the participants of this study, meanings attributed to experiences of distress and illness, were informed by an African worldview. This explanatory system of meaning is centred on an extended concept of the self and the vital thread of connection that exists between all beings in the cosmos. This involves preserving healthy relationships with other people, whilst maintaining bonds of connection and reverence to God and the ancestors (Ngubane, 1977; Mkhize, 2004).

The experience of distress in the West articulated as trauma conveys emotional and psychological disruption. This model is further interpreted within a psychological paradigm as PTSD. The experience of distress amongst people following the Zulu cultural tradition however, is interpreted as a result of the breakdown in social and spiritual relationships. This breakdown implies disconnection and disruption that are manifested in a series of interwoven experiences of distress positioning men and women in a range of different predominantly disempowering subject positions. These series of interwoven stressors include, violence, poverty, chronic domestic abuse,

rape, HIV/AIDS infection, unemployment and a sense of personal failure. These stressors were interpreted as perpetuating a cycle of distress that causes a further disconnection between kin, community and the ancestors.

Violence was cited as the root cause of distress in people lives. Violence thrust people in extreme poverty creating widespread unemployment in the community. Unemployment positioned men and women in a state of powerlessness. Men were positioned as failures unable to fulfil their role as the breadwinner defined in accordance with an African worldview. Men emasculated by unemployment channelled their anger and frustration onto women through acts of violence. Violence and poverty suffused with inequitable relationships between the sexes created a chronic cycle of domestic violence and distress. The women interpreted the chronic domestic violence and the difficulties of supporting their families in a state of abject poverty as a source of their distress. This was compounded by not adequately fulfilling their roles and responsibilities of womanhood defined in accordance with an African worldview. Even though women were trapped in a cycle of distress, they did respond positively by creating income-generating projects that were used to support their families, thus empowering themselves and each other.

Male youth were left uneducated and unemployed by the political violence that swept through their communities. In a desperate need to reassert their masculinities, male youth became responsible for acts of rape that were rife in the community. Young women positioned as the weaker sex became objects of male sexual desire enticing sexual advances from men. Young women became victims of insidious trauma as they afraid to leave their home for fear of being raped. In some cases, victims of rape were not supported by people in their community causing a further disconnection between people within an African worldview.

The desperate struggle to survive in abject poverty caused a further disconnection between people in the community. Children left orphaned by the political violence resorted to stealing causing fragmenting community cohesion. Women and young girls struggle to support their families often enter into transactional sex in exchange for basic needs. This increases the risk of teenage pregnancy and HIV/AIDS infection

that were rife in the community. These events continued a cycle of distress perpetuating a further disconnection between people.

Issues of cure were centred on the African worldview system of meaning. This emphasised the importance of seeking assistance and solace from God and the performance of particular rituals and practices to appease the ancestors. These methods were utilised to repair the bonds of connection that were ruptured during a range of interwoven distressing events. Acknowledging the importance of an African worldview was vital in determining the diverse methods of intervention that were necessary in order to heal people afflicted by distress and suffering.

The findings illustrate how the discursive constructions that the participants drew on to understand and interpret their experiences were grounded in contextual realities incorporating social, culturally and economically determined meanings and configurations of power. These contextually located meanings and the subject positions contained within them, are crucial in shaping distinctive interpretations and experiences and reactions to distress amongst men and women belong to the rural Zulu cultural group in KZN.

CHAPTER FIVE

CONCLUSION

5.1 INTRODUCTION

This chapter reviews the research context and the key research question that motivated this study. This is followed by a comprehensive and integrative concluding discussion of the research findings, incorporates a discussion of the possible limitations arising out of this study. The chapter closes with discussion centred on the suggestions for the development of more appropriate and effective therapeutic interventions, and future avenues of research investigating conceptualisations of distress and trauma in rural KZN.

5.2. FOCUS AND AIMS OF THE STUDY

The PTSD model of trauma encapsulated in subsequent versions of the DSM has been the subject of numerous challenges concerning the models appropriateness and applicability in the South African context (Straker, 1987; Swartz, 1998). These challenges relate specifically to the discriminatory and exploitative policies of the apartheid state and the unprecedented levels of political violence that had permeated the entire country. The KZN province, home to the Zulu cultural group, was at the epicentre of political uprisings between rival political party supporters. The unprecedented levels of political violence that swept across KwaZulu-Natal were orchestrated by the Apartheid government's "third force", aimed at derailing the negotiation process (TRC Report, 1998).

The violence in rural communities across the province in the early 1990's killed approximately 14000 people and injured many others (TRC report, 1998). It ruptured the functioning of entire communities, destroyed families and left people severely traumatised in the aftermath of the violence. Men and women living in rural communities across the province today are still struggling to heal the traumatic wounds of the past, whilst encountering the complexities of everyday living. The current PTSD model of trauma, used as the main reference point in conceptualisation

and healing interventions, has not been able to appropriately capture and assist traumatised South Africans, like the men and women living in rural communities across the KZN province (Straker, 1987, Swartz, 1998). Thus, the aim of this study was to gain a broader understanding of how these men and women belonging to this group interpret and cope with their experiences of distress and healing by analysing the discursive meanings that the participants drew on in their narratives of distress. Thus, the overriding aim of this study is to possibly broaden the knowledge base of trauma theory that could help enlighten mental health professionals working with isiZulu speaking people across rural communities in the province.

5.3. CONCLUDING DISCUSSION OF FINDINGS

Fay (1996) points out that all human beings live in the same world, but we live it differently. The experiences that unite all people in the world are manifested and articulated in different ways. Thus within Western frameworks, the experience of distress articulated as trauma conveying psychological disruption, is manifested and expressed differently from people following other heterogeneous cultural traditions.

The participants of this study were exposed to a range of stressors embedded in a matrix of meaning comprising social, economic, political and cultural realities in which they live out their lives. Whilst some of these stressors are consistent with the PTSD definition of trauma, these series of interwoven stressors are fundamentally different from the simple conceptualisation of PTSD encapsulated in the DSM. The findings suggest that stressors, such as histories of political violence, prevalent forms of gender based violence, extreme poverty, HIV/AIDS infection and a sense of personal failure, for example, are experienced as continuous, prolonged and ongoing stressors. This is in sharp contrast to the PTSD profile characterised by isolated, once-off incidents located in the past (Straker, 1987, Swartz, 1998; Herman, 2001).

The PTSD explanatory system interprets experiences of distress as a form of trauma. This subsequently shapes the experience of distress in terms of overwhelming psychological disintegration, which mediates particular modes of coping responses. The participants of this study interpreted their experiences of distress through the lens of an African worldview explanatory system. This system of meaning determines the

kinds of stressors that are perceived as distressing, shapes the interpretation of these experiences and mediates particular modes of coping reactions.

Distress within an African worldview is interpreted as a disruption in the normal course of existence. This disruption is caused by a rupture in the different levels of the hierarchy of African cosmology. This rupture can occur through the angering of the ancestors by not performing rituals or not abiding by the ancestors moral standards. This disruption within an African worldview influences a person's sense of belonging and sense of personhood, which is defined by one's links to people both living and dead (Ngubane, 1977). Secondly, distress within this explanatory system occurs as a direct result of the breakdown between people in the community. Maintaining strong and healthy relationships with others forms the third level of the hierarchy within an African cosmology. This is based on the principle that people do not exist in isolation, but are fundamentally interdependent on those around them. Thus, a breakdown between people and the distress it causes ruptures the entire social fabric and not just the life of the individual (Summerfield, 1995; Hamber & Lewis, 1997). This breakdown in the different levels of the hierarchy in African cosmology increases people's vulnerability to a variety of distressing experiences caused by a series of interwoven stressors.

In the context of inter-dependence within an African worldview, the person experiencing a distressing event locates the meaning and experience of that event outside the individual, in a context of social, cultural and political meanings. On the contrary, Western psychological theory locates experiences of distress on intrapsychic factors by adopting an internal locus of control. Experiences of distress in African cosmology are interpreted as occurring between people in the community, as opposed to interpreting experiences of distress as located within the individual (Markus & Kitayama, 1991, Mkhize, 2004).

This breakdown in the realms of an African worldview system of meaning disrupts the continuity of people's lives and increases their vulnerability to a series of interwoven macro-stressors or events. These macro-events are embedded in a network of social, cultural, political and economic meanings that shape particular realities of distress and mediate particular forms of coping responses. Macro-events

forming the backdrop of people's lives are perceived as outside a person's control, and perpetuate a cycle of distress and disconnection. This cycle of distress has far-reaching implications that go well beyond the PTSD conceptualisation of trauma. These discursive constructions of distress and the subject positions contained within them were predominantly disempowering for the participants of this study.

Violence was interpreted as the root cause of distress in people's lives. Violence in the form of state sponsored violence during the Apartheid regime and the uprisings between rival political parties has traumatised entire rural communities in KZN, which is not encapsulated by the PTSD nomenclature. The violence has far-reaching consequences as it followed diverse trajectories of distress and disruption in people's lives. Violence was responsible for the dissolution of entire communities, as families were fragmented, breadwinners were killed, homes were destroyed and community structures of support were dissolved. Violence thrust people into abject poverty positioning men and women in a state of powerlessness and desperation. Young children left orphaned by the violence resorted to stealing, causing further antagonism, and disconnection between people in the community.

Similarly, male youth left uneducated, emasculated and impoverished by the violence relied on inter-personal acts of violence as their primary source of establishing self-worth. Inequitable gender relationships meant that young men could easily channel their anger and frustration onto women who were positioned as the weaker and the subservient sex. Rape was rife in these communities, as women were positioned as objects of sexual desire responsible for inviting sexual advances from men. The act of rape was framed as a weapon of conscious intimidation that kept young women in these communities in a state of constant fear, thus creating a form of insidious trauma. Violence has become a self-sustaining mechanism for male youth who used their involvement in the struggle as a symbolic tool for reasserting power and respect. Hence, young men use violence and threats of intimidation against their elders as a means of gaining respect and reasserting their masculinity. This kind of behaviour was perceived as causing a further disconnection between people, thereby perpetuating a cycle of distress and disintegration (Herman, 2001; Mkhize, 2004).

Violence thrust people into a state of abject poverty creating great distress in people's lives. Poverty was framed as an inescapable poverty trap that was passed onto future generations, thus perpetuating a vicious cycle of suffering and death. The experience of poverty placed men and women on diverse trajectories, by offering men and women different subject positions that shape distinct experiences of distress and mediate different coping responses.

Violence and poverty have positioned men in a state of powerlessness at not being able to fulfil the culturally prescribed role as the breadwinner. Unemployment was perceived as a personal failing that threatened the identities of men. Within this masculine ideology, men are denied avenues of expression perceived as a loss of pride. This crisis of masculinity creates heightened levels of anger and frustration expressed via a lethal combination of destructive behaviours, including alcohol and narcotic abuse and the male perpetrated family suicide. Violent problem solving was a common means of coping with the sense of emasculation caused by unemployment. Violence against women was a common occurrence in these communities. Violence was used as a means of reasserting male supremacy and control, as women are positioned as the acquiescent and weaker sex. In addition, dominant patriarchal ideologies were used to justify this kind of behaviour.

Women were also thrust into a state of powerlessness interpreted in relation to the pervasiveness of male unemployment and abject poverty. Women were exposed to multiple stressors, however the women cited the battle to survive in impoverished conditions as the main source of distress. Male unemployment has forced women to work a double shift by absorbing male responsibilities as the breadwinner, in addition to fulfilling their own role in their home. Inequitable gender relations between the sexes has prevented women from negotiating their added responsibilities, thus forcing women to passively accept the added burden of distress.

This forces many women into transactional sex by exchanging sex for money, food and other basic resources, thereby increasing their vulnerability to HIV/AIDS infection. Similarly, young girls left with the responsibility of supporting their families engage in transactional sex in terms of the sugar daddy phenomenon. This involves engaging in multiple partner relationships with older men in exchange for

basic resources and luxuries. This also increases vulnerability to HIV/AIDS infection as many young women are precluded from insisting on safe sex.

In addition, domestic violence was interpreted as a legitimate and normative form of behaviour that has rendered women relatively powerless. This precludes women from responding to chronic domestic abuse, which underscores the symptom picture characteristic of complex PTSD. On the contrary, women have also interpreted their experiences of distress as a form of empowerment that provided women with a sense of collective agency and strength. This prompted women to participate in a variety of group ventures used to support themselves and their families. This process encouraged the women to come together and share their difficulties by carving out a space for healing the wounds of the past.

A profound sense of failure to fulfil one's roles and social obligations was also cited as a cause of distress amongst the participants of this study. This was linked to the context of interdependence and interconnectedness within African cosmology. Within this context, people are defined by their relationships to others and by the roles and obligations that they fulfil. Failure to achieve one's roles and obligations was experienced through feelings of anger, jealousy, hopelessness and inferiority. The price of failure within a context of inter-dependence is so high that people choose to commit suicide, rather than live life as a person who has not achieved anything. Failure causes a disruption in the life of the individual and within the entire community. Failure is experienced as an individual and communal crisis. People experienced failure in terms of having failed in the eyes of other people. Within this discursive construction individuals do not possess any kind of intrinsic value. Rather an African explanatory system of meaning is crucial in shaping people in relation to their connection with those around them, and via the fulfilment of their roles and obligations (Ngubane, 1977).

Failure positions men and women in different subject positions that shape distinctive experiences of distress. For men, failure is linked to not performing one's role as the breadwinner and head of the family, which is embedded in a matrix of patriarchal and masculine ideologies. Failure within African cosmology positions men as emasculated and unworthy in the eyes of family, community and peers. Failure is

also tantamount to a loss of respect, particularly by other men in the community. Women were also implicated in this experience of failure amongst men. Women's rising economic power is perceived as a serious threat to the masculine identity and social status of a man, thus exacerbating feelings of distress. Alcohol, drug abuse, suicide and domestic violence were cited as common mechanisms used to cope with the anger, shame and inferiority caused by failure.

Women also experienced failure in relation to not fulfilling the socially and culturally defined roles of womanhood. This included failing to fulfil one's marriage obligations and responsibilities in the domestic sphere. Thus, women who have failed to meet these requirements are denied the experience of womanhood and are considered to be of no value in the community. Women who have failed are ostracised in the community and experience subjective feelings of worthlessness, shame and guilt. In some cases the indignity of failure drives women like men to commit suicide, as this is preferred over being ostracised and disrespected by others.

Finally, issues of cure and healing were interpreted in accordance with an African worldview. This process involved identifying and locating the cause of the illness with the help of the traditional healer. This diagnostic process is guided by invoking the spirit of the ancestors and through Christian forms of prayer. Once the diagnostic process is complete, a variety of healing practices are utilised to treat the person. This includes treatment with herbs, prayer and the performance of rituals and practises aimed at restoring connections with the ancestors and the rebuilding of communal relationships. Belief in God forming the highest level of the hierarchy of an African worldview is interpreted as a form of cure. This belief provides a framework for the creation of meaning, whilst enabling the participants to cope with their experiences of distress. Talking was interpreted as a fundamental factor in the healing process occurring in a context of inter-dependence as opposed to the PTSD profile, which emphasises self-transformation independent of the social and cultural context. These findings have underscored the importance of acknowledge the patients illness narratives whilst understanding explanatory systems of meaning and practices regarding the interpretation of illness (Summerfield, 1995; Bracken, 1998).

5.4. LIMITATIONS AND RECOMMENDATIONS OF THE STUDY

This research study has not set out to design a psychological intervention. Rather this study is a theoretical conceptualisation aimed at exploring how men and women from rural KwaZulu-Natal interpret and cope with experiences of distress. It is envisaged that this theoretical conceptualisation will be used to possibly broaden the knowledge base of trauma theory, which could help enlighten mental health professionals working with isiZulu speaking people across rural communities in the province. Although this research does possess theoretical value, it is acknowledged that the analytic process was not conducted by a member of the Zulu cultural group, which could have greatly enhanced the interpretative process. In addition, the interpretive process was guided by a feminist analysis that does not accentuate gender issues from a masculine perspective. This untapped area of trauma research warrants further investigation and analysis.

This research study has underscored the importance of explanatory systems of meaning that play a crucial role in shaping the way experiences of distress are manifested and expressed. These systems of meaning need to be acknowledged and understood by mental health professionals working with traumatised individuals across the cultural divide. Hence, an apt means of addressing this problem is to perhaps incorporate the study of explanatory systems of meaning into the curriculum of prospective mental health practitioners. Applied Psychology curriculum in South Africa should include knowledge of the African worldview explanatory system, which is crucial in shaping life experiences and illness narratives. This should include knowledge of systems of meaning in Zulu culture, conceptions of self, conceptions of illness, healing, and treatment practices. Knowledge of gender dynamics and culturally determined patriarchal constructs operational in and between the sexes could also prove valuable in assisting male and female clients. This could play a tremendous role in empowering the client and could certainly facilitate the diagnostic and treatment process.

Since trauma discourse focuses solely on intra-psychic factors of the individual, the healing process appears to be conceptualised in accordance with individual modes of therapeutic intervention. The limitations of this mode of intervention were

underscored in the context of this study. The participants of this study cited references to an inter-dependent view of the self. In addition, this study has emphasised the collective nature of psychological trauma that had affected the functioning of the entire communities. As such, interventions should be structured on collective approaches that are multi-dimensional and contextually sensitive. Whilst these approaches need to be centred on psychological transformation, it should incorporate the person's narratives of distress that has proved fundamental in shaping of distressing experiences. The issue of protective psychological shields becomes pertinent in a context of social, cultural, and religious worldviews, which shape meanings and narratives of distress. This relatively untapped area of research can add enormous theoretical and practical value to the area of trauma study in the South African context, which should shift its focus from healing the individual to healing the collective community.

Interventions programmes need to empower the people that they are meant to assist. People from socially marginalized communities should be active participants in their own recovery process. These empowerment strategies should be developed around community building that aims to rebuild the social fabric of communities that ruptured during violent uprisings. This should include the restoration of cultural structures of support, improve service delivery, and create positive intervention strategies, such as facilitating skills development and education, implementing job creation initiatives and sowing the seeds of income generating projects that offer positive income generating alternatives to violence. The work of the KZN Programme for the Survivors of Violence (SINANI) for example, has been a beacon of hope for many traumatised men and women residing in communities across rural KwaZulu-Natal. SINANI's approach is multi-dimensional centred on facilitating the healing process by offering a holistic model of healing that operates alongside income generating projects and leadership training which empowers communities to play an active part in their own development (SINANI report, 2002). It is vitally important to work towards transforming inequitable relationships between men and women alongside the development of non-violent means of problem solving that manifest in alcohol and narcotic abuse which together fuel the chronic rates of gender based violence in the community. The growth of income generating projects and the

facilitation of vocational and educational training, combined with mechanisms to channel aggression can form the first step towards breaking the cycle of violence.

Finally, it is vitally important for the PTSD model of trauma to move beyond its current conceptualisation of traumatic stress. The model needs to acknowledge the importance of a more complex and diverse interwoven range of stressors that are embedded in a particular social, cultural, economic and political reality in which people live. Stressors prevalent in this context, such as histories of political violence, HIV/AIDS infection, chronic gender based violence and extreme poverty for example challenge the PTSD profile and require a reconceptualisation of traumatic stressors. These stressors embedded in a framework of contextual meaning produce distinct experiences of distress which are experienced via a range of diverse symptomatic expressions not encapsulated by the current PTSD profile. The current PTSD model needs to acknowledge the importance of alternative models of traumatic stress, such as continuous PTSD, models of insidious trauma and complex PTSD. These models are pertinent in conceptualising experiences of distress and are vital in exploring how men and women from diverse cultural orientations fully understand and cope with distressing events.

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APPENDIX A

The Story of Ms Mbanga

Abridged Version taken from Swartz (1998:167-169).

Ms Mbanga is a 35 year old woman living with her four children and her grandson in an informal settlement near a small town. She is the sole supporter of her family. In 1976 she was in her first year of high school, but she dropped out because of the student uprisings, in which one of her closest friends was killed. She had her first child at the age of 16, in 1978, and, until her daughter was about a year old, she lived with the family of the father of the child, until he moved to Johannesburg. She has since lost contact with him. In 1979 she moved back with her parents, who were extremely angry about the birth of the child and who discouraged Ms Mbanga from spending too much time with her. Matters were made worse when Ms Mbanga gave birth to twin sons in 1980. Following extensive conflict with her family, she moved into her own shack and supported herself by selling vegetables at a stall on the main thoroughfare through the settlement.

In 1986, there was renewed political conflict in the area. Police, vigilantes, and students were amongst those involved. During the conflict (in which she had no part) Ms Mbanga was at her stall. She was shot at close range. The bullet travelled through her right arm, and she permanently lost the use of the arm. According to Ms Mbanga, she was shot by someone in police uniform. Her case was noted by a group who was monitoring 'unrest' in the area, and she was referred to a human rights legal group, which undertook to arrange a damages claim for her against the Minister of Law and Order. The lawyers engaged the services of a clinical psychologist to assist in the assessment of psychological consequences of the shooting.

The psychologist found Ms Mbanga to be living with her three children in abject poverty. Ms Mbanga was still in severe pain, and unable to work. She was also frightened of returning to her stall, as her permanently disabled arm would render her more vulnerable to physical assault...Ms Mbanga's parents did come to her assistance after the shooting. After some time, she returned to her stall, now assisted by her mother. In 1993, she met a man who moved into her shack with her, and she gave

birth to her fourth child the following year. In 1996, her eldest daughter, now 18, also had a child by Ms Mbanga's partner. She claimed he had raped her repeatedly over a period of months. When the pregnancy became apparent, the man fled and has not since been seen by the family.

Abridged Version of (Swartz, 1998: 167-169).

APPENDIX B

Basic Interview Schedule: Questions based on the story of Ms Mbanga adapted from Swartz (1998).

1. Have you or anyone else you know experienced similar things/events? If so, could you tell us about them?
2. What other things have you experienced that are not in the story?
3. What do these experiences have in common with each other?
4. Have these experiences caused any problems in your lives or the lives of others?
 - What are they?
 - Why?
 - How have these problems affected your family?
 - How have these problems affected your community?
5. If they [participants] mention PTSD-like symptoms:
 - When did these symptoms begin?
 - What other things were happening in your life?
6. What do other people think about you having such experiences [based on the story]?
 - How do they react to you?
 - How do you feel about their reactions
 - How does your family react to you?
7. What did you think to do about these experiences or problems?
 - Who did you go to for help?
 - Why?
 - If you have not gone to anyone, why not?
8. How do men deal with these experiences or problems?
 - How do women deal with these experiences?
9. Will these problems ever go away?
 - How?
 - When?
 - Why?