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Volume 5

Re-Authoring Life Narratives After Trauma

A Holistic Narrative Model of Care

Charles B. Manda

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A Holistic Narrative Model of Care

Charles B. Manda

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I dedicate this book to the memory of
my late father, Bester John Manda, mother, Jelita Manda, and late six siblings,
and to my current family,
Divine,
Shalom, Hatikvah and Joy

Peer Review Declaration

The publisher (AOSIS) endorses the South African 'National Scholarly Book Publishers Forum Best Practice for Peer Review of Scholarly Books'. The manuscript was subjected to a rigorous two-step peer review process prior to publication, with the identities of the reviewers not revealed to the author(s). The reviewers were independent of the publisher and/or authors in question. The reviewers commented positively on the scholarly merits of the manuscript and recommended that the manuscript should be published. Where the reviewers recommended revision and/or improvements to the manuscript, the authors responded adequately to such recommendations.

Research Justification

Re-authoring Life Narratives after Trauma is an interdisciplinary, specialist resource for traumatic stress researchers, practitioners and frontline workers who focus their research and work on communities from diverse religious backgrounds that are confronted with trauma, death, illness and other existential crises. This book aims to argue that the biopsychosocial approach is limited in scope when it comes to reaching a holistic model of assessing and treating individuals and communities that are exposed to trauma. The holistic model must integrate an understanding of and respect for the many forms of religion and spirituality that clients might have (Pargament 2011). It will not only bring a spiritual perspective into the psychotherapeutic dialogue, but it will also assist in dealing with the different demands in pastoral ministry as related to clinical and post-traumatic settings. The combination of psychotherapy, counselling and faith practices may provide a research resource from which specialists can infer theories and models to guide clients who have remained captive in past trauma and consequently in an immature faith towards spiritual maturity, mental health and well-being. This book is a product of interdisciplinary doctoral research in the disciplines of practical theology, psychology and psychiatry, which was conducted in Pietermaritzburg, South Africa, over a span of five years. The study began as a critique of the biopsychosocial approach to assessing and treating trauma survivors. The biopsychosocial approach recognises that trauma affects people on several dimensions – biological, social and psychological. This participatory action research utilised a narrative approach to listen to personal narratives of trauma survivors on various levels, with the aim of looking in detail at the effects of traumatic experiences on their lives and understanding the theologies or spiritual values that underlie these personal narratives. The narratives were documented and subjected to scholarly interpretation. The findings show that, besides biopsychosocial effects, the research participants sustained moral and spiritual injuries during their traumatic experiences. Trauma took an emotional, psychological and spiritual toll on their lives as well as on their relationships with themselves, others and with God. Regardless of their religious affiliation, they turned to spiritual resources for answers and deeper social redress in their traumatic situations. The results have a much wider relevance in understanding the role of post-traumatic spirituality in re-authoring of life narratives shattered by trauma. The book makes several contributions to scholarship in the disciplines of, although not limited to, traumatic stress studies, pastoral care and counselling, psychology and psychiatry. Firstly, the book brings spirituality into the psychotherapeutic dialogue; traditionally, religious and spiritual topics have not been a welcome part of the psychotherapeutic dialogue. Secondly, it underscores the significance of documenting literary narratives as a means of healing trauma; writing about our traumas enables us to express things that cannot be conveyed in words, and to bring to light what has been suppressed and imagine new possibilities of living meaningfully in a changed world. Thirdly, it proposes an extension to the five-stage model of trauma and recovery coined by Judith Herman in her book *Trauma and Recovery.*

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Contents

Abbreviations, Tables and Figures Appearing in the Text and Notes

List of Abbreviations

ANC	African National Congress
APA	American Psychiatric Association
ARC	American Refugee Committee
ARV	Antiretroviral
CBD	Central Business District
CBT	Cognitive–behavioural Therapy
CCM	Centre for Contextual Ministry
CCOH	Churches Channels of Hope
CISD	Critical Incident Stress Debriefing
CISM	Critical Incident Stress Management
CPSC	Council for Pastoral and Spiritual Counsellors
CSVR	Centre for the Study of Violence and Reconciliation
CVI	Crime, Violence and Injury
DRC	Democratic Republic of the Congo
FARC	Revolutionary Armed Forces of Colombia
HTQ	Harvard Trauma Questionnaire
IEC	Independent Electoral Commission
IFP	Inkatha Freedom Party
IHOM	Institute for Healing of Memories
PACSA	Pietermaritzburg Agency for Christian Social Awareness
PAR	Participatory Action Research
PTSD	Post-traumatic Stress Disorder
SAITS	South African Institute for Traumatic Stress
TRC	Truth and Reconciliation Commission

UCZ	United Church of Zambia
UN	United Nations
UNHCR	United Nations High Commission for Refugees
UNISA	University of South Africa

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Biographical Note

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Charles Manda is both an academic and a practitioner. As an academic, he is a Research Associate in the Department of Practical Theology at the University of Pretoria. He is affiliated with Prof. Yolanda Dreyer's research project, 'Holistic pastoral engagement with spiritual, moral and psychological injury'. Graduating with a PhD from the University of Pretoria in 2014, Manda was appointed as a postdoctoral fellow at the University of South Africa from 2014 to 2016. His research interest includes interdisciplinary dialogue between pastoral care and counselling and the discipline of psychology/psychiatry in order to develop innovative techniques to deal with the different demands in pastoral ministry as related to the clinical and post-traumatic setting.

As a practitioner, Charles Manda is a registered clinical pastoral counsellor with the Council for Pastoral and Spiritual Counsellors (CPSC) and works with youth and adults on the stress and trauma spectrum. Dr Manda has also facilitated Healing of Memories workshops in North America, Europe and Asia during which he listened to hundreds of traumatic stories.

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First and foremost, I acknowledge God's hand of provision in the Trauma Healing Project.

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I owe my study promoter Prof. Julian C. Müller, University of Pretoria, a huge debt of gratitude for his wise guidance in the research project that led to the successful completion of my PhD studies in 2014.

The list is endless and I owe all of my friends, family and colleagues a debt of gratitude for their contributions in one way or the other. But it would be unjust if I did not highlight the relentless support and prayers of my beloved wife, Divine, and children, Shalom, Hatikvah and Joy, all through my doctoral research project. You are precious pearls.

I would like to make a mention of McWilliam and Martha, Chrispin Kampala, Stanley Towani, Profs. Isabel and Maxwell Phiri, and Sandra Duncan, the editor of my thesis. Thank you all for your support.

Declaration

This book is the outcome of the research project that was linked to my doctoral (PhD) thesis, 'Re-authoring life narratives of trauma survivors in KwaZulu-Natal: Spiritual perspective', which was submitted to the University of Pretoria. This book represents a reworking of more than 73% of the original thesis to meet the standards of the publisher and the Department of Higher Education and Training. No part of the book is plagiarised from another publication or has been published elsewhere. It is my own work in conception and execution and all the relevant sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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11 January 2019

Part 1

Trauma and recovery

Chapter 1

The roadmap

The book is set in Pietermaritzburg, the capital of KwaZulu-Natal province, South Africa. The book argues for a spiritual narrative model of care, which must integrate an understanding of and respect for the many forms of religion and spirituality that people who are exposed to trauma might have. It brings spirituality into the psychotherapeutic dialogue in order to come up with a holistic model of understanding and treating the needs of people who are confronted with trauma, death, illnesses and other existential issues (Manda 2015a; Mariri 2011–2012).

This book is a product of an interdisciplinary Trauma Healing Research Project between the disciplines of practical theology and psychology and/or psychiatry. The project was conducted in Pietermaritzburg from 2009 to 2015. The primary aim of the project was to investigate whether the biopsychosocial model of care for victims of trauma is enough to heal the spiritual wounds. Traditionally, the understanding and treatment of trauma in South Africa have been focussed mainly on the biopsychosocial approach (Kaminer & Eagle 2010:2). The 'bio-psychosocial approach recognises that trauma affects people biologically, socially and psychologically'

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(Manda 2015a:1). However, some older studies suggest that trauma also affects a person's spiritual life. When people are caught up in terrible situations, 'depression and loneliness can lead to feelings of abandonment and loss of faith in [one's] God' (Manda 2016:12) or the object of devotion. 'When confronted by events of seismic proportions, [a person may become] psychologically distressed because traumatic events shatter some of' the trauma survivor's fundamental assumptions about life and the world we live in (Manda 2016:4). For example (Manda 2015a):

> The faith that God is constantly available to respond to one's hopes, fears, anxieties, and tragedies can be shattered. Individuals who are unable to resolve challenges to their moral and spiritual beliefs might find themselves in a state of spiritual alienation which can take many forms [*(Nelson-Pechota 2004)*]. For example, a person may feel abandoned by God, and in his or her response may reject God, feeling that God was powerless to help and therefore unavailable [*(Manda 2016:4)*]. (p. 6)

Herman (1992), in her book *Trauma and Recovery* (cited in Magezi & Manda 2016):

> [*A*]rgues that traumatic events destroy the [*victim's*] faith in a natural or divine order and cast the [*victim*] into a state of existential crisis. [*Herman*] adds that, prolonged, repeated trauma invades and systematically breaks down structures of the self – the image of the body, the internalised images of others, and the values and ideals that lend a person a sense of coherence and purpose. These profound alterations in the self and in relationships inevitably result in the questioning of basic tenets of faith. (p. 7)

Another study by Manda (2016:4) found that trauma takes its toll on the life of a person emotionally, psychologically and spiritually, as well as in our relationships with ourselves, others and God. Magezi and Manda (2016:2) argue that 'although research into the fields of trauma and spirituality has emerged in the past few decades, not much has been written on the link between these two concepts'. This makes this book significant, as it explores the link 'between these two [concepts] and draw [*sic*] their implications to trauma healing' (Magezi & Manda 2016:2). The book 'makes a contribution to the healing of pain and suffering among people [and communities

that have been] affected by trauma [as] it focuses on the interplay' (Magezi & Manda 2016:2) and the relationship between biopsychosocial and spiritual resources to achieve healing.

This book is a reflection on both the trauma healing research process and the textual analysis of the life narratives of trauma survivors who participated in the project and gave consent for their life narratives to be used as data in the research project (Manda 2015a). The author explored a holistic understanding of the effects of trauma on survivors of various types of traumatic experiences from Pietermaritzburg and its surrounding areas such as the Greater Edendale Valley, Sobantu, Howick, Mpophomeni, Escourt and the refugee community living in Pietermaritzburg at the time. In other words, the author (Manda 2015a):

> [*J*]oined with trauma survivors to explore the individual and community narratives that the trauma survivors had about their lives and relationships, the effects and meanings of the trauma and the context in which [*the narratives*] had been formed and authored. (p. 1)

In order to find answers to the research question, 'is the biopsychosocial model of care for victims of trauma enough to heal the spiritual wounds?', the Trauma Healing Research Project used a Participatory Action Research (PAR) method, utilising the narrative approach. The purpose of utilising the narrative approach was to listen to personal narratives of trauma survivors on various levels, with the aim of looking in detail at the effects of traumatic experiences on their lives and understanding the theologies or spiritual values that underlie these personal narratives. Many hours were spent listening to stories of stress and trauma from research participants in group therapy settings, and their life narratives were documented in 2013. These narratives capture their journeys of healing from the time they joined the Trauma Healing Research Project in 2009 to 2013 when their life narratives were documented.

Documentation of trauma survivors' narratives formed part of the trauma healing process (Magezi & Manda 2016). These life narratives were subjected to scholarly interpretation.

The findings show that, besides biopsychosocial effects, the research participants sustained 'moral and spiritual injuries during [or] in the aftermath of [their] traumatic [experiences]' (Manda 2015a:1). These findings are consistent with earlier studies that show a relationship between trauma and spirituality.

Not only does the book concur with earlier authors on the impact of trauma on the survivor's spiritual or faith dimension, but life narratives in the Trauma Healing Research Project also show that regardless of religious affiliation the research participants turned to spiritual resources for answers and deeper social redress in their traumatic situations. While much research has been carried out in the biopsychosocial approach to understanding and treating trauma, the approach falls short of understanding moral and spiritual injuries that people who are exposed to trauma may sustain. Therefore, the book shows that the biopsychosocial approach is limited in scope for us to reach a holistic model of assessing and treating individuals and communities that are exposed to trauma. This book argues for a spiritual narrative model of care, which must integrate an understanding of and respect for the many forms of religion and spirituality that people or clients who are exposed to trauma might have. The holistic narrative model will not only bring spiritual perspective in the psychotherapeutic dialogue but also assist in dealing with the different demands in pastoral ministry as related to the clinical and post-traumatic setting. The integration of spiritual resources into the psychotherapeutic dialogue may provide a research resource from which researchers and specialists can infer theories and models to guide clients who have remained captive in past trauma and 'consequently in an immature faith towards spiritual maturity, mental health' (Landman 2007:56) and well-being. This spiritual narrative model of care has implications on the way specialists in the field of traumatic stress, therapists and frontline workers respond to the needs of individuals and communities that are exposed to traumatic situations.

The context of the Trauma Healing Research Project

It is essential for researchers, therapists and frontline workers to first understand the context of the trauma survivor or community that is seeking intervention. In this chapter, I briefly discuss the South African context of trauma. It is a tendency of historians to start with the origin of the matter under study and build on it up until to the present. I am not doing that in this book. Nevertheless, I encourage readers to consult South African history books for a detailed history. In this chapter, I give a brief historical account of the trauma context.

South Africa is a good example of a society where individuals and the collective are affected by intergenerational trauma. For example, colonised by Europeans like other African countries, and possibly suffering the same strategies to disempower, colonise and dispossess indigenous people (Bombay, Matheson & Anisman 2009), it is needless to say that the nation of South Africa is haunted by intergenerational trauma spanning centuries. Buckenham (1999:7–8) states that the history of South Africa is a litany of violent interactions and domination among groups, including colonial domination, indentured labour, collusion of business and government for black labour for the mines, each of these relationships relying on coercion, violence and domination of one group over another to ensure its own survival and establish supremacy (Manda 2013). It must be appreciated that numerous tribal, racial and civil wars have been fought on South African soil, leaving behind after each confrontation a trail of its damage – materially, emotionally, physically, psychologically and spiritually. And yet this breeding ground for violence and trauma does not only lurk in history, but even in recent years, with apartheid and its dispossession, creation of poverty, unemployment and human degradation, conscription and army service, revolutionary training and the armed struggle, third force activity and hit squads, structural corruption and torture, and political faction fighting all characterising life in South Africa (Manda 2013). South Africa

continues to struggle with this brutal legacy (Denis, Houser & Ntsimane 2011).

South African communities are so exposed to trauma on a daily basis through direct and indirect experiences that it affects the national psyche (Manda 2013). For instance, studies conducted by Edwards (2005) and Bean (2008), in which they reviewed specific clinical and epidemiological literature, show that Post-traumatic Stress Disorder (PTSD) and its related conditions are a significant public health dilemma in South Africa. For example, research at a primary healthcare clinic in Khayelitsha, Cape Town, revealed that 94% of adult respondents, aged 15 – 81 years, had experienced at least one severely traumatic event in their lifetime (Carey & Russell 2003).

Another research study conducted among Pretoria Technikon students showed that a significant number of students had been exposed to traumatising events, such as unwanted sexual activity (10% of the female students), witnessing serious injury or death (19%), being victims of violent robbery (13.5%) and physical assault (8%). Of those who were exposed to trauma, a high proportion reported PTSD symptoms. Edwards (2005) concludes that PTSD is a significant public health concern, based not only on the prolific occurrence of PTSD in South Africa but also on its debilitating effects, which have a marked impact on different areas of human functioning. Buckenham (1999:7–8) concurs with Edwards' findings that, 'South African society is a deeply traumatised community of women, men and children. Each person has a story to tell about themselves, their friends, their family'. I agree with Edwards and Buckenham that each person in South Africa has a story to tell.

The Crime, Violence and Injury (CVI) Research Unit, which is co-directed by the University of South Africa (UNISA) and the South African Medical Research Council (MRC), revealed that 60 000 – 70 000 injury-related deaths occur (Seedat et al. 2009) each year, making South Africa one of the highest-ranking countries in the world with respect to death owing to injury.

Injury is the fourth major cause of death among South Africans. The CVI Research Unit adds that it is estimated that for each fatality as a result of violence, there are 20 non-fatal incidents that result in some disability. For example, studies have shown that in 2007 the major contributors to the injury burden comprised homicide (36%), transport-related incidents (32%), suicide (10%) and other unintentional injuries such as burns and poisoning (13%) (Van Niekerk, Suffla & Seedat 2012:198). This injury burden is concentrated among low-income communities.

Another survey conducted by the South African Institute of Race Relations revealed that 'South Africa is the only country in the world where one is more likely to be murdered than to be killed in a road accident' (IOL 2012:n.p.). 'The study was based on information from the road traffic corporation and the police for the 2010/11 financial year ending [March 2011]' (IOL 2012:n.p.). According to IOL (2012):

> [*M*]urder rate exceeds killings on the roads does not mean that road fatalities are low, only that our [*SA's*] high murder rate is even higher than our high road fatality rate. (n.p.)

The study also found that in South Africa, 32 out of every 100 000 people were murdered, while 28 from every 100 000 died in road accidents. These proportions far exceed fatalities in other parts of the world. Lebone argues that 'International data shows that the rate of road deaths is always higher than the murder rate throughout the world' (IOL 2012:n.p.). For example, in the United States, road accident fatalities accounted for three times more deaths than murder, whereas in South Africa the murder rate is higher than the rate of deaths owing to road accidents. The study also compared rates of fatalities in the nine provinces of South Africa and found that only Limpopo and Mpumalanga provinces came close to the international norm, with twice as many people killed in road accidents as those being murdered (IOL 2012). Because of the increase in crime and injuries associated with it, many people in South Africa fear for their lives. Given the statistics above, no one can predict that he or she will never be affected by crime or trauma – it is a matter of where and when.

As I write this book, I am not only remembering my exposure to trauma but also identifying with hundreds of stories of many other people that I have listened to in my work of facilitating Healing of Memories workshops, stress and trauma healing, or in counselling sessions in South Africa over the years. They are stories riddled with horror, helplessness and disempowerment, typical of trauma. In one of the group sessions that I facilitated in a Healing of Memories workshop in KwaZulu-Natal, one lady who was 27 at the time narrated how she was raped at the age of seven and how that has affected her entire life. She was living with her grandmother in a rural area. One day two men came to her house selling goods. It is common in South Africa and other parts of Africa for vendors to sell products from house to house. On that fateful day, the seven-year-old was alone at home. The two men realised that the girl was alone and they left, but one of them returned to the house. He raped her, threatened to kill her if she told anyone, and left her in a pool of blood. Despite the damage, the seven-year-old quickly collected herself and cleaned herself and the home for fear that her grandmother would discover what had happened. Remember the threat? There are many people in society who still live with 'unstoried' parts of their lives because of the threats they received from the perpetrators or those protecting the perpetrators because the abuser is a well-known figure in the community or even a brother, father or uncle, and the list continues. Twenty years later, she told us that when her grandmother arrived she did not notice anything and neither had the victim told anyone about her experience since the incident, until that day in the group. She described how difficult her life had been since that day. She said something died in her that day and she was not motivated to live, to look after herself or to go to school. She was uneducated at the time she was telling her story. She even had to share the story in Zulu while another group member translated for those of us who did not understand Zulu fluently.

Buckenham (1999) continues describing the context of South Africa:

> In the struggle for survival and liberation, there was (and, for many, is) little energy, space or time to pay attention to these wounds.

> Daily survival in an increasingly difficult economic environment is frequently added to already present emotional and psychological trauma and rage. (pp. 7–8)

As each person has a story to tell, this study wanted to facilitate the creation of safe and sacred spaces where those stories could be told, acknowledged and validated with a clear purpose to facilitate healing and transformational development in South Africa. I believe that people need space to heal so that they can move on with their lives.

I was facilitating a Stress and Trauma Healing workshop at the University of Pretoria on 17 November 2018 and talking about the trauma context of South Africa. One participant said that he lives with a constant fear of being injured. If this fear does not find an exit, it may affect his occupational and social functioning and well-being. And yet he was speaking on behalf of millions of South Africans, perhaps even those outside of South Africa, who live with uncertainty not just because of economic reasons but because of the reality of the high rate of road and murder fatalities. In the systemic model of understanding trauma impact, the impact goes beyond an individual who experiences a traumatic event. Each and every person who is killed has a family, circle of friends and clubs that form part of his or her life. They belong to an organisation, church or workplace that is affected by such traumatic incidents. That is why some people like Buckenham have loosely concluded that South Africa is a nation of traumatised people.

The burden of refugee trauma

Over and above its own traumas, South Africa is burdened by the influx of refugees from mainly African countries and Asian countries as well. Every person who enters South Africa is a potential jobseeker, and some come with their own traumas as they flee because of economic, political or religious hardships or wars in their home countries. Accommodating these refugees adds to the burden on the nation's resources.

As I continued to work for the Pietermaritzburg Agency for Christian Social Awareness (PACSA), continuing my preliminary research on the context of South African trauma, I realised that although South Africa had enough and more share of its problems and traumas, the burden of refugee trauma just exacerbated the situation. One of the refugee groups I worked with in our Unit at PACSA was *Hadithi Yetu* [Our Story]. *Hadithi Yetu* mobilised foreign nationals, both documented and undocumented, who were living in Pietermaritzburg, having fled their home countries for various reasons. Threat and violence often overwhelm people in their societies even before they flee their countries. Thus, violent conflicts disrupt communities and families and displace people locally and internationally. Recent studies of refugees, disaster victims, prisoners of war and other traumatised populations suggest that victims are at a higher risk of displaying suicidal behaviour for several years after the traumatic event (Manda 2013). Because of the sheer magnitude of global conflict, the number of refugees and displaced persons throughout the world has risen exponentially (Robertson et al. 2006). Research shows that refugees are more prone to psychiatric illnesses compared to the general population (Tang & Fox 2001:507–512). Robertson (2006:n.p.), in her study entitled 'Somali and Oromo refugee women: Trauma and associated factors', asserts that '[n] early all refugees have experienced losses, and many have suffered multiple traumatic experiences, including torture'. She further adds (Robertson 2006:n.p.) that '[t]heir vulnerability to isolation is exacerbated by poverty, grief, and lack of education, literacy, and skills in the language of the receiving country'. Refugees are separated from their social support networks such as friends and family, from familiar religious frameworks, and are exposed to radically different views about spirituality and religion. These experiences can be very traumatic and can challenge and alter a refugee's religious beliefs, leading to feelings of impotence and being overwhelmed. A good number of refugees living in South Africa have fled their home countries because of wars, unstable political situations and economic reasons. Regardless of how or by what means they come to South Africa, several studies

seem to suggest that refugees are *affected by traumas of war.* For example, Weaver and Burns (2001:147–164), in their article '"I shout with fear at night": Understanding the traumatic experiences of refugees and asylum seekers', say that in recent years the plight of refugees and asylum seekers has garnered significant public attention, yet many social workers find they are ill-equipped for meeting the needs of refugee clients (Manda 2016). Tang and Fox (2001) researched the experiences and mental health of Senegalese refugees, from the Casamance region of Senegal (Manda 2013). Their sample focussed on adult refugees (aged 18 years and older). A total of 80 participants (39 women and 41 men) were randomly selected from refugee camps in The Gambia. They used the Harvard Trauma Questionnaire and the Hopkins Symptom Checklist 25 to assess levels of traumatisation and mental health status. Tang and Fox (2001) reported that research participants suffered from various traumas. There was evidence of trauma symptoms such as the high prevalence rates of anxiety, depression and PTSD in this group. Tang and Fox (2001) concluded that a substantial mental health problem exists within the Senegalese refugee population, which may signify a potential humanitarian crisis.

Both local and foreign nationals living in South Africa are exposed to trauma through either direct or indirect experiences or through witnessing the events happening physically or watching on television. While some people were victims or survivors of the current traumatic events, others were survivors of intergenerational trauma. According to the logo of the Institute for Healing of Memories (IHOM n.d.:n.p.), 'everyone has a story to tell, and every story needs a listener', and I thought someone needed to listen to their stories. It was at this time the Trauma Healing Research Project was conceived. After getting clearance from my unit manager and the then director of PACSA and their assurance to fund the project, I started the project. Having facilitated workshops before, I opted for a PAR utilising the narrative approach. After being exposed to narrative therapy during my master's programme in Clinical Pastoral Care and

Counselling at Stellenbosch University, I wanted to deepen my understanding in the use of not only narrative therapy but also a narrative approach as a way of doing research.

My interest to set up a Trauma Healing Research Project received an impetus in 2009 while I was working for the PACSA. At PACSA's breakfast briefing at the Anglican Church Cathedral, a member of the Independent Electoral Commission (IEC) was speaking to church leaders about the 2009 impending general elections. With what seemed like a slip of the tongue, he (IEC member, male, 2009) asked, 'what are churches doing to heal Pietermaritzburg of its past trauma of the Seven Day War?' I echoed the question in my mind, 'what has the church done to heal the community of Pietermaritzburg from past trauma?' At the time, I worked as a project organiser mainly involved in HIV and AIDS mainstreaming and Church Mobilisation. I was involved in facilitating Churches Channels of Hope (CCOH) workshops to bring awareness to churches about the impact of the HIV pandemic. The commissioner's question bothered me so much that I started reading around the history of Pietermaritzburg and KwaZulu-Natal and what the church has done to help people face and work through trauma. The preliminary data showed a province that was burdened by the aftermath of political violence and various types of traumatic incidents that people experienced. Surprisingly, I did not find a record of churches that had a specific project to target psychological trauma. I must admit that I was aware of the Sinani Programme for Trauma Survivors, which was facilitating trauma awareness and trauma healing workshops in the province. But Sinani, being a secular organisation, mainly based its methodology on a biopsychosocial approach. The biopsychosocial approach 'explains the interactions of biological, psychological and sociocultural factors in the development of psychological disorders' (Manda 2015b:345). The biological aspect is concerned with what the physical effects of the trauma are or what other somatic symptoms there are. The psychological aspect is concerned with what psychological responses there are to stress and what impact the trauma had on the client. The social aspect is concerned with the impacts on family, social functioning and work life (SAITS 2009).

Still bothered by the question of what can be done to heal the community from past trauma, I started a Trauma Healing Research Project, which would be linked to my doctoral studies at the University of Pretoria. The main research question I wanted to address was, 'is the biopsychosocial model of care for victims of trauma, enough to heal their spiritual wounds?' This question was based on my reading of the interview transcripts of survivors of political violence at Allan Paton Centre and Archives, which revealed that when people are caught up in traumatic situations, depression and loneliness can result in feelings of abandonment and loss of faith in one's God or object of devotion. I wondered how the biopsychosocial approach would address the holistic needs of trauma survivors. Also, I wondered how I would integrate different perspectives of trauma healing theories with the practical setting of people within the African context, trying to make sense of their lives under difficult circumstances.

At the time of the conceptualisation of the Trauma Healing Research Project, I came across the Diakonia Council of Churches, a religious organisation that was offering Stress and Trauma Healing workshops in the greater Durban Area. These communities too were greatly affected by political violence in the 1980s and 1990s, namely, KwaMakhutha, Umlazi, KwaMashu, etc. However, their workshops concentrated in Durban and never reached Pietermaritzburg. The main purpose of Diakonia's workshops was to empower survivors and caregivers to restore relationships that were disconnected by violence and internal displacement of people in their communities. The workshops also sought to recover faith, hope and meaning. After a few consultations with my promoter, Prof. Julian Müller at the University of Pretoria, and with the then unit manager and PACSA's director, we concluded that I should start the Trauma Healing Research Project. We also agreed to use the Diakonia group therapy approach, with the aim of healing Pietermaritzburg of its past trauma of civil war. Thus, Diakonia facilitated the first Stress and Trauma Healing Workshop as a pilot project. I was optimistic that Diakonia would also train a group of facilitators in Pietermaritzburg, who would facilitate these workshops in their contexts in the languages with which

they are comfortable. So, the first research participants were mainly recruited from churches. My intention was that if trauma facilitators came from the churches, then we would answer the question, 'what are the churches doing to heal Pietermaritzburg of its trauma of the Seven Day War?'. I give details later in this book about Diakonia's group therapy approach.

As a narrative researcher, I chose to use a narrative approach to facilitate the telling of the 'unstoried' parts of the narratives of trauma survivors concerning their experiences (Morgan 2000). Our first workshop was held at Kenosis Retreat Centre; the facilitators started with defining stress, trauma and trauma and the biopsychosocial aspects of understanding and treating trauma. In their book, *Traumatic Stress in South Africa*, Kaminer and Eagle (2010:2) revealed that, traditionally, 'the exploration of the impact of trauma on trauma survivors in South Africa has been focussed mainly on the bio-psychosocial aspects' (cited in Manda 2015a:1). However, at the back of my mind, the research question lingered: is the biopsychosocial model of care for victims of trauma enough to heal their spiritual wounds? Thus, the project spanned over five years, and during this time participants went through different processes from their experience of healing from trauma to being trained as caregivers and later facilitators of the same workshops they went through. The participants explained their life narratives documenting their personal and group experiences during the Trauma Healing Research Project. These events are captured in Chapter 4 and Chapter 5.

Why the Trauma Healing Research Project?

Training churches to heal trauma

The Trauma Healing Research Project sought to respond to the IEC member's challenge to the churches of Pietermaritzburg. He had asked church and community leaders what they were

doing to heal Pietermaritzburg of its past trauma from the Seven-Day War. I was not aware of any trauma intervention project that specifically aimed at healing Pietermaritzburg's past trauma. And as the challenge came to the churches, it was apt to start healing the wounded church so that it can use its wounds to heal the traumatised community of Pietermaritzburg. This is a concept that was coined by Henry Nouwen, which I will discuss later in the book.

The IEC staff member knew about this context of trauma in Pietermaritzburg and wondered if anything was done to heal the effects of past trauma on the communities of Pietermaritzburg. As, by this time, I was already working with churches on the HIV and AIDS programme, it was easier for me to mobilise churches to also pay attention to trauma.

Having read a bit and listened to some key people in Pietermaritzburg, I realised that the churches were not doing much to address past trauma. They continued business as usual of preaching, giving Holy Communion and laying of hands on the physically sick. But there was very little, if not nothing, happening to facilitate healing from past and current traumatic stress. I will never forget what one woman said to me in Israel that people are lifting up their hands in the churches worshipping God, but their hearts are bleeding. I wondered what process would stop the bleeding.

By chance, or by God's provision, I learnt that the Diakonia Council of Churches had been facilitating Stress and Trauma Healing workshops since 1996, and we were in 2009. I visited Diakonia offices in Durban, about 85 km from Pietermaritzburg, and had a productive conversation with the then coordinator of the Stress and Trauma Healing workshop. It is there that I discovered that Stress and Trauma Healing workshops have been offered in South Africa since 1996, initially developed by psychologists Carl and Evelyn Bartsch under the auspices of the Diakonia Council of Churches. The approach was originally published in *Stress and Trauma Healing: A Manual for Caregivers*

by Diakonia Council of Churches, Durban, to address the needs of caregivers (Bartsch & Bartsch 1996). This manual was developed in response to the stressful and traumatic situations people were living in during the time of the political violence. After the 1994 democratic elections, many people spoke about how difficult the transition was from apartheid to democratic government. According to Bartsch and Bartsch (1996):

> In the Greater Durban and KwaZulu-Natal, [*for example,*] the transition stress was made worse by the ongoing violence. Those who directly or indirectly experienced killings, house bombings or other acts of terror knew the effects of trauma in their person, family and community. [*While*] for others the persistent stress of adjusting to new realities weakened the fibres that made up the fabric of their lives. For some the traumatic violence cut the fibres that held their lives together. (p. 5)

On the effects of trauma, Bartsch and Bartsch (1996) say:

> [*W*]hether people wear out through accumulating stress, or through sudden traumatic events, the effects are the same. Normal patterns of living are disrupted, people feel disconnected from others, feel helpless to manage the events and often lose [*their*] faith and hope. (n.p.)

Such were the caregivers. As Carl and Evelyn began conducting some stress and trauma workshops, they observed that caregivers themselves needed support and encouragement. Thus, 'the Mennonite Central Committee, Vuleka Trust and Diakonia combined their resources in developing the stress and trauma healing workshop' to support the victims and caregivers (Bartsch & Bartsch 1996). Carl and Evelyn Bartsch also observed that as caregivers, they absorbed the pain and anguish of people who have been hurt by violent people, harsh systems or brutal forces of nature. Bartsch and Bartsch (1996:5) argue 'that as caregivers we easily bury stress and trauma, let it accumulate and let it wear us thin'. Thus, Stress and Trauma Healing workshops became a tool to facilitate the healing of caregivers and other victims of political violence.

I got back to Pietermaritzburg and convinced my unit manager at PACSA and the director to start the Trauma Healing Project

in Pietermaritzburg. I won their support and funds to pay for workshops, and Diakonia's coordinator agreed to come over and facilitate Stress and Trauma Level 1, a three-day workshop. I felt that I had found a solution to Pietermaritzburg's problem of unresolved past and present trauma that the IEC member talked about. My strategy was to train a group of facilitators who would, in turn, facilitate healing in their churches and communities in the languages with which they are comfortable. Given the pool of traumatised communities in Pietermaritzburg, it was virtually impossible to invite everyone to attend the Trauma Healing Project. Thus, recruitment of participants was done through several organisations and churches that were working with PACSA in 2009. Participants of other nationalities who were living in Pietermaritzburg at the time – such as citizens of the Democratic Republic of the Congo (DRC) and Zimbabwe who had refugee status – were also included in the project. The study did not categorise people according to their ethnic or national groups, and it did not segregate participants on the basis of their religious affiliation, politics, race or gender.

I looked forward to training English, Shona, Zulu, Kiswahili, French and Nyanja speakers who would then facilitate healing in their communities in Pietermaritzburg. My long-term desire was that when these foreign nationals would return to their home countries, they would extend the healing work to the African continent. It remains my desire.

Re-authoring life narratives shattered by trauma

The Trauma Healing Project's main aim was to give people who were exposed to traumatic stress an opportunity to tell their stories in a safe and supportive environment. Part 2 of this book presents a scholarly interpretation of five of the 14 life narratives that were re-authored. In the introduction to Part 2, I expand what had motivated me to research the theme of *re-authoring life narratives shattered by trauma*. Chapters 6–9 discuss how

traumatic events are remembered in conversations and how both dominant and alternative stories are weaved into coherent and re-authored life narratives. Stories presented in this section typify the difficulties faced by many people in South Africa attempting to reach a closure; but, in a broader context, it could also be seen as a metaphor for the painful legacy of South Africa's past – a past full of voices crying to be heard, of unfinished business crying for closure (Van der Merwe & Gobodo-Madikizela 2008:47). Although it is impossible to gain in-depth knowledge of the past, argues Van der Merwe, and although final closure will always be out of our reach, these crying voices urge us towards the ideals of knowing and working through the past. Van der Merwe admits the challenge the voices pose for oral and literary historians, for narrative therapists and for creative writers – ultimately for all of us – to hear and tell the stories of those unheard, to give a voice to those who have been silenced. However, the Trauma Healing Project initiated what Van der Merwe calls 'making public spaces intimate' (Van der Merwe & Gobodo-Madikizela 2008:47). By 'making public spaces intimate', they mean bringing our most intimate hurts into the public space so that 'talking about the hurts' triggers something in the audience with which they identify, which they receive and respond to (Van der Merwe & Gobodo-Madikizela 2008:47). This means that when I express my pain, I am expressing it in the name of all of those others who find a place in my heart to connect to, with my story. In this case, my story also becomes the story of others present, so my reaction and your reaction to my story is also our reaction. Therefore, when we embrace the story, we are embracing it with a mutual feeling of connectedness. The consequence of this embrace in the Trauma Healing Project was the hope that we needed so badly so that we could move forward after all traumas.

The Trauma Healing Project would facilitate the telling of individual and communal stories so that we can reach a holistic understanding of the untold stories of trauma survivors from communities historically affected by political violence, and specifically about their experiences of spirituality in traumatic

situations (Muller 2004:1030). I sought to explore how trauma affected the spirituality of trauma survivors and how or whether spiritual resources were mobilised to re-author their life narratives that were shattered by trauma (Manda 2015a). Re-authoring conversations seek to create the possibility for the generation of alternative, preferred stories of identity (Manda 2015a). Once these stories have been co-created (between the researcher and the co-researcher), the person concerned will have a foundation to continue to link events and meanings around this new story (Carey et al. 2003:68). The narrative approach was used as a tool to explore 'the individual and community narratives that trauma survivors had about their lives and relationships, their effects, their meanings and the context in which they had been formed and authored' (Manda 2015a:1; Morgan 2000:10). Morgan highlights that people live their lives according to the stories they tell about themselves and what others tell about them. The stories we have about our lives are created by linking certain events according to a plot, in a particular sequence, across a time period and finding a way of explaining or making sense of them. This meaning forms the plot of the story (Morgan 2000). Thus, according to Morgan, a narrative is like a thread that weaves the events together, forming a story.

Searching for meaning for trauma survivors

Some studies indicate that finding personal meaning in a traumatic event is a critical factor in recovery from traumatic sequelae (Frankl 1962, 1964; Herman 1992). Elsewhere in this book, I refer to Morgan (2000), who views humans as interpreting beings. She says that we daily experience events that we seek to make meaningful. The stories we have about our lives are created by linking certain events together in a particular sequence across a time period and finding a way of explaining or making sense of them. This meaning-making forms the plot of the story. Morgan (2000:n.p.) adds, 'we give meanings to our experiences constantly

as we live our lives'. However, a traumatic experience does not make sense at times because (Gilchrist n.d.):

> The traumatic event is unaccounted for in the collective body of assumptions about life, self, and the world that individuals hold. As it fails to make sense in terms of prior assumptions, it creates a 'crisis of meaning' in how victims are to understand a number of things. (n.p.)

Gilchrist continues that the sense of 'meaning' that victims either possess or are missing as they attempt to understand an event is directly related to the suffering they experience. As a result, victims struggle to understand and give meaning not only to the nature of the event, but also to the nature of a world where such things can occur and – moreover – that world in relation to oneself (Manda 2013). Because the assumptive world is at the centre of one's being and personality, victims also tend to question their self-worth, blame themselves for the event having occurred and feel guilty for surviving the event (Janoff-Bulman 1992). For the above reason, when trauma ruptures, violates or questions the validity of their assumptions, victims experience a 'wounding' of their very being (Janoff-Bulman 1992).

Therefore, I was interested in joining a group of trauma survivors with whom we could explore our pain and perhaps find meaning in our suffering.

Recruiting research participants

The research project began with 38 participants, all black people (15 men and 23 women), aged between 20 and 45 years. Of the 38 participants, 30 were South Africans, one Malawian, four Congolese from the DRC and three Zimbabweans, who were living in Pietermaritzburg at the time (Manda 2015a). The South African participants came from neighbouring local townships like Imbali, Howick, Mpophomeni, Greater Edendale Valley, KwaMpumuza, Sobantu and Escourt; 'these [communities] were greatly affected by political violence in the 1980s and 1990s culminating in the Seven Days War' (Manda 2015a:1). Foreign nationals were included in the project because they are not exempted from traumatic

experiences in South Africa. They had just survived the largest wave of xenophobic attacks in South Africa in 2008 or were living with scars from their countries of origin caused by wars, oppressive governments, etc. They were all invited through partner community-based organisations to attend the Stress and Trauma Healing Workshop Level 1 at Kenosis from 30 October to 01 November 2009 (Manda 2015a). As I was working with churches at the time, most of the participants came from churches. Somehow, I started responding to my research problem of how churches can get involved in the healing of communities caught up in the crossfire of past and present trauma. My thinking then was that once they experience healing for themselves, they will be motivated to get involved in facilitating the healing of others in their churches, organisations and communities. In this way, the church would be getting involved in healing Pietermaritzburg of the past trauma of civil war.

In order to be included in the study, the participants were required to provide their consent. So during the workshop, I obtained consent from participants to participate in a pilot study for trauma healing. The main criterion for participation was the experience of a traumatic event or living with possible symptoms of trauma. To ensure that this criterion was met, those who gave consent completed the Harvard Trauma Questionnaire (HTQ), which was designed to assess the mental health functioning of individuals who have experienced traumatic life events (Manda 2015a:2; Mollica 2007:12). Thirty-three of the 38 participants who completed and returned the questionnaire had experienced, witnessed or heard about one or multiple traumatic events. For example, HTQ analysis revealed that some participants experienced torture first-hand or witnessed the torture or killing of someone, family or friend; others were rape survivors; there were refugees who fled war in their home countries, suffered neglect, starvation and were deprived of water; some were involved in car accidents, stabbed or held at gunpoint; and others were living with HIV and AIDS. After the sample was obtained, the study then proceeded with a qualitative methodology,

utilising the narrative approach as a way of working through trauma and to facilitate the telling of 'unstoried' parts of the narratives of trauma survivors concerning their experiences of trauma.

How data were collected

Now that I had identified the problem for humanity that my research wanted to solve, that is, to heal Pietermaritzburg of its past trauma of civil war, I asked myself how I was going to heal and gather data at the same time. As a narrative researcher, I chose to work with the PAR design using a narrative approach. The aim was to look in detail at the effects of stressful and traumatic experiences on the lives of the respondents and facilitate the telling of the 'unstoried' parts of the narratives of trauma survivors concerning their experiences of trauma. I wanted to facilitate the process of regaining control over the events of their lives through the search for meaning to determine what these might say about their 'landscape of identity' (Carey et al. 2003:63). As part of a group of narrative researchers, I wanted to be part of the story development process through which different alternative, more holistic stories of trauma could be explored and re-authored.

Participatory action research design was chosen because it offers several benefits to both the researcher and research participants compared to other methodologies.

Firstly, PAR was chosen because it has emerged in recent years as a significant methodology for intervention, development and change within communities and groups (Manda 2013). Within the PAR approach, Babbie and Mouton (2001:xxx–xxxi) argue that 'the researcher is first and foremost seen as a change agent whose primary responsibility is to initiate and facilitate "emancipatory" change during the research process'. This seemed an ideal approach as I was not interested in gathering data and let it rot in the libraries. I wanted to facilitate the process of healing individual and collective trauma in Pietermaritzburg.

I wanted to do something about trauma that churches were not doing at the time, whose silence was questioned by the IEC official.

Secondly, PAR involves all relevant parties in actively examining together current action (which they experience as problematic) in order to change and improve it. It aims to be active co-research by and for those to be helped, and it tries to be a genuinely democratic or non-coercive process whereby those to be helped determine the purposes and outcomes of their own inquiry (Wadsworth 1998). In other words, by seeking to democratise the research relationship, 'PAR aims to reduce the distance between the researcher and research participants, and to ensure that a symmetrical and equal relationship is established' (Babbie & Mouton 2001:xxxi).

Thirdly, participative research is a 'research with people rather than research on people' (Manda 2013; Reason 1994). The so-called research subjects by the modernist approach to research are, in turn, defined as research participants, given their crucial role as co-owners of the knowledge production process (Babbie & Mouton 2001:xxxi). This then frees the researcher from an objectivist approach of science to research (Muller 2004). Indeed, I learnt more by doing research with the research participants than I would have had I used the objectivist approach. By the end of the longitudinal research, each one of us documented our stories of trauma. We learnt together to document narratives, edit them and actively participate in the publication process. I still remember some researchers being so excited during the launch of the publication that they exclaimed, '[...] so we are authors also, we thought authoring books belonged to the academia only'. This, for me, is empowerment, which is a crucial goal of PAR. According to Babbie et al. (2001:xxxi), empowerment entails that the poor, oppressed and the exploited in societies acquire power through research. Those who began as trauma survivors or victims ended up as authors, as you will note in this book; I quote some of them, no different from when I would quote Babbie and Mouton or Judith Herman. Besides, the handbook has travelled far and wide to

places where the authors themselves may not have set foot. For example, the Trauma Healing Project and also the book writing project were funded by different local and European donors. Each one of them received a copy, and they were happy with our progress to the point that they continued to fund our initiative. As I am talking, the participants, now designated as trauma counsellors, have registered a not-for-profit organisation called KZN Stress and Trauma Network, and are facilitating stress and trauma healing in their communities in their language. For Babbie and Mouton (2001), empowerment also involves conscientisation (raising awareness), emancipation, learning, strengthening research participants in their capacity to do research and the generation of autonomy. Indeed, the participants are now autonomous as they run their own organisation and manage their own funding. In my preliminary readings around the topic of trauma, I gathered that trauma disempowers its victims, as it renders them helpless and overwhelmed. The only way to start empowering them is by getting them involved in their own liberation. I wanted the survivors of various traumatic events to actively participate in their healing and liberation. I was looking for a research design, and PAR just happened to be the ideal one for my research context.

Fourthly, PAR brings people together with a common problem, namely, to (1) identify knowledge and action that is directly useful for a community and (2) support people to engage with this knowledge and action to make necessary changes in their lives, relationships and communities (Reason 1994). Perhaps, this is the most pertinent reason as to why PAR was the ideal design for my study project. In this study, all co-researchers had a common problem – experience or witnessing of trauma in their lives – and we came together to find ways and processes to make necessary changes in our lives, relationships, and communities.

Fifthly, the PAR design incorporates personal reflections as research data (Park 1999:141–157). Thus, co-researchers' reflections and stories, which were listened to and documented, were incorporated as research data in this study.

Organisation of the book

This book comprises 11 chapters divided into three parts.

Part 1 is about trauma and recovery. It explores the biopsychosocial injuries that people who are exposed to trauma may sustain and suggests resources to heal the debilitating effects of trauma. This section also underscores the role of group therapy approach in the recovery process of individuals and communities that have been exposed to traumatic stress as applied in the Trauma Healing Research Project. It also demonstrates the skill and art of creating visual narratives and using them to weave life narratives shattered by trauma.

Part 2 is about the results of weaving trauma narratives as a way of healing and empowering trauma survivors. It comprises four chapters, and each chapter presents a different type of trauma that was expressed by participants in the Trauma Healing Research Project. Participants were talking about their personal experiences from the time they entered to the time they exited the project, and how the application of theory helped them to heal or find better ways to cope.

Part 3 reflects on the whole longitudinal research project in search of a spiritual narrative model of care. Having demonstrated through literature and practice how limited biopsychosocial approach helps us to understand and treat the effects of trauma on the whole person, the author shows how the holistic narrative model for care can be applied to bring healing and recovery of individuals and communities that are exposed to trauma. Finally, the book demonstrates the importance of interdisciplinary studies in order for us to meet the various needs of clients in pastoral ministry.

Synopsis

The following is a chapter-by-chapter synopsis of the book.

Chapter 1 is the roadmap of the book. It discusses the main argument of the book, the context in which it has been authored

and the approach used to collect data for the Trauma Healing Research Project.

Chapter 2 discusses the conceptual understanding of trauma, intergenerational trauma and the context in which trauma narratives were authored. It reviews the literature in the field of traumatic stress studies. It critiques the biopsychosocial effects of trauma in the various domains of life of traumatised individuals. It then discusses how these effects impact the social and occupational functioning and well-being of trauma survivors and their support systems.

Chapter 3 touches on the theoretical aspects of trauma and recovery in South Africa. It covers different stages of trauma intervention such as emergency, brief intervention, early intervention and long-term intervention. It lauds the Wits Trauma Model, a a home-grown South African model that was developed over time by psychologists as they grappled to treat patients at the Trauma Clinic and other centres during the political violence of the 1980s and 1990s in South Africa.

Chapter 4 is where the rubber heats the road. The author covers the first and second phases of the Trauma Healing Research Project. Phase 1 starts with processes that allow research participants to experience trauma healing for themselves by attending several Stress and Trauma Healing workshops and trauma debriefing sessions. Phase 2 shifts the focus from research participants to the communities from which they come. They are trained as caregivers and 'wounded healers' to start organising and facilitating trauma awareness, debriefing, and Stress and Trauma Healing workshops in their communities. The objective of training churches to facilitate healing of Pietermaritzburg's past and present trauma takes place in this phase. This phase covers a period of 5 years in which the research participants were exposed to different processes that sought to heal them from traumatic stress and also empower them to take control of their lives. It covers Judith Herman's five stages of trauma recovery and Diakonia's group therapy approach as they were implemented or applied on the ground.

Chapter 5 focusses on re-authoring life narratives shattered by trauma. Like a mosaic reconstructed from broken pieces of tiles, pottery or glass, research participants begin to weave their experiences into life narratives in a coherent manner. They understand the impact of telling their story in the healing of trauma, but more than narrating, they also understand that literary narratives are powerful tools to heal trauma. As they write their stories, they express certain parts of their narratives which could not be expressed verbally. On the other hand, the literacy narratives bring healing to the reader through identification. As readers read the other's story, they run their story parallel to the one they are reading by always comparing to find points of identification. Thus, starting with visual narratives as facilitators narrating our trauma, we proceeded with the empowerment and reconnection processes that prepare wounded healers to use their wounds to effect individual and communal healing from traumatic stress.

Part 2 of the book comprises Chapter 6 to Chapter 9. Each chapter represents a specific case or type of trauma that emerged during the Trauma Healing Research Project. Mollica (2007) argues that:

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

The Trauma Healing Research Project succeeded in documenting 14 stories in total, but only four of them are presented in this book with consent from the authors. These life narratives demonstrate the role the Trauma Healing Project can play in the healing, redress and recovery of traumatised individuals and communities. Each case presents a particular type of trauma, the context in which it was authored and how the Trauma Healing Project intervened to help the participant re-author the participant's life narrative. Here is a synopsis of Chapter 7 to Chapter 10.

Chapter 6 addresses the trauma of xenophobia, a constant threat for foreigners in any foreign land, but specifically in South Africa. Manda being a Malawi national on a work permit in South Africa vowed never to forget the image of a Mozambican man he saw on TV, who was tied to a mattress in Johannesburg by South African citizens and set ablaze. He watched how a man struggled in vain, how a man engulfed in flames kicked and was finally overcome by fire. Fearing for his life and that of his family, he felt the absence of God during xenophobia and sustained spiritual injury in the process. He details his experience during the Trauma Healing Project and re-authors his life narrative.

Chapter 7 discusses the war and refugee trauma. Kitengie's narrative reads like fiction. His case is not only a symbol of the struggles of foreigners in a foreign land but also a symbol of the effects of war trauma. Fleeing Eastern Kasai in the DRC during the civil war, Kitengie, a professional teacher, walked 13 days and 13 nights in the Congo Forest in pursuit of a safer place. Constantly fleeing to a safer place, Kitengie gets his share of xenophobia in South Africa. Felt alone in the world, he reconnects with the Trauma Healing Project family.

Chapter 8 addresses the trauma of rape, captivity, and HIV and AIDS in Noma's life. Surviving sexual abuse at the age of 11, physical and verbal abuse for another year, and fleeing captivity only to fall pregnant at the age of 14. As if this is not enough, she loses her child in a road accident, falls prey to HIV and loses a string of loved ones. Angry at God for not intervening on her behalf, she discovers during the Trauma Healing Project that actually the absent God was present.

Chapter 9 presents the trauma of murdered family members. Losing her mother to death from natural causes, a brother stabbed to death by community members and her father murdered by her cousin, Madondo loses faith in her community and support systems and vows never to talk about her story. She finds peace through telling her story at the Trauma Healing Project and re-authors her narrative.

Part 3 is a reflection of the Trauma Healing Research Project and the emerging spiritual narrative model of care. This part comprises Chapter 10 and Chapter 11.

Chapter 10 discusses the spiritual narrative model of care. It critiques the limitations of the biopsychosocial approach to understand and treat trauma by specifically exploring the link between trauma and spirituality. It explores the holistic impact of trauma on the whole person, in spirit, soul (or mind) and body. It reflects on the experiences of research participants who sustained not only biopsychosocial effects of trauma but also moral and spiritual injury. In other words, it examines the moral and spiritual impacts of trauma on those who are exposed to traumatic stress. The chapter underscores three concepts:

1. moral injury
2. spiritual injury
3. post-traumatic spirituality.

The author introduces the concept of 'post-traumatic spirituality' and how it affects the recovery or post-traumatic growth of trauma survivors and their support systems, regardless of their religious affiliation. Then the chapter argues that the biopsychosocial approach is limited in scope for us to reach a holistic model of assessing and treating individuals and communities that are exposed to trauma. Instead, it proposes a spiritual narrative model of care. This model must integrate an understanding of and respect for the many forms of religion and spirituality that people who are exposed to trauma might have.

Chapter 11 concludes the book with a discussion on the need for interdisciplinary studies to come up with a holistic understanding of the impact of trauma on the whole person. By integrating spiritual resources into the psychotherapeutic dialogue, specialists and researchers in the field of traumatic stress studies could adopt a holistic approach to better assess and treat individuals and communities across religious backgrounds that are exposed to trauma, suffering, death and other existential issues.

Chapter 2

Biopsychosocial impact of trauma

In the course of our lives, we go through many experiences. Meintjies (n.d.:5) uses a metaphor of people carrying baskets on their backs as they go through life. She says that during the course of life, it is as if we collect experiences into the basket of our life and we carry them with us wherever we go. Some of these experiences are positive or life-giving, which build our personal profile, self-esteem and self-concept, and they give us motivation to live and tackle the challenges of life as the occasion demands. Nevertheless, there are also negative experiences in the basket that are painful which result from what we have done, what was done to us, and what we have failed to do. Meintjies (n.d.) gives examples of some of the painful experiences in our basket, such as poverty; unemployment; loss of one's property, loved ones or dream; being humiliated; loss of possessions; floods; rape; and neglect. If I may, let me ask you to reflect on your life, what has happened in your life, and to draw your own basket of life and fill it with such experiences. But Meintjies (n.d.) disputes the idea that every painful experience is traumatic, although people generally may use the word loosely. One may ask, what then is trauma?

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Understanding trauma

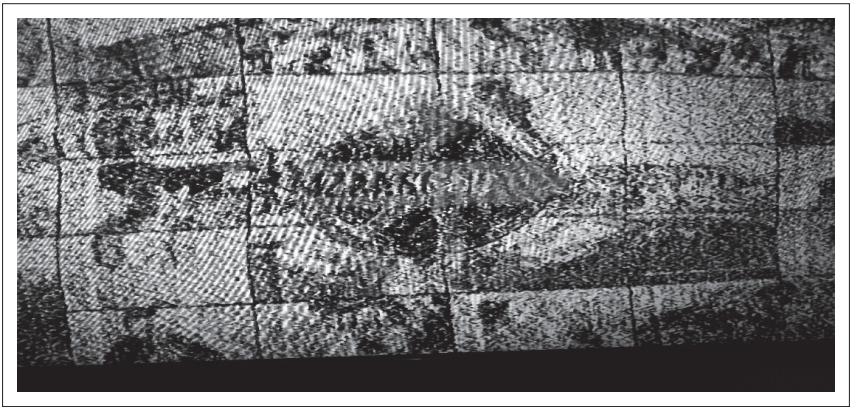
There are different schools of thought with regard to defining trauma. One school sees trauma as the event itself, while another school sees trauma as a response or reaction to a life-threatening event. Meintjies (n.d.) argues that it is not the event itself that is traumatic, but it is the experience of the event that leads us to call some events traumatic. For instance, if you felt that you were in extreme danger, and if you felt intense fear, helplessness or horror, then it would be called traumatic. For example, if a person's house was burnt down during political violence, and he or she had to flee the situation, this would be traumatic. Some examples include events like rape, road accidents, armed robbery, floods, physical abuse and domestic violence, and the list continues. I agree with that school of thought that sees trauma as the response to a terrible event. And the event itself is called a traumatic event. It makes sense that it is a reaction to the event because several people may be exposed to the traumatic event, but not everyone will be traumatised. For example, while I was a student in England in 2000, one lecturer told us her experience of being stuck in the lift. She said there were many people in the lift and for some unknown reason the lift got stuck. It would not open. They called for help, and almost 3h passed before help finally came. Eventually, they were rescued. When she walked out of that lift, she vowed that she would never again use a lift. By the time she told us this story, years had gone by after the incident, but indeed she had kept her vow. Although no research was conducted to follow the other passengers who rode that lift that day, my assumption is that not all of them would have vowed never to use a lift again. Others might have considered it an unfortunate incident and would have continued using a lift. My lecturer's reaction to the lift incident may not have been the same as the others who rode the lift that day. Another example is that of my fellow student. While studying for her master's in theology at the University of KwaZulu-Natal in 2006, my friend was involved in a car accident. She sustained some injuries, but survived the ordeal. When I paid her a visit two weeks later,

she vowed never again to drive a car. I wondered how she would attend classes, because she lived about 10 km from the Pietermaritzburg campus. My assumption is that not everyone who met with a car accident that day would have made a similar vow as my friend. We react to terrible events differently, depending on certain factors. As such, Bartsch and Bartsch (1996:27) caution that when we work with people, we must listen carefully to what they consider traumatic or stressful, because what is stressful for one person may not be stressful for the other.

Kaminer and Eagle (2010:2) in their book, *Traumatic Stress in South Africa*, trace the origin of the word 'trauma' to the Greek word *tere*, meaning 'to tear' or 'to rupture'. In the case of psychological trauma, 'this understanding is reflected in a notion of psychological wounding and the penetration of unwanted thoughts, emotions and experiences into the psyche or being of the person'. Martz and Lindy (2010:34) also see trauma as a wound. They say that as a psychological metaphor, 'an individually experienced traumatic event can be experienced as a sharp, sudden, deep wound to the psyche, leaving a tear in the tissue of the holistic self' (Martz & Lindy 2010:28). They add that 'in trauma, the horrific moment arrives with such world-shattering force that it scrambles the brain's function, and the victim is unable to process the experience in a normal way' (Manda 2015a:5).

I facilitated a Stress and Trauma Healing workshop on 17 November 2018 at the Faculty of Theology and Religion, University of Pretoria. We looked at Martz and Lindy's definition of trauma. What caught our attention was the phrase that trauma 'scrambles the brain's function'. We reflected on the term 'scramble'. Several definitions and examples of the word 'scramble' came up, but we nearly died of laughter when one participant mentioned 'scrambled eggs'. The same one also mentioned a scrambled TV. We all knew what scrambled eggs are, and we also knew how a scrambled TV looks. A picture of a scrambled television (TV) station is presented in Figure 2.1.

When a TV station is scrambled (see Figure 2.1), images do not look as clear as they should. Although we did not go into detail



Source: Photograph taken by Charles Manda, on 10 January 2018, in Sunnyside, Pretoria, published with permission from Charles Manda.

FIGURE 2.1: A picture of a scrambled television screen.

as to what causes scrambled TV images, we understood the metaphor of Martz and Lindy that trauma hits 'with such world-shattering force that it scrambles the brain's [functions]' (Manda 2015a:5). It simply means that the functions of the brain are mixed and cannot function properly. Kaminer and Eagle (2010:2) assert that traumatic events severely disrupt many aspects of psychological functioning. Just as there is disruption in normal viewing of TV, so too there is a disruption of the normal feeling of comfort when one experiences a traumatic event (Van der Merwe & Gobodo-Madikizela 2008:158–182).

As we continued to brainstorm the definitions of trauma, another participant defined trauma as a dent that the traumatic event or experience leaves in a person's life. The 'dent' metaphor led us to reflect, particularly as some participants had cars. The online Oxford Learner's Dictionaries site defines 'dent' as a hole or hollow that is made to the surface of a car or any hard surface owing to something hitting the surface. As an idiom, to make a dent in something means to reduce the amount of something (Oxford Learner's Dictionaries n.d.:n.p.). For example, a dent can be caused by a stone, a metal object, two cars colliding with each other or by a driver crashing the

car into something. With our simple understanding of dent, we reflected on how trauma could be referred to as a dent in a person. An example includes the latest South African Reserve Bank interest hike, which made a dent in the property market. For those of us who live in South Africa, the government's decision to raise value-added tax from 14% to 15% has made a large dent in the cost of living. By application, trauma causes a dent in a person's social, occupational functioning and well-being. A traumatic event leaves a mark in the survivor's life. Although some traumatic experience may heal with time, others leave a permanent dent unless otherwise repaired. Van der Kolk and Van der Hart (1995b:158–182) say traumatic experience produces emotions such as terror, fear, shock and above all disruption of the normal feeling of comfort. They explain how trauma 'scrambles the brain's function' as the sensation factor sector of the brain is active during trauma, but the meaning-making faculty – the rational thought and cognitive processing, namely, the cerebral cortex – remains shut down because the effect is too much to be registered cognitively in the brain. As experience has not been given meaning, the person experiencing it is continually haunted by it in dreams, flashbacks and hallucinations. Caruth (1995:6, cited in Manda 2015a), giving more clarity on how the brain's function is scrambled, says that trauma forces:

> [*T*]he self into hiding, and [*while*] the sensory manifold [*keeps*] 'recording' sights, sounds, smells, and feelings, the brain [*fails*] to work them through. Thus, in a sense, [*the*] videographer left, but the tape kept running. The trauma, then, is 'an event whose force is marked by its lack of registration'. (p. 5)

Again Caruth gives a metaphor of the cerebral cortex, the thinking brain, as a videographer, who instead of recording the events as they unfold abandons the video machine, runs away or goes into hiding because the pain is too much to register. But the video, the survival brain or the sensation factor sector, as Van der Kolk and Van der Hart (1995b:158–182) put it, keeps recording. When the event is finished, the videographer comes back and has missed a plot. Then the cerebral cortex starts asking questions like, what happened? The cerebral cortex is the analytical part of the brain

that seeks to understand, make meaning and give explanations; however, it cannot explain because it fled and the self was forced into hiding. And because the cerebral cortex did not register the event, Caruth (1996:62) calls trauma a 'missed experience'. According to Caruth (1996):

> The shock of the mind's [*relation*] to the threat of death is [*thus*] not the direct experience of the threat, but [*precisely*] the missing of this experience, the fact that, not being experienced in time. It [*has*] not yet [*been*] fully known. It is this lack of direct experience that, paradoxically, becomes the basis of the repetition of the nightmare. The person experiencing trauma is continually haunted by it in dreams, flashbacks and hallucinations because the cerebral cortex is trying to make sense of what happened. (p. 5)

It keeps asking questions, and as the survival brain or the sensational factor sector was present at the scene and recorded everything, it starts giving bits and pieces of the footage in dreams, flashbacks and hallucinations. Wigren (1994:415–416) states that experience is normally processed in the memory in the form of a narrative. This process includes the selection of relevant data, the construction of causal chains, the connection of events to characters, the episodic organisation of events and the drawing of conclusions to make sense from an event and guide future behaviour. In contrast, traumatic memories leave the victim speechless (Van der Merwe & Gobodo-Madikizela 2008:56). These memories come back as emotional and sensory states with little verbal representation (Van der Kolk 1996:296). Van der Merwe and Gobodo-Madikizela (2008:56) add that traumatic memories are so overwhelming that they cannot be turned into narratives; they are usually triggered by associations; and they remain unassimilated in the psyche, accompanied by intense emotions, vivid images, nightmares and somatic symptoms such as sweating palms. Normally, people make sense of new events by fitting them into pre-existing narrative mental schemas (a schema is a pattern of thought or behaviour that organises categories of information), but not so with severe trauma; it cannot be contained in these schemas because it shatters their foundations, and it defies all attempts to ascribe meaning to the traumatic experience.

Van der Kolk and Van der Hart (1995b:176) call traumatic memories the unassimilated scraps of overwhelming experiences, which need to be integrated with existing mental schemes, and be transformed into a narrative language. When such integration takes place, the story of the event can be told; the flashbacks and the somatic symptoms disappear and the person regains control over the past.

Kaplan and Wang (2004:5) view trauma as a special form of bodily memory. It is a debilitating kind of memory. They argue that '[i]t is engraved on the body, precisely because the original experience was too overwhelming to be processed by the mind' (Kaplan & Wang 2004:5). To be repressed, a memory would have to be cognitively processed and then forgotten (Kaplan & Wang 2004:5). But because it has not been processed, the memory tries to find a way into consciousness and ends up leaving disturbing and ambivalent traces in a typical traumatic symptom of flashbacks, hallucinations, phobias and nightmares (Kaplan & Wang 2004:5). Thus, traumatic experiences place 'excessive demands on people's existing coping strategies and create severe disruption in many aspects of the psychological functioning and well-being of a survivor' (Kaplan & Wang 2004:5, cited in Manda 2015a:2).

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

> Direct experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate.
>
> The person's response involved intense fear, helplessness, or horror. (Note that in children this may be expressed instead by disorganised or agitated behaviour). (p. 463)

Caruth (1996:10) sees traumatic experience as 'unclaimed experience'. Caruth (1995) adds that:

> [*S*]ometimes a response to an overwhelming event or set of events may be delayed. The pathology of trauma consists solely in the

> structure of [*the*] experience or reception: the event is not assimilated or experienced fully at the time, but only belatedly in its repeated possession of the one who experiences it. (p. 142)

Thus, according to Caruth, to be traumatised means 'precisely to be possessed by an image or event' (Caruth 1995:142).

When people find themselves suddenly in danger, they are overcome with feelings of fear, helplessness or horror (Carlson & Ruzek n.d.). However, in cases of children, argues APA (2000:464), 'sexually traumatic events may include developmentally inappropriate sexual experiences without threatened or actual violence or injury'. Carson and Ruzek point out that after traumatic experiences, people may have problems that they did not have before the event. If these problems are severe and the survivor does not get help, they can begin to cause problems in the survivor's family. During a trauma, survivors often become overwhelmed with fear. Soon after the traumatic experience, they may re-experience the trauma mentally and physically. Because this can be uncomfortable and sometimes painful, survivors tend to avoid reminders of the trauma.

Examples of traumatic events

Events that would be considered traumatic and are experienced directly include, but are not limited to, military combat; violent personal assault (e.g. sexual assault, physical attack and mugging); being kidnapped; being taken hostage; terrorist attack, such as the 9/11 attack on the twin towers of New York; torture; incarceration as a prisoner of war or in a concentration camp; natural or man-made disasters; severe motor vehicle accidents or being diagnosed with a life-threatening illness (APA 2000:463–464).

Intergenerational trauma

If not treated in time, symptoms of trauma can linger on for decades and result in PTSD. Post-traumatic stress disorder is a specific set of problems resulting from a traumatic experience

and is recognised by medical and mental health professionals. Research in traumatic studies shows that PTSD symptoms may cross generations. For example, in his article, 'Intergenerational transmission of trauma: An introduction for the clinician', Portney (2003:1) asserts that parents who have witnessed traumatic events may pass dysfunctional life views on to their children. In clinical practice, for example, Portney (2003) points out that:

> [*P*]atients with parents suffering with PTSD often describe damaged, preoccupied parents who are emotionally limited. Symptoms in parents such as traumatic reliving, emotional numbing and dissociative phenomena do not help a child develop a reasonable sense of safety and predictability in the world. Portney adds that these parents are also less able to respond optimally during usual developmental crises and help the world to be more comprehensible to the child. The parent suffering with PTSD also has difficulty [*modelling*] a healthy sense of identity and autonomy, appropriate self-soothing mechanisms and affect regulation, and maintaining a balanced perspective when life challenges arise. Instead, they can model catastrophic or inappropriately numbed and disassociated responses. (p. 2)

According to Portney (2003):

> [*T*]he parent's high levels of anxiety can significantly interfere with the child's developmental progress; Children's self-image and object relations are also obviously affected by their image of their parents. Parents' success in coping and being resilient determines whether the child can be proud, ashamed or confused about their parents. (pp. 1–2)

In another study, entitled 'Intergenerational trauma: Convergence of multiple processes among First Nations peoples in Canada', Bombay, Matheson and Anisman (2009) state that:

> [*T*]raumatic events exact an enormous psychological and physical toll on survivors, and often have ramifications that must be endured for decades. This includes emotional scars, and in many cases standards of living are diminished, often never recovering to levels that existed prior to the trauma. (p. 7)

For example, Bombay et al. (2009:n.p.) describe the sad reality of Aboriginal groups of people in North America, mentioning how, '[b]efore the arrival of Europeans, Aboriginal groups in

North America were largely independent and self-governing, determining their own philosophies and approaches to cultural, economic, religious, familial, and educational matters'. When compared today (Bombay et al. 2009):

> [*S*]uch healthy societies stand in sharp contrast to the conditions that currently exist in many First Nations communities. Years of colonisation and attempts at forced assimilation have led to the devastation of First Nations communities and cultures. (n.p.)

Giving an example of North America and citing other sources, Bombay et al. (2009:n.p.) claim that 'First Nations peoples encounter high levels of adverse childhood experiences, such as abuse, neglect and household substance abuse.' As if this was not enough, Bombay et al. (2009) are adamant that:

> [*R*]elative to the general population, [*First Nations peoples*] are more likely to encounter stressful experiences in adulthood, including poverty and unemployment, violence, homicide, assault, and witnessing traumatic events. [...] According to Whitbeck and colleagues (2004a), the current health and social conditions [*in North America,*] coupled with continued discrimination, act as reminders of, and are a continuation of, the historical traumas that persist in the thoughts of Aboriginal people and continue to impact them. [...] These traumas can occur at a personal level (e.g., car accident, or rape) or at a collective level (war, natural disasters, or genocide), and the responses to such events are not identical. In the latter instance, there is now considerable evidence that the effects of trauma experiences are often transmitted across generations, affecting the children. (n.p.)

Intergenerational effects of trauma

The effects of intergenerational trauma may even be transmitted from generation to generation, affecting the children (Whitbeck et al. 2004a).

Carson and Ruzek (n.d.) argue that the seriousness of the symptoms and problems depends on many factors, including a person's life experiences before the trauma, a person's own natural ability to cope with stress, how serious the trauma was and what kind of help and support a person gets from family, friends and professionals immediately following the trauma.

They add that because most trauma survivors are not familiar with how trauma affects people, and they often have trouble understanding what is happening to them. They may think that the trauma is their fault, that they are going crazy or that there is something wrong with them because other people who experienced the same trauma do not appear to have the same problems. Survivors may turn to drugs or alcohol to deal with their misery. They may turn away from friends and family who do not seem to understand. They may not know what to do to get better (Carlson & Ruzek n.d.).

Not every traumatic event leads to trauma. Nelson-Pechota (2004) differentiates a *traumatic event* from an individual's *reaction to* that event. According to Nelson-Pechota, a traumatic experience is a potentially terrifying situation in which an individual fears a severe personal injury to him or her or witnesses a threat to another individual. The keyword here is 'potentially'. Two individuals can be in the exact same frightening situation, but one will react with little or no discomfort, while the other might experience high levels of distress. Likewise, some situations are more likely to be traumatising than others. For example, soldiers who experience severe combat or exposure to atrocities are more likely to react with fear and horror than soldiers who never see combat or who participate in minor skirmishes. However, the APA (2000:463), in describing the response to trauma, argues that '[t]he person's response to the event must involve intense fear, helplessness, or horror (in children, the response must involve disorganised or agitated behaviour) (Criterion A2)'. The characteristic symptoms resulting from the exposure to extreme trauma include persistent re-experiencing of the traumatic event (Criterion B), persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (Criterion C) and persistent symptoms of increased arousal (Criterion D) (APA 2000:463).

Meintjies (n.d.) cautions that there are many experiences, both negative and painful, which affect us in different ways as we continue with life's journey, but not all experiences can be

called traumatic. Trauma exposure occurs along a continuum of 'complexity', from the less complex single, adult-onset incident (e.g. a car accident) where all else is stable in a person's life, to the repeated and intrusive trauma, 'frequently of an interpersonal nature, often involving a significant amount of stigma or shame' and where an individual may be more vulnerable, owing to a variety of factors, to its effects (Briere & Scott 2006:401). Recent trauma studies have deepened our understanding of trauma and its impact. Briere and Spinazzola (2005:401) describe a complex range of post-traumatic symptoms and identify the interactions of multiple factors as contributing to their seriousness. For example, more serious symptoms are associated with histories of multiple victimisations, often beginning in childhood and resulting in disruptions of parent–child relationships (Turner, Finkelhor & Ormrod 2006). More profound impacts are also associated with co-occurring behavioural health problems, like substance abuse disorders (Acierno et al. 1999), and with a range of other issues, like limited social support, lower socio-economic status and stigma associated with particular traumatic events (Briere et al. 2005).

Responses to traumatic experiences

Bartsch and Bartsch (1996:27) state that people respond to the same events differently. They argue that people experience stress differently depending on several factors, for example, biological or genetic factors that take into cognisance their age and stage of life development, or their inherited biological constitution (Bartsch & Bartsch 1996). Another aspect includes supportive factors or stressor factors (Bartsch & Bartsch 1996):

> Traumatic stress severs us from the usual [*support systems*] of, [*say,*] safety and security that help us [*to*] manage ordinary stress when there is no trauma. [*Traumatic events cut*] us off from that which we rely on most of the time. (p. 28)

In other words, how much support or lack of support do we get from our friends, families or other support systems when we are

confronted with events of world-shattering proportions? The third factor is the coping capacity of the person who has experienced a stressful or traumatic event. Here, we are talking about people's 'ability to cope based on their previous experience, self-esteem, their faith and hope in God' or any object of devotion, and their learnt style of coping with life experiences (Bartsch & Bartsch 1996; Manda 2013). In summary, 'people have different biological or genetic makeup, different social pressures and support, and different learned ways of coping' (Bartsch & Bartsch 1996:27), which can alleviate or exacerbate the response to stressful or traumatic events.

The APA (2000:468), in its *DSM-IV-TR*, groups these symptoms into three categories:

1. avoidance
2. re-experiencing
3. increased arousal.

Avoidance

'Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by the following symptoms' (APA 2000):

- efforts to avoid thoughts, feelings or conversations associated with the trauma
- efforts to avoid activities, places or people that arouse recollections of the trauma
- inability to recall an important aspect of the trauma
- markedly diminished interest in participation in significant activities
- feeling of detachment or estrangement from others
- restricted range of affects (for example, unable to have loving feelings)
- sense of a foreshortened future (for example, does not expect to have a career, marriage, children, or a normal life span). (p. 468)

Meintjies (n.d.:8) adds that this avoidance takes the form of trying not to think about what happened or avoiding places and things associated with the event, while others avoid talking about aspects of the experience that were particularly awful. In order to cope with or numb the pain, some people will take alcohol or drugs to block out the feelings and memories. The survivor tries all he or she can do to avoid thinking about the traumatic event because to think about it is like going back and experiencing it all over again, which is very frightening and painful.

Re-experiencing

An individual can re-experience trauma. This happens because the event is now part of our memory and it tends to keep coming back into our minds. This is when we experience nightmares, flashbacks or thinking about the event even when we are trying not to. The 'traumatic event is persistently re-experienced in the following ways' (Meintjies n.d.:7; APA 2000):

- Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: in young children, repetitive play may occur in which themes or aspects of trauma are expressed.
- Recurrent distressing dreams of the event. Note: in children, there may be frightening dreams without recognisable content.
- Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated). Note: in young children, traumatic specific re-enactment may occur.
- Intense psychological distress at exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event.
- Physiological reactivity on exposure to internal and external cues that symbolise or resemble an aspect of the traumatic event (p. 468).

Increased arousal

Persistent symptoms of increased arousal (not present before the trauma), as indicated by the following symptoms (APA 2000):

- difficulty falling or staying asleep
- irritability or outbursts of anger
- difficulty concentrating
- hypervigilance
- exaggerated startle response. (p. 468)

Biopsychosocial impact of trauma

I have alluded earlier in this book to the fact that the biopsychosocial approach recognises that trauma affects people on several dimensions – biological, social and psychological. The biological aspect is concerned with what the physical effects of the trauma are or what other somatic symptoms are there. The psychological aspect is concerned with what psychological responses there are to stress – what impact has the trauma had on the client? The social aspect is concerned with impacts on the family, social functioning and work life (SAITS 2009:46). In this chapter, we look more in detail at these effects on the people who are exposed to trauma.

Biological impact of trauma

After giving consent to volunteer in the Trauma Healing pilot project, participants completed the HTQ, which was designed to assess the mental health functioning of individuals who have experienced traumatic life events (Manda 2015a:2; Mollica 2007:12). However, part 1 of the questionnaire asks participants to indicate whether they have experienced, witnessed or heard any of the events that are listed in the questionnaire (Manda 2015a; Mollica 2007). Sixteen different traumatic events are listed in questions 1–16. Question 17 asks the participant to mention any other situation that was very frightening or whether he or

she felt his or her life was in danger. Similarly, part 2 was a personal description of events that participants considered 'to be the most hurtful or terrifying [that they] experienced' (Schubert et al. 2016:n.p.). Part 3 asked whether they experienced a head injury owing to drowning, suffocation or beating on the head. Participant responses indicated that most of the events affected their physiological or biological aspects. For example, of the 33 questionnaires that were returned and were actually usable, 26 participants indicated that they experienced or witnessed one or more traumatic events (Manda 2013). Events ranged from being raped, stabbed, shot (but survived), involved in a car accident, abducted, deprived of food and water, beaten on the head, tortured, robbed at gunpoint and being tested HIV-positive to the murder of close relatives, sustaining serious heads injuries, ill health without access to medical care, domestic violence with the intention to inflict bodily harm and other forms of violence. Most of these traumatic experiences involved the physical aspects of the body (Manda 2015a).

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

Carson and Ruzek (n.d.) add that physical health symptoms and problems can occur because of long periods of physical

agitation or arousal from anxiety. Trauma survivors may also avoid medical care because it reminds them of their trauma and causes anxiety, and this may lead to poorer health. For example, a rape survivor may not visit a gynecologist and an injured motor vehicle accident survivor may avoid doctors, because in both cases the incident reminds the person of a trauma that had occurred. Habits used to cope with post-traumatic stress, like alcohol use, can also cause health problems. In addition, other things that happened at the time of the trauma may cause health problems (e.g. an injury).

Changes in the brain

Traumatic experience can affect the brain in one way or another. Kaminer and Eagle (2010:37) explain that the brain structure and functioning of trauma survivors who develop PTSD differ from those who do not develop PTSD. Research in the area of brain imaging shows that trauma survivors with PTSD have a significantly smaller hippocampus (an area of the brain that plays a critical role in the categorisation and storage of incoming stimuli in memory) and an excessively activated amygdala (an area of the brain that involves in the evaluation of emotional significance of incoming stimuli) (Van der Kolk 1996). Kaminer and Eagle (2010:37) add that people who develop PTSD after a trauma also appear to have a different type of neurochemical response to the trauma than those trauma survivors who do not develop PTSD. A good example is the receptors in the brain for the stress hormone, cortisol, which appears to be more sensitive in people who develop PTSD after trauma compared with those who do not, possibly making them intensely sensitive and hyper-responsive to external events (Yehuda 1999:21–32). This suggests that the neurobiology of PTSD is qualitatively different from the neurobiology of the normal stress response, that is, PTSD does not appear to be simply an extreme version of the normal stress response (Kaminer & Eagle 2010:38).

Depression

Meintjies (n.d.:65) contends that some trauma survivors may suffer from underlying depression. This is a clinical illness, involving sadness, hopelessness and often low self-esteem. SAITS (2009) adds that depression involves feeling down or sad for more days than not and losing interest in activities of fun:

> You may feel low in energy and be overly tired. People may feel hopelessness or despair, or feeling that things will never get better. Depression may be especially likely when a person experiences loss such as the death of close friends. This sometimes leads a depressed person to think about hurting or killing himself or herself. (n.p.)

The Management of Post-Traumatic Stress Working Group: Department of Veterans Affairs and Department of Defence (VA/DoD 2004) adds the following to the list of common physiological or biological signs after exposure to trauma or loss:

> Chest pain, chills, difficulty breathing, dizziness, elevated blood pressure, fainting, fatigue, grinding teeth, headaches, muscle tremors, nausea, profuse sweating, rapid heart rate, shock symptoms, thirst, twitches, visual difficulties, vomiting, weakness. (p. 11)

Psychological impact of trauma

Kaminer and Eagle (2010:48) assert that a large number of South Africans do not enjoy a sense of physical safety and security either at home or outside. This is because they have often been victimised by multiple perpetrators of violence, some of whom may be familiar, such as a spouse or a neighbour, and some of whom may be total strangers. Kaminer and Eagle (2010) add that the occurrence of violence is, therefore, common yet unpredictable with regard to where it may happen, what form it may take and who the perpetrator might be. Thus, a person who lives in such a highly violent community must not only deal with his or her own experiences of direct traumatisation but also with the indirect trauma of hearing gunshots and seeing weapons in the neighbourhood, witnessing others being assaulted and hearing about the violence experienced by family members, neighbours

and friends. What exacerbates the situation is the constant anxiety of worrying about the safety of themselves and their loved ones (Kaminer & Eagle 2010).

Many of the research participants sustained psychological injury or what other authors would call cognitive or mental symptoms (VA/DOD 2004), as they tried to make sense of their ordeal. Part 4 of the HTQ listed 30 symptoms that people sometimes have after experiencing hurtful or terrifying events in their lives. Participants were asked to read each one carefully and decide how much the symptoms bothered them in the past week. Although the participants experienced different symptoms, the symptoms common to many participants included having (Manda 2015a):

> [*R*]ecurrent thoughts or memories of the most hurtful or terrifying events they experienced, feeling as though the event was happening again, [...] recurrent nightmares, feeling jumpy, [*easily*] startled, feeling irritable or having outbursts of anger; others had trouble sleeping, [*avoiding*] activities that reminded them of the traumatic or hurtful event, sudden emotional or physical [*reaction*] when reminded of the most hurtful or traumatic events, feeling ashamed of the hurtful or traumatic events that had happened to them, [*among*] others. [...]
>
> What returned to haunt the research participants in this study through nightmares, flashbacks, and hallucinations is not only the reality of the traumatic experience but the reality [*of the way*] that its violence [*had*] not yet [*been*] fully known. (p. 5)

Scientific evidence suggests that trauma (Manda 2015a):

> [*F*]orces the self into hiding, and [*while*] the sensory manifold [*keeps*] 'recording' sights, sounds, smells, and feelings, the brain [*fails*] to work them through. Thus in a sense, as Caruth (1995:6) puts it, the videographer left, but the tape kept running. The trauma, then, is 'an event whose force is marked by its lack of registration'. (p. 5)

Psychological responses to trauma vary from one person to another. Nelson-Pechota argues that no two people may react or respond to the same traumatic event in the same way. For example, two people may be stuck in a lift, and after their rescue one may vow never to use a lift ever again. The other person may call it an unfortunate event and still continue to use a lift.

Herman (1992:33) asserts that 'psychological trauma is an affliction of the powerless. At the moment of trauma, the victim is rendered helpless by [an] overwhelming force'. When one compares commonplace misfortunes and trauma (Herman 1992):

> [*T*]raumatic events generally involve threats to life or bodily integrity, or a close personal encounter with violence [*or*] death. [*Traumatic events*] confront human beings with the extremities of helplessness and terror, and evoke the responses of catastrophe. (p. 33)

Quoting the *Comprehensive Textbook of Psychiatry*, Herman (1992:33) emphasises that the common denominator of psychological trauma is a feeling of 'intense fear, helplessness, loss of control, and threat of annihilation'.

Self-blame, guilt and shame

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

Anger or aggressive behaviour

Feelings of anger can be difficult to deal with after a traumatic experience. Meintjies (n.d.:27) points out that almost all trauma survivors feel extremely angry about what happened. This is justified as the person would have been frightened and helpless. She adds that some survivors have a strong desire for revenge and need support during the time of extreme anger or hatred. Trauma can be connected with anger in many ways. After a trauma, people

often feel that the situation was unfair or unjust (Meintjies n.d.:27). They cannot comprehend why the event happened and why it happened to them. These thoughts can result in intense anger. Although anger is a natural and healthy emotion, intense feelings of anger and aggressive behaviour can cause relationship and job problems, and loss of friendships. If people become violent when angry, this can make the situation worse as people can become injured and there may be legal consequences (Meintjies n.d.:27).

Alcohol and/or drug abuse

According to Kaplan and Wang (2004):

> [*A*] post-traumatic memory is [*characterised*] by montage-like relations of intrusiveness and remoteness, of vision and blindness, of remembering and forgetting. PTSD is [*characterised*] by symptomological dialectic of hypermnesia and amnesia, memories are not mastered, but rather [*they*] are experienced as involuntary, hallucinatory repetitions, or, [*alternatively,*] are blocked. (p. 116)

Thus, an image of the past will repeat with a shocking reality, intruding on the present (Kaplan & Wang 2004:116–117). To deal with this experience, some trauma survivors resort to excessive drinking or 'self-medicating' with drugs to cope with upsetting and difficult thoughts, feelings and memories related to the trauma. While this may offer a quick solution, it can actually lead to more problems, especially if one gets addicted to excessive drinking or drug use (SAITS 2009).

Post-traumatic stress disorder

The essential feature of PTSD described in *DSM-IV-TR* is (APA 2000):

> [*T*]he development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other [*threat*] to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person. (p. 463)

Even if you do not experience or witness a traumatic event, people can be affected by learning about unexpected or violent death, as well as serious harm or threat of death or injury to a loved one like a family member or any other close associate (APA 2000:463). For example, Kaminer and Eagle (2010:49) argue that, as a result of continuous exposure to traumatisation in South Africa, many people do not have a 'post'-traumatic period in which to process, or attempt to adapt to, their recent trauma experiences before the next traumatic experience occurs, whether directly or indirectly. Unfortunately, this is the reality in many communities in South Africa. Thus, people's adrenaline hormone levels are constantly on a high, making many people very aggressive and causing them to respond with anger to some events. Given the rate of crime, accidents on the roads and elsewhere, and violent deaths in South Africa, one cannot but agree with Buckenham (1999) that South African society is a deeply traumatised community of women, men and children. Each person has a story to tell about themselves, their friends and their family. The struggle for daily survival in an increasingly challenging economic environment frequently adds to the already present emotional and psychological trauma and rage (Manda 2015a). In their review of specific clinical and epidemiological literature, Edwards (2005) and Bean (2008) support Buckenham's assertion that PTSD and its related conditions are a significant public health dilemma in South Africa. For example, research conducted at a primary healthcare clinic in Khayelitsha, a township on the outskirts of Cape Town, South Africa, revealed that 94% of adult respondents, aged 15–81, had experienced at least one severe traumatic event in their lifetime (Carey & Russell 2003). Another study conducted by Hoffman (cited in Manda 2013) among Pretoria Technikon students showed that a significant number of students had been exposed to traumatising events, such as unwanted sexual activity (10% of the female students), witnessing serious injury or death (19%), being a victim to violent robbery (13.5%) and physical assault (8%). Of those who were exposed to trauma, a high proportion reported PTSD symptoms. No wonder Edwards (2005) concludes that PTSD is a significant public health concern, based not only on the prolific occurrence of PTSD in South Africa but also

on its debilitating effects that have a marked impact on different areas of human functioning. While many people recover without experiencing debilitating conditions that affect their psychosocial functioning significantly, some people will require treatment and this Trauma Healing Project attempted to do just that.

The symptoms of PTSD listed below are adapted from *DSM-IV-TR* (APA 2000:467–468). These are symptoms, but you need a certain combination of symptoms from 'A–F' categories or criteria to diagnose PTSD (APA 2000:467–468).

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

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

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

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

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

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

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

- difficulty falling or staying asleep
- irritability or outbursts of anger
- difficulty concentrating
- hypervigilance
- exaggerated startled response.

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

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

Specify if:

Acute: duration of symptoms is less than three months

Chronic: duration of symptoms is three months or more.

Specify if:

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

Some of the cognitive or mental symptoms include:

- Blaming someone.
- Change in alertness.
- Confusion.
- Difficulty identifying familiar objects or people.
- Hypervigilance.
- Increased or decreased awareness of surroundings.
- Intrusive images.
- Loss of orientation to time, place, person.
- Memory problems.
- Nightmares.
- Poor abstract thinking.
- Poor attention.
- Poor concentration.
- Poor decisions.
- Poor problem solving (APA 2000:467–468).

The Management of Post-Traumatic Stress Working Group: Department of Veterans Affairs and Department of Defence (VA/DoD) Clinical Practice Guideline for the Management of Post-Traumatic Stress Version 1.0 lists some of the common signs after exposure to trauma or loss (Table 2.1).

TABLE 2.1: Department of Veterans Affairs and Department of Defence VA/DoD Clinical Practice Guideline.

Emotional impact	Behavioural impact
• Agitation • Anxiety • Apprehension • Denial • Depression • Emotional shock • Fear • Feeling overwhelmed • Grief • Guilt • Inappropriate emotional response • Irritability • Loss of emotional control • Severe pain • Uncertainty	• Alcohol consumption • Antisocial acts • Change in activity • Change in communication • Change in sexual functioning • Change in speech pattern • Emotional outbursts • Erratic movements • Hyper alert to the environment • Inability to rest • Loss or increased appetite pacing • Somatic complaints • Startle reflex intensified • Withdrawal or suspiciousness

Source: APA (2000).

Social impact of trauma

Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection and meaning (Herman 1992). Herman further explains that traumatic events are extraordinary, not because they occur rarely, but because they overwhelm the ordinary human adaptions to life. According to the systems model of understanding the impact of trauma, trauma extends beyond the individual who was directly involved in the event.

When something bad happens, our family, friends, neighbourhood, community and even society at large may be affected (Meintjies n.d.:12). For example, Sjölund (2007) states:

> [*M*]any survivors of trauma report difficulties with their [*close*] relationships following the trauma. The person's [*response*] to trauma, including fear, mistrust, irritability, withdrawal or [*dependence*] will naturally have an impact on family and friends. (p. 193)

The survivor of the trauma may feel let down or betrayed by his or her family, or may be hurt by the way in which the family responded to the trauma. The trauma 'survivor becomes very sensitive towards other people. They may also [prefer] not [to] tell their loved ones what happened, for fear of upsetting them unnecessarily' (Sjölund 2007:193). Solomon (2004:7) notes that a traumatic experience can have other devastating consequences on the victims' lives, as well as on the lives of those who love them. She (Solomon 2004:7) argues, '[o]ver and above its impact on physical health, a traumatic experience can result in marital, occupational, and financial problems for its survivors'. For example, recent studies on refugees, disaster victims, prisoners of war and other traumatised populations suggest that victims are at an increased risk of displaying suicidal behaviour for several years after the traumatic event.

Meintjies (n.d.:12) opines that the family and friends of a trauma survivor are also likely to go through some type of traumatic stress response, including feelings of horror, fear and helplessness while assisting the person involved in the trauma.

Family and friends may feel guilty about what happened, or angry, and direct blame towards the perpetrator or survivor.

Impact on the family

When a family has been involved in a trauma together, this may complicate their feelings towards one another. For example, they may blame one another for what happened. Children may feel devastated that their parents were also helpless and did not manage to protect them from the event. All of those involved are likely to feel intense guilt that they did not manage to protect their family members.

Impact on the community

When an individual 'is involved in a traumatic experience [...], it is likely to affect his or her surrounding community' (Sjölund 2007:182). One mother said (Meintjies n.d.):

> I know I should be more worried about my daughter, but it feels like her being raped has affected me even more than her. All my dreams for her are shattered. (p. 14)

People in the community may themselves experience a post-traumatic stress response, especially if the event happened in their area, or a place that is often visited by community members. Often, the community members do not know how to express their sympathy and become awkward towards the survivor (Meintjies n.d.:14). One rape survivor said, '[w]hat made me most upset was the way my neighbours stared at me. I could see them talking about me, and they avoided me afterwards' (Meintjies n.d.:14).

The trauma 'survivor is often very sensitive to any changes in behaviour from community members' (Sjölund 2007:182). They usually prefer it if people honestly acknowledge what happened and then treat them as normally as possible. One young girl said (Meintjies n.d.):

> I did a talk in class about what happened, and this helped me to get it out. Then I asked if everyone could treat me normally, and not treat me as special or different. This made me feel better. (p. 14)

The impact of trauma on a closely-knit community, such as a school community, should not be underestimated. Children, educators and parents should be given an opportunity to express their concerns about the event.

In a situation where an entire community has been affected by trauma (e.g. during political violence), there are likely to be long-term effects on the relationships within the community. This was particularly true when there was no clear enemy, and people ended up betraying one another within the same community. Another example is crime in the area. The high crime rate may lead community members to be suspicious and to mistrust everyone (Meintjies n.d.:14). Meintjies adds that mistrust may be a major issue that becomes an underlying problem in many relationships. For example, community members may also tend to group and label each other, and this further divides the community. There may be difficulties resolving small conflicts, which then grow into bigger conflicts. 'People may have little tolerance of one another and quickly jump to conclusions' (Sjölund 2007:182). Often, there is a sense of betrayal, and this creates enormous anger in people towards one another (Meintjies n.d.:14). One young woman who survived political violence in KwaZulu-Natal said (Meintjies n.d.):

> I know my neighbours could hear me screaming, but no one did anything to help. [...]
>
> Most communities affected by violence develop secondary problems, such as increased crime, domestic violence, sexual abuse and sexually transmitted diseases. (p. 14)

So far, we have covered the biopsychosocial aspects of trauma as experienced by trauma survivors and their support systems. Table 2.1 summarises the common biopsychosocial effects of trauma. In Chapter 3, we will continue exploring the impact of trauma in other domains of a person's life. We will specifically look at the moral and spiritual impacts.

Chapter 3

Biopsychosocial treatment of trauma

There are numerous models of treating trauma or victim recovery processes, and it would be impossible to present all of them in this book. However, in this chapter I present the approach that worked in our Trauma Healing Project.

Before you join us on the project of weaving stories of trauma from the Trauma Healing Project, let us respond to one of the questions that I was asked on the Advanced Trauma Counselling course. I offered this course on behalf of the University of Pretoria's Centre for Contextual Ministry (CCM) in Pietermaritzburg. A student asked, 'how do we respond to a trauma incident?' I responded by giving him four stages, which we have used in South Africa for decades with positive results. These are emergency intervention, brief intervention, early intervention and long-term intervention. Each intervention has a model behind it. I learnt these stages when I attended a four-month course at Johannesburg that was offered by the South

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African Institute for Traumatic Stress (SAITS) in 2009. The course was called *Certificate in Treatment of Trauma Survivors: Advanced Level 1*. It was accredited by the Health Professions Council of South Africa and was awarded 60 credit units. In South Africa, one credit unit is equivalent to 10 h of classwork, study, assignment or research. Thus, theory, assignments, research, practicals and supervision took 600 h. Having studied theology for almost the whole of my life, this course built on the foundations I laid at Stellenbosch on how to heal trauma. Here is what I learnt.

Stage 1: Emergency intervention

This intervention usually happens at the scene of the traumatic event. According to SAITS (2009), the following activities must be considered.

Call out service

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

Arrival at the scene

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

Safety

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

Medical care

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

Securing the crime scene

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

Helping people reconnect with their families

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

Reassurance

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

Psycho-education

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

Assessment

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

Referral

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

Stage 2: Early intervention

Early intervention plays a significant role in ensuring an initial processing of the experience by allowing the victim to share his or her experience in an empathic and supportive environment. The aim of trauma counselling is not to make people forget, but to try and live with the memory in a way that is helpful and less distressing (SAITS 2009). Some early intervention models focus on debriefing and emphasise the importance of debriefing within 20 h after the incident or the disaster. However, recent studies suggest that good early intervention should happen only after 48 h or 72 h after the initial trauma event. Trauma work at the early intervention phase includes 'containing' and 'debriefing'.

Safety and control

One of the impacts of trauma is loss of control over events because what happens during trauma elicits extreme helplessness. Such trauma survivors need to be able to feel that they are in control. Thus, early trauma support aims to re-establish a basic sense of safety and control (Pedersen et al. 2012). The survivor needs assurance that he or she is in a safe place.

Trust

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

Hence, it is very important that the trauma support worker is completely trustworthy and reliable.

Containment

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

One of the most crucial aspects of balancing avoidance and expression is the skill of containment. Like a container holds water, the counsellor tries to metaphorically hold the person who has been through a traumatic experience. Creating a safe space, using listening skills and hearing the story in a calm manner helps to contain a person's feelings. This approach focusses on the person and how he or she was affected by the event, and not on irrelevant details. Containing means offering trauma survivors the support of an adult who is in control and cares about them. This happens when they feel out of control and very lonely (Meintjies n.d.:38). Meintjies urges the counsellor to encourage the expression of the event, listening calmly and carefully to all that is said and asking gentle questions. At all times, as a counsellor, you have to demonstrate that you are not 'freaked out' by the story, but can listen to all the details in a caring and calm manner.

Some tips on containing

Meintjies (n.d.:38) provides some tips on certain aspects of containing that the trauma counsellors need to take into consideration.

Firstly, be calm and in control. Show no fear, and even when you feel shaky, act calm and confident. You may show that you have conducted a great deal of counselling before, and that this is nothing new to you. For example, you may say 'a lot of people say that there are particular sounds that bother them afterwards'.

Secondly, some phrases may be useful when a person is crying and you feel a bit helpless. Examples include 'take your time', 'it's OK, let it out' or 'it helps to have a good cry'.

Thirdly, if a person seems very anxious and out of control, it may help if you take over the talking for a while, speaking in a calm, steady voice about less emotional aspects. For example, if someone experiences a flashback, explain that what they are experiencing is a flashback, which is an intense memory of the event. You may say that this is a normal reaction.

Fourthly, offering reassurance can be helpful. For example, you could normalise what they have experienced, reassure that it will get better or say that they are doing well.

Fifthly, bringing a person back into the present can also be a way of calming him or her. For example, if the person is experiencing a flashback, you can remind him or her where he or she is and who you are. If people become excessively stressed, you can also focus on how they are feeling now and what their body is telling them. For example, you may ask, 'how are you feeling now?' and 'where can you feel this physically?'

Reflection on one's own feelings

Meintjies (n.d.:39) adds that a large part of containing involves monitoring one's own feelings as a counsellor. If particular feelings become apparent to you, take note of them. Reflect on why this is happening. Remember that what you are feeling is probably a transfer of feelings from the survivor. Common feelings experienced by counsellors during trauma counselling are helplessness, hopelessness, feeling overwhelmed and incompetent, angry, guilty or sad. For example, you may find yourself thinking 'I am just not qualified to handle this situation' or 'this situation really does seem hopeless'. In such instances, Meintjies (n.d.) cautions that the counsellor should do some silent self-talk like:

> Gee I am feeling so helpless here. It must be because the client is feeling very helpless about this situation. I am not actually helpless here, it is just because she is feeling so helpless that I feel like this. (p. 39)

Then try to put these feelings aside for the time being. You can return to your own feelings at a later stage and examine them

more carefully. Usually one is very focussed on the person telling the story, and this process happens anyway.

According to Meintjies (n.d.), it is very important during containing that the counsellor really believes that the survivor will recover. This optimistic attitude is felt by the person and helps to reduce panic. More experience in counselling helps one to believe that, with these simple interventions, people can recover from the most terrible experiences.

What if someone starts crying?

It is a common experience that most people become tearful, anxious and even angry when they start talking about the trauma. This is normal and healthy. It can be a sign that the person is processing and releasing the really difficult aspects of the trauma. As such, Meintjies cautions the counsellor to stay calm and offer reassurance that this is normal and healthy. Give the person time to cry without giving messages that he or she should 'pull himself together now'. Do not rush around offering tissues and water, as this may give the message that you are panicky and want them to stop.

Debriefing

The Critical Incident Stress Debriefing (CISD), as it is commonly known, is carried out with survivors of traumatic event(s) at least after 48 – 72 h of the incident. Debriefing serves several purposes. Mitchell (n.d.:2) defines CISD as a small group 'psychological first aid'. He adds that the primary emphasis is on informing and empowering a homogeneous group after a threatening or overwhelming traumatic situation. A CISD attempts to enhance resistance to stress reactions, build resilience or the ability to 'bounce back' from a traumatic experience and facilitate both a recovery from traumatic stress and a return to normal, healthy functions (Mitchell n.d.:2). It seeks to mitigate the impact of a traumatic incident by providing an opportunity to 'persons

directly involved in an incident of trauma' to ventilate their feelings before these feelings can do harm and by providing support and information (Bartsch & Bartsch 1996:82). Debriefing helps to provide stress education: to 'provide reassurance that what they did was appropriate and that what they are experiencing is normal and that they will most probably recover' (Bartsch & Bartsch 1996:80). It facilitates the (Mitchell n.d.):

> [*N*]ormal recovery processes and a restoration of adaptive functions in psychologically healthy people who are distressed by an unusually disturbing event. A CISD [*also*] functions as a screening opportunity to identify group members who might benefit from additional support services or a referral for professional care. (pp. 2, 3)

It is important to (Bartsch & Bartsch 1996):

> [*F*]orewarn those who have not as yet felt the impact of the stress, that they may be impacted later and give them ways to deal with it if it happens. [*Debriefing helps*] to let those involved know that they are not alone in what they are experiencing; reassure persons involved that their reactions are normal; [*and*] to aid in restoring group cohesiveness. (p. 81)

We adapted the seven-phase process of trauma debriefing by Mitchell (n.d.), a member of the American Academy of Experts in Traumatic Stress and Clinical Professor of Emergency Health Services at the University of Maryland. Mitchell has elaborated and categorised the process of CISD into seven stages. Before we go to the stages of debriefing, let us first define the terms. As Mitchell (n.d.:1) argues, 'the term "debriefing" is widely used [in many contexts] and means many different things'. For example, after doing psychological research, after running a workshop, after a military or fire or police drill, the members of the teams concerned may meet for a debriefing session. As such, one has to be very careful and know exactly what type of debriefing they are discussing as inaccurate definitions can lead to faulty practice and flawed research (Mitchell n.d.:1). In this section, and in line with trauma, I discuss what Mitchell calls CISD. Critical incident stress debriefing is a specific, seven-phase, small group, supportive crisis intervention process. It is just one of the many crisis intervention

techniques included under the umbrella of a Critical Incident Stress Management (CISM) programme. Mitchell (n.d.:1) warns that the CISD process does not constitute any form of psychotherapy, and it should never be utilised as a substitute for psychotherapy. It is simply a supportive, crisis-focussed discussion of a traumatic event (which is frequently called a 'critical incident'). The CISD was developed exclusively for small, homogeneous groups who have encountered a powerful traumatic event. Its aim is to reduce distress and restore group cohesion and unit performance.

Mitchell (n.d.:2) says that a CISD can best be described as a psycho-educational small group process. By this, Mitchell means a structured group storytelling process combined with practical information to normalise group members' reactions to a critical incident and facilitate their recovery. A CISD is only used in the aftermath of a significant traumatic event that has generated strong reactions in the personnel from a particular homogeneous group. The selection of a CISD as a crisis intervention tool means that a traumatic event has occurred and the group members' usual coping methods have been overwhelmed and the personnel are exhibiting signs of considerable distress, impairment or dysfunction (Mitchell n.d.:2). The CISD should not be seen as a stand-alone process, and it is only employed within a package of crisis intervention procedures under the CISM umbrella. As such, a CISD should be linked and blended with numerous crisis support services, including, but not limited to, pre-incident education, individual crisis intervention, family support services, follow-up services, referrals for professional care, if necessary, and post-incident education programmes. The best effects of a CISD, which include enhanced group cohesion and unit performance, are always achieved when the CISD is part of a broader crisis support system (Mitchell n.d.:2).

Process of debriefing

In order for a CISD to be effective, certain conditions are to be met, for example, the size of a group. Mitchell (n.d.:3) suggests

that a small group of not more than 20 people is ideal and must be homogeneous, not heterogeneous. In other words, the group should have experienced the same traumatic or critical incident. According to Mitchell (n.d.):

> The group members must not be currently involved in the situation. Their involvement is either complete or the situation has moved past the most acute stages. Group members should have had about the same level of exposure to the experience. The group should be psychologically ready and not so fatigued or distraught that they cannot participate in the discussion. (p. 3)

You need 'a properly trained crisis response team to provide the CISD' (Mitchell n.d.:3). There is consensus among CISD management professionals that CISD should take place preferably after 24 – 72 h of the incident. Furthermore, Mitchell (n.d.) states:

> Intervention delays may occur in disasters. Personnel may be too involved in the event to hold the CISD earlier. They may not be psychologically ready to accept help until things settle down a bit after they finish work at the disaster scene. In fact, it is not uncommon in disasters that the CISD is not provided for several weeks and sometimes longer after the disaster ends. Depending on the circumstances, a CISD may take between 1 and 3 hours to complete. The exact time will depend on the number of people attending and the intensity of the traumatic event. (pp. 4, 5)

Bartsch and Bartsch (1996:n.p.) add that debriefing should be led by 'at least two [trained persons] for any group at a ratio of one leader for ten participants. Debriefing groups may consist of four to twenty participants'. And debriefings 'should be held in any place large enough to accommodate those involved that is free from distraction and interruption and that offers circular seating and where everyone feels safe' (Bartsch & Bartsch 1996:n.p.).

☐ Debriefing steps or phases

Mitchell (n.d.; cf. Bartsch & Bartsch 1996) stresses the fact that:

> CISD is a structured process that includes the cognitive and affective (emotional) domains of human experience. The phases are arranged in a specific order to facilitate the transition of the group from the cognitive domain to the affective domain and back to the

> cognitive again. Although mostly a psycho-educational process, emotional content can arise at any time in the CISD. Team members must be well trained and ready to help the group manage some of the emotional content if it should arise in the group. (p. 4)

Case of responding to a suicide call

The following are the phases of a debriefing session. I have used the following steps in debriefing sessions with groups and families, and I have found it to be very effective. It is a structured process with set questions that people exposed to traumatic incidents respond to. One of the cases I responded to was in Pietermaritzburg in 2012. I was called out to see a family that was struggling to cope with the tragic death of their son in the house. Apparently, the 24-year-old son shot and killed himself in the house while lying down on his bed. The incident happened on the Monday and I was called on the Thursday. The timing was perfect in that at least 72 h had passed after the incident. I arrived at the home and was welcomed by a younger son of 22 who took us through the kitchen and lounge to the bedroom where the older son killed himself. I sat on the chair offered to me and the family members started gathering. There were four of them, a grandmother, two sisters aged between 20 and 22 years and a boy of 12. I asked Thandi (pseudonym), the lady who consulted with me, to see the family if she could join us. She did. I waited for the parents but quickly remembered that Thandi had briefed me about the family before we arrived and that both parents had died the previous year. The siblings and grandmother were trying to pick up the pieces when the oldest son committed suicide. I knew I was going to have to deal with some complicated grief here. Thandi introduced me to the family and the family to me without going into details. I took over the process and explained the purpose of my coming and that we were going to do what they call a debriefing session. I used a simple illustration of a bottle of Coca-Cola. I bought a 500 mL of Coca-Cola. I shook the bottle and we all saw the build-up of gas or acid, but the pressure could not be defused because

the bottle was corked. I asked the family what they observed, and the young man – thank God for the 12–year–old – was quick to respond. He said it was full of a gas build-up inside the bottle. I asked him what stopped the gas from coming out. 'Because the bottle is closed', he answered. 'What will happen to me if after shaking I open the bottle?', I asked. It became like a dialogue, but I still had the attention of everybody in the room as I ranged my eyes to and fro at everyone. 'It will spill over you', he answered. Then I explained to the family that the main purpose of my visit was to help them talk through the tragic incident that had happened, the death of their brother. I invited them to feel free to talk about what happened. I (Manda 2013a) said:

> You may have noted changes in your behaviour, feelings and social interactions since the event. Feel free to talk more about the types of reactions you have experienced. It is important to talk about what happened in order to release the trauma from the body and mind. (n.p.)

I added that the lesson we get from the illustration with a bottle of coke is that when a traumatic event happens, there are feelings that build up and if you do not release them properly, they will spill over affecting other areas of our lives. I asked if they understood what I was talking about and after obtaining nods, I moved on to the phases. I will not produce a verbatim report here but will report on some of the responses during the process.

Pre-debriefing meeting

If you are going to debrief as a group, it is important that the debriefing team has a pre-debriefing meeting. This meeting helps team members 'to review all the known facts, rumours, and data concerning the incident. They may even visit the site if necessary, review video, newspaper articles, reports, etc.' (Bartsch & Bartsch 1996:n.p.), if the incident was reported. This meeting also helps to determine who is going to lead the debriefing session. 'Arrange the meeting room with chairs in a circle' (Bartsch & Bartsch 1996:n.p.). It is not a rigid rule because it also depends on the

space that you are given. If people come to your office to debrief or you to their office with enough space, you can do that. It depends on the host. For example, in my case, the family gave me an armchair when everyone sat on the floor. I battled a bit with that because I wanted to be on the same level with everyone. But I worked with what was available.

☐ Phase 1 – Introduction

The team leader or facilitator must be clear from the beginning to set some guidelines. For example, both the team and participants must know that (Mitchell n.d.):

> [*P*]articipation in the discussion is voluntary and the team keeps the information discussed in the session confidential. A carefully presented introduction sets the tone of the session, anticipates problem areas and encourages active participation from the group members. [*In this*] phase, the team members introduce themselves and describe the process. They present guidelines for the conduct of the CISD and they motivate the participants to engage actively in the process. (p. 4)

For example, state the purpose of the meeting by saying (Bartsch & Bartsch 1996):

> This meeting is to try to help you deal with some of the thoughts and reactions you may experience and to give you some information about how you can help yourself deal with these issues. You may be able to deal with this alone, but we have found that people who go through the debriefing process sleep, eat, perform their job and home responsibilities better than those who don't. (p. 82)

Using my illustration, I told the family that equally destructive is when we bottle up our feelings concerning the trauma. They do not go away but may fester and at some stage cause us emotional and psychological problems. Talking is like taking the cork off the bottle and letting the gas out.

☐ Offer guidelines for the meeting

I used the guidelines I had noted down from the debriefing notes to make life easier for myself.

Adding to this, Bartsch and Bartsch (1996) advise:

> No one is required to talk during debriefing but everyone is invited to do so. [*However,*] participation [*is encouraged to*] help reassure and support the rest of the group.
>
> The meeting is confidential [*and*] what is said [*here*] should remain with the participants.
>
> [*We*] will [*not take breaks*] during the debriefing [*session, however,*] if participants need to use the facilities, they should do so and then return to the group.
>
> No one talks for another.
>
> Participants comment only on their own thoughts, feelings and reactions.
>
> Everyone is equal in the debriefing process.
>
> This is not the time to place blame [*nor is*] this meeting part of an investigation – it is for the benefit of the [*family*] members.
>
> [*Please*] feel free to ask questions. (p. 82)

☐ Phase 2 – Facts

Mitchell (n.d.) warns that:

> [*O*]nly extremely brief overviews of the facts are requested. Excessive detail is discouraged. This phase helps the participants to begin talking. It is easier to speak of what happened before they describe how the event impacted [*on*] them. The fact phase, however, is not the essence of the CISD. More important parts are yet to come. But giving the group members an opportunity to contribute a small amount to the discussion is enormously important in lowering anxiety and letting the group know that they have control of the discussion. (p. 4)

For example, I told the family (Mitchell n.d.):

> We are going to go around the room and give everybody an opportunity to speak if you wish. If you do not wish to say anything just remain silent or wave us off and we will go onto the next person. (p. 4)

We went around the room and each member was asked to address three to four questions. For example, normally

this stage has the following questions (Bartsch & Bartsch 1996):

> Tell us who you are; what happened? What was your role in the incident? What is your relationship to the victim(s) [*if there are victims involved*]? How did you learn about the incident? (Gravett 2008:42). Where were you when the incident happened? Answers to these questions 'will help to recreate the event and present the important facts surrounding the incident'. (p. 82)

I asked the first three questions together but left out the one that asks about their role in the incident.

Everyone responded to the first wave of questions, and then I asked where they were when the incident happened. The grandmother and the boy were in the house, but the older sister was outside the house when they heard the gun. The middle sister was at work in Pinetown. She had to rush home on hearing the news. In other words, everyone said where they were at the time and what action they took. Each one of them narrated the part they knew. However, for those who were not in the house at the time of the suicide and perhaps had no chance to hear the details of what happened, they had a chance to hear what happened and what the roles were of all those involved. Although it was an unpleasant situation, the fact that each one brought their piece of the puzzle pieced the whole story together. Together they had reconstructed the story of the suicide. The reason we ask the person to go through this painful process of uncovering the detail of the nub is to allow for the release of the worst parts of the trauma that are bothering him or her. Although it is a re-experiencing of the event, this time the survivor is with someone who is in control of the process and they feel safe (SAITS 2009).

☐ Phase 3 – Thoughts

The purpose of this 'phase is to allow participants to describe cognitive reactions and transition to emotional reactions' (De la

Porte 2014:42). 'It is easier to speak of one's thoughts than to focus immediately on the most painful aspects of the event' (Mitchell n.d.:4). The facilitator may say, '[a]gain we will go around the room to give everybody a chance to speak if they wish. If you do not wish to contribute something, you may remain silent' (Mitchell n.d.:4). 'Ask participants to share their thoughts about what they have heard and seen. Ask them to share their first thought' (Bartsch & Bartsch 1996:n.p.). For example, two questions are generally discussed, one of which is, what were some of your thoughts when you experienced or learnt of the incident? In my case, I asked, 'what were some of your thoughts when you heard the gun explode in the house?' Each one except the one who was in Pinetown said something. Then I asked the one who was away also about her thoughts when she heard the news. Sometimes, in that phase, we ask all the questions that are on the interview schedule; otherwise, depending on the size of the group and time constraints, we may skip some questions and move on. Like in my case, I asked this one only and moved to the next phase. Some questions in this phase are '[s]ince you first dealt with the incident, what thoughts have you had about how this incident might affect you?' (De la Porte 2014:42). Or '[w]hat was your first thought or your most prominent thought once you realised you were thinking?' (Mitchell n.d.:5).

The facilitator acknowledges the response, offers reassurance and moves on to the next participant. Do not probe.

☐ Phase 4 – Reactions

The reaction phase is the heart of the CISD because it focuses on the impact of the incident on the participants and allows them to describe their emotions. During this time, emotions such as anger, frustration, sadness, loss, confusion and other emotions may emerge. The trigger question is '[w]hat is the very worst thing about this event for you personally?' (Mitchell n.d.:5). Ask the participant to describe physical reactions and feelings since the incident.

Ask, '[i]f you could magically erase one powerful image, what would it be?' (De la Porte 2014:42). According to Mitchell (n.d.):

> The support team listens carefully and gently encourages group members to add something if they wish. When the group runs out of issues or concerns that they wish to express the team moves the discussion into the next transition phase, the symptoms phase, which will lead the group from the affective domain toward the cognitive domain. (p. 5)

In my case, the family members expressed different feelings, but two major ones were anger and regret. I still remember the older sister saying, 'I am angry with [...] because we lost our parents last year and we are with granny only. We were trying to get our lives back on feet then he does this to us'. She spoke with tears rolling down. The younger sister, who came from Pinetown, said she felt that she failed to save the life of her brother. I disputed based on the knowledge that the family called the ambulance as soon as he shot himself. But the paramedics took an hour before they arrived on the scene. During that time, they waited helplessly as their brother was still gasping for air. They arrived only to pronounce him dead on his bed. So she blamed herself for not doing anything to save his life. It is essential to tread carefully when working through trauma with clients because of the possibility of irrational thinking, which may result in irrational beliefs. She lived with regret and anger turned towards herself because she blamed herself for not doing anything. Until I disputed whether they called the ambulance in time, it was the ambulance that was delayed. She got relief from that. I guessed she shifted the blame from herself to the ambulance.

Elsewhere in the book, I discussed the social impact of trauma and referred to Meintjies (n.d.) who says that when a family has been involved in trauma together, this may complicate their feelings towards one another. For example, they may blame one another for what happened. Children may feel devastated that their parents were also helpless and did not manage to protect them from the event. All of those involved are likely to feel intense guilt that they did not manage to protect their family members.

What complicated the matter in this family is that they did not know the reason why he killed himself. He neither left a note nor any cue that said he was going to kill himself. They even wondered what happened between him and his girlfriend. When I asked, 'if you could magically erase one powerful image, what would it be?', the younger sister said 'seeing him lying on his bed, his head on the pillow when he gasped for air'. Not everyone responded to this question, and I allowed the silence.

☐ Phase 5 – Symptoms

In Phase 5, the team leader asks participants to identify any physical, emotional, thought or behavioural problems or symptoms they are having and to share these with the group however they can (Mitchell n.d.). For example, 'how has this tragic experience shown up in your life?' or 'what cognitive, physical, emotional or behavioural symptoms have you been dealing with since this event?' The team members listen carefully for common symptoms associated with exposure to traumatic events (SAITS 2009). The CISD team 'will use the signs and symptoms of distress presented by the participants as a [kick] off point for the teaching phase' (Bartsch & Bartsch 1996:n.p.). In my case, it was normal symptoms, such as lack of sleep and nightmares. Then I added what questions has the incident forced them to ask God? I had gathered before that they were a Christian family. They hoped that perhaps a miracle could save their brother, but it never happened. However, none of them expressed openly any hint of blaming God for the incident.

☐ Phase 6 – Teaching

During this phase, the team conducting the CISD shares information. They reassure participants that what they are experiencing is normal. In other words, they normalise the symptoms expressed by participants by providing explanations of the participants' reactions and provide stress management

information. The CISD team may also describe other effects which participants have not mentioned (SAITS 2009).

According to Mitchell (n.d.):

> Other pertinent topics may be addressed during the teaching phase as required. For instance, if the CISD was conducted because of [*the*] suicide of a colleague, the topic of suicide should be covered in the teaching phase. (p. 5)

Then offer them information at this time as to what participants can do to manage the specific effects of stress (Bartsch & Bartsch 1996:82).

☐ Phase 7 – Re-entry

Regarding re-entry, Bartsch and Bartsch (1996) advise to:

> Offer additional reassurance, give opportunity for participants to give other reactions or ask questions or say anything that they did not have a chance to say earlier. You may wish to name emotions that you feel are present but which have not been expressed. Participants may wish to develop an action plan, develop a prevention plan or get additional information. (p. 82)

In my case, we discussed that in case they need further assistance as days go by, I would be available to see them. We then went on to discuss the plan for the funeral. The family planned to bury the remains the following Saturday. I expressed my regret that I would not join the family as they bid farewell to their brother because of a prior commitment.

In this stage, Bartsch and Bartsch (1996:83–84) encourage debriefing facilitators to 'provide support and offer guidance and information as needed' to participants. Then, the CISD team summarises 'what has been discussed in the CISD. Final explanations, information, action directives, guidance, and thoughts are presented to the group' (Mitchell n.d.:5). If the team prepared some handouts for participants to refer to or read concerning their particular trauma, they may be distributed. This marks the end of the debriefing session and usually takes 2 h, but it may fluctuate depending on the

size of group. Otherwise, if the team or host has prepared refreshments, please do not leave immediately as some participants may want to talk to you or ask what they could not ask during the session for whatever reasons.

☐ Post-debriefing meeting

Mitchell and Bartsch recommend that the CISD stays for (Mitchell n.d.):

> [*R*]efreshments to facilitate the beginning of follow-up services. The refreshments help to 'anchor' the group while team members make contact with each of the participants. One-on-one sessions are frequent after the CISD ends. (p. 5)

As such, remain available for 'post-debriefing meeting to assist any individuals who may be in need of additional help and to promote a feeling of normality as people are leaving' (Bartsch & Bartsch 1996:83).

According to Mitchell (n.d.):

> Other follow-up services include telephone calls, visits to work sites and contacts with family members of the participants if that is requested. At times, advice to supervisors may be indicated. Between one and three follow-up contacts is usually [*recommended*] to [*finalise*] the intervention. In a few cases, referrals for professional care may be necessary. (p. 6)

Bartsch and Bartsch (1996) caution that:

> [*I*]f children or adolescents have been involved in the incident of trauma they should also be provided [*the*] opportunity to defuse and debrief. [*As*] caregivers you need to decide if it is appropriate for them to join adults. Sometimes children can be asked to draw what they [*are feeling and*] then to share their story with you or with a group. (p. 83)

☐ Critical Incident Stress Debriefing team meeting

Team members meet to discuss the debriefing process and any other concerns, topics or issues. It is advisable that you write a report of the debriefing process and any particular comments

that stand out for you. Keep this confidential, but available for yourself, should a follow-up meeting be needed (Mitchell n.d.).

This, in a nutshell, is how trauma debriefing, also known as a CISD process, takes place. Debriefing helps to restructure understanding of a trauma survivor who is confused about what happened and struggles to come to terms with the aftermath of the event. This is where early intervention is needed to help the survivors to organise the event in their minds so that it does not continue to haunt them through nightmares, flashbacks and dreams (Mitchell n.d.).

Stage 3: Brief intervention

In brief intervention, we use the Wits Trauma Model. SAITS (2009), Meintjies (n.d.:20) and Manda (2013) classify the Wits Trauma Model as a brief intervention work or a short-term integrative psychotherapy intervention used for the treatment of psychological trauma (Hajiyiannis & Robertson 1999). This model has been conceptualised within the integrative psychotherapy paradigm, and Eagle (1998) describes the benefits implicit to an integrative approach. The model was developed by the staff of the Psychology Department at the University of the Witwatersrand. The model is empirical in nature in that it was formulated by using case material from hundreds of clients presenting with various forms of post-traumatic stress. Methodologically, therefore, the model was developed out of an empirical multiple case study approach derived within the South African context (Hajiyiannis & Robertson 1999). The model integrates psychodynamic and cognitive–behavioural approaches for the treatment of psychological trauma. From this perspective, the model provides an explanation of how psychodynamic and cognitive–behavioural processes interact to influence the development, maintenance or prevention of post-traumatic stress symptoms (Hajiyiannis & Robertson 1999).

Hajiyiannis and Robertson argue that the epistemological philosophy underpinning the Wits Trauma Model is perhaps its

greatest strength, as it explicitly recognises that trauma impacts both internal and external psychological functioning and requires a treatment approach that addresses both internal, psychodynamic processes and intervention which is structured and problem-oriented.

The Wits Trauma Model consists of five components that can be introduced interchangeably depending on the needs of the client. Eagle (1998) outlines these components in the following.

Telling or re-telling the story

This involves the client giving a detailed description of the traumatic incident in sequence, including facts, feelings, thoughts, sensations and imagined or fantasised aspects (Eagle 1998; Mentjies n.d.). This allows the client to give expression to the often unexpressed feelings and fantasies connected with the trauma, which are often adaptively inhibited during life-threatening situations. Within the safety of the therapeutic context, this expression is usually made possible. In telling the story, a useful question to ask the client is, 'what was the worst moment for you?' This provides both the client and the counsellor with more information about what was the most difficult part of the experience and often points to what needs further exploration. Eagle (1998) and Mentjies (n.d.) argue that the benefits of telling and re-telling a story are numerous; the sharing of feelings and fantasies prevents repression and displacement into other symptoms. In telling the story, the client is able to impose a time sequence onto the event and thus translate what are often sensory and episodic memories to the realm of processed thought and symbolism. By psychologically accompanying the client through the traumatic event, the therapist is able to demonstrate the ability to tolerate horrific or overwhelming aspects of the trauma, thus serving as a positive model to clients when the memory is evoked in the future. The detailed telling of the story encourages confronting rather than avoiding aversive stimuli, and this serves to reduce anticipated anxiety associated with the stimulus (Eagle 1998; Manda 2013).

Normalising the symptoms

According to Hajiyiannis and Robertson (1999):

> [*N*]ormalising the symptoms [*involves*] obtaining information about symptoms as well as anticipation of symptoms. The client's symptoms are discussed and empathised with, while at the same time providing education about post-traumatic stress symptoms. Therapists make links between the traumatic event and symptoms experienced, as well as reassure clients of the normality of their experience. That is, that their symptoms/reactions are normal responses to abnormal events and that they will diminish in time. Reassuring clients that their responses are normal reactions to an abnormal event, as well as educating clients about what symptoms to expect, serves to both reduce the fear that they are going crazy, as well as to reduce the chances of a client suffering secondary traumatisation because of the fear of their reactions/symptoms. (n.p.)

Addressing survivor guilt or self-blame

Talking about addressing guilt and self-blame, Hajiyiannis and Robertson (1999) mention that:

> In this phase, feelings of self-blame or survivor guilt need to be explored. In many cases survivor guilt may not be present but in practically every case, there are feelings of self-blame. (n.p.)

Self-blame may represent a wish to retrospectively 'undo' the trauma and restore a sense of control. Self-blame may also relate to the belief that the person could have done more to prevent what happened. Survivor guilt may emerge when someone has died in a traumatic incident. Where clients present with guilt feelings or self-blame in the counselling situation, it is imperative that the counsellor take the client through the events very carefully, while at the same time exploring alternative scenarios and how useful these would have been. During this process, clients usually discover that their guilt is irrational and that under the circumstances they did the best that they could (SAITS 2009). In cases where a client's actions caused the situation, the counsellor needs to help the client separate the outcome from intent or motive. Addressing survivor guilt or self-blame serves

various purposes; it reassures the client that he or she did the best he or she could under the circumstances:

- it helps restore self-esteem through affirming any thoughts, behaviours or strategies that were effective in the situation
- it reinforces the fact that the client's actions facilitated his or her survival
- it addresses concerns clients may have about how their actions affected others
- it explores irrational beliefs that may have developed (Bartsch & Bartsch 1996; Mitchell n.d.).

Encouraging mastery

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

Facilitating creation of meaning

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

In essence, this phase of the intervention model can be understood as enhancing the client's ability to understand himself

or herself as a survivor rather than as a victim. According to Janoff-Bulman (1992), the shattered assumptions and beliefs need to be modified.

Hajiyiannis and Robertson (1999) argue that although the model has not been subjected to evaluative experimental research, it has several advantages in the treatment of trauma survivors. Firstly, they assert that hundreds of clients have been counselled at the Trauma Clinic by using the Wits Trauma Model. Secondly, subjective reports from counsellors and clients demonstrate the model's efficacy in alleviating symptomatology in most clients treated by using this counselling model. Thirdly, the Wits Model utilised at the Trauma Clinic is ideally suitable for the South African context, where the enormous demand for such services necessitates a time-limited and cost-effective approach.

Although this model has been used in South Africa with great success, some researchers have found certain limitations. For example, the model is applied in cases of acute stress and PTSD; however, Herman (1992) argues that it is not considered appropriate for use in cases of complex post-traumatic stress. Other critiques see that it is not appropriate in cases of continuous traumatic stress (Straker & Moosa 1994; Straker & The Sanctuaries Team 1987), where a longer period of psychotherapeutic intervention is required. The third limitation is that the model is short term in nature, ranging from 2 to 15 sessions. But Hajiyiannis and Robertson (1999:n.p.) contend that, in their experience, 'improvement is noted after four to six sessions in the majority of cases'.

Stage 4: Long-term interventions

SAITS (2009) states that there are two strong traditions or schools related to trauma work. One focuses more on behaviour (cognitive–behavioural approaches) and the other focuses more on internal processes and dynamics (psychoanalytic or psychodynamic approaches). According to SAITS (2009), Cognitive–behavioural Therapy (CBT) focuses on the reduction of symptoms. Literature on trauma treatment has shown good

success rates with these approaches because the success is measured by symptom reduction.

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

We are not going into detail about the long-term interventions, as there are a myriad of models, and most of them need specialist knowledge.

Chapter 4

Weaving trauma narratives

In this chapter, we focus on the longitudinal work of Trauma Healing Research Project carried out in Pietermaritzburg, South Africa. The word 'heal' comes from the Greek word *therapeo* (Lartey 2003:55). The term 'healing' can be used to mean different things in different contexts. For example, in pastoral care, healing presupposes that something has gone wrong with the proper functioning of the body, mind or spirit (Lartey 2003:55). In other words, there is a sense that a problem has arisen or, as Lartey puts it, some malfunctioning has happened or is happening in the smooth and proper running of things. Different disciplines may call this malfunctioning by different terms. For example, the medical discipline may call it illness or deviation from biophysical norms. In theological terms or in pastoral care, it may be referred to as sin or alienation from essence (Lartey 2003:55). Healing, therefore, is an attempt by a caregiver or pastoral carer to remove, or correct, what is bothering the person, what is causing unhappiness and what is hindering personal or spiritual growth and development. In other words, the carer, therapist or medical

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personnel in some way or by some means attempts to return the suffering person to normalcy. Although healing in medical terms or pastoral care aims at removing the cause of suffering, healing in traumatic stress studies carries a slightly different meaning. Van der Merwe and Gobodo-Madikizela (2008) argue that:

> 'Healing' from trauma does not imply an end to all pain and suffering, but rather facing and working through trauma, so that the tragic loss caused by trauma is balanced by a gain in meaning. (pp. viii–ix)

They further state that trauma survivors have a contradictory desire to suppress their trauma as well as to talk about it. They know that to talk about it is the best thing and yet would mean an extremely painful reliving of the event. So in order to survive, a trauma survivor would normally suppress the memory. Yet, paradoxically, it is precisely this confrontation of the suppressed memory that is needed for inner healing (Van der Merwe & Gobodo-Madikizela 2008:viii–ix).

This is the understanding we gained from the Trauma Healing Project. We did not aim to annihilate the pain or erase the memory of traumatic events from the memory bank, but we wanted to create a safe space where trauma survivors would confront their suppressed memories in a safe and supportive environment. We aimed at 'making public space intimate' as Van der Merwe and Gobodo-Madikizela (2008) call it, where we would sit and start 'weaving' our stories piece by piece, or using the language of narrative therapy (Morgan 2000), re-member our life narratives.

The metaphor of weaving

Although the medical model seeks to diagnose or recognise what is wrong and then investigate or invest in a solution, we sought to bring out tools that we would use to weave our stories. The concept of 'weave' in a rural setting in Malawi means bringing together separate pieces of strings, reeds, grass or sticks to make something like a basket, mat, rope, etc. For example, men sit down and weave a mat from reeds by using strings. They join these reeds together by using a thread or string. They are weaved

so close together that they form a new pattern that a single reed would not have. The finished product is a mat, which you can spread to sit on, sleep on or dry foodstuff like mealie meal, vegetables, etc. Before the reeds are woven together, a man will go to the riverside or wetland where reeds grow. He will choose and cut the reeds that are suitable for the type of mat he wants to make. He will open the reed with a sharp knife and divide it into four sections so that he has four thin strips of reed. Normally, he will dry them before weaving so that the mat does not shrink as the green reeds dry. The dried reeds will then be soaked in water for a day or two to soften them before the weaving starts. On the day of weaving, the man will call his friends to help him weave. They never weave a mat alone, always doing this in a group. What I am talking about here is the African way of weaving a mat. Other lands may have different approaches. They will have reeds, strings or ropes and large flat needles with sharp points in front and a hole at the back just like a sewing needle. They start with the middle line, piercing each strip of reed and joining them with a string. Then, other men take their own lines from the middle, going outwards until the whole mat is finished with a different shape and beauty of its own. I am using a metaphor of weaving a mat here to describe the process of weaving our trauma stories during the Trauma Healing Project.

In this Trauma Healing Project, we used different tools to weave our life narratives. We used tools like flip charts, crayons, etc., to create visual narratives which we were going to use to share in small groups. Just like African men would weave in groups, the weaving of our trauma narratives happened in large and small groups as well. I will discuss in detail later in the chapter how we create visual narratives, but let us start by looking at why we used the group therapy approach.

Group therapy approach

There are many approaches for treating trauma survivors, from pharmacological to psychodynamic approaches. We adopted

the group therapy approach to facilitate the 'unveiling' of veiled traumatic memories through storytelling. Several reasons account for why the group therapy approach was preferred over other approaches to heal trauma in South Africa and in refugees. In a country like South Africa, individual therapy may take a century to heal trauma, and we found group therapy a better deal over and above other grand approaches.

Firstly, group therapy is economical compared with individual therapy sessions with a professional therapist. Given the traumatic context of South Africa, many people cannot afford to pay for psychological services because it is costly. On average, you need R600 – R800 to pay a psychologist for a 50 – 60 min therapy session. As such, many patients with mental illnesses or trauma-related conditions that need specialised services cannot access treatment. If they seek state-sponsored treatment, it may take three to six months to see a psychologist or psychiatrist for assessment, leave alone availing the prescribed treatment.

Secondly, the group therapy approach offers support to individuals and attempts to greatly reduce the stigma by facilitating the sharing of common experiences and reactions (Kaminer & Eagle 2010:105). According to Herman (1992:234), many survivors, in particular, 'those who endured prolonged, repeated trauma, [recognise] that the trauma has limited and distorted their capacity to relate to other people'. The group offers them both emphatic understanding and direct challenge. Group support makes it possible for a trauma survivor to acknowledge his or her own maladaptive behaviour without excessive shame and to take the emotional risk of relating to others in new ways (Herman 1992:234).

Thirdly, it facilitates the emergence of relationships which may be sustained outside of the psychotherapy process (Kaminer & Eagle 2010). At the end of the group therapy process, participants

commented on the value of working within the group. Noma says (Manda 2013):

> When I started the Stress and Trauma Healing workshops we met with people from different places. Each one of us had issues but slowly we became a family of 'stress and trauma'. (n.p.)

Fourthly, another research participant and author of *Why Does the Sun Rise Black?* (Kitengie 2013) shares his experience of group therapy:

> The good news from the workshop on stress and trauma is that all the participants became my family members with whom my life experiences are shared openly and with encouragement. I am not alone in the jungle or the only one having these kinds of situations in life. These workshops opened ways through sharing of my personal life experiences with them and broke barriers of separation and distinction of otherness. (pp. 140–154)

You will hear more about Kitengie in Part 2 of this book, but he is one of the research participants who walked in the jungle or the Congo rain forest for 13 days and 13 nights while fleeing the civil war. Participating in the Trauma Healing Project negated the loneliness he felt back then in 1996 as he fled the war. He experienced what Herman (1992:235) calls commonality. Herman alleges that 'commonality with other people carries with it all the meanings of the word "common"'. For example, commonality 'means belonging to a society, having a public role, being part of that which is universal' (Herman 1992:235). But it also carries a feeling of smallness, of insignificance, a sense that my troubles are 'as a drop of rain in the sea'. According to Herman (1992:235–236), when the trauma survivor achieves commonality with others, it means his or her recovery is accomplished and all that remains before him or her is his or her life.

Kitengie is not the only one who is able to freely share his story, as almost everyone in the group therapy broke the shells, or cocoons of trauma, that confined them. As the project began, towards the end of 2009, most of the participants were strangers to each other

because they were recruited from various communities. Like a tortoise or snail slowly and suspiciously coming out of the shell, in the beginning, participants were apprehensive and withdrawn from each other. We had to do some trust-building exercises before they started sharing their stories to defrost them from fear and concern of a breach of confidentiality. They had guarded their secrets with their own lives or suppressed their painful memories for a long time, and so letting them out was not going to be easy. When the project was winding up its first phase and participants were asked to document their journeys on the Stress and Trauma Healing Project, Noma, Kitengie and others felt that they had become members of a family of stress and trauma. The group had become supportive of each other to the point that they have registered a not-for-profit organisation together to heal individual and community trauma in their contexts.

Fifthly, in their book, *Group Psychotherapy for Psychological Trauma*, Klein and Schermer (2000:17) found the utilisation of group psychotherapy approach significant in treating survivors of psychological trauma. This approach can diffuse transference and attenuate ego regression, which may prolong or complicate treatment; it provides social support and facilitates the development of interpersonal skills; it offers opportunities for acquiring new information, coping skills and self-expectations. However, peer feedback is also important in some instances. It is easier for trauma survivors to assimilate feedback from an authoritative figure such as a therapist. Yalom (1995) adds that the mutual identification and mirroring provided by the group are potent therapeutic factors. The exploration of the group process and dynamics by the members allows for personal growth and insights into interpersonal processes in a way that is not possible in individual treatment (Durkin 1964).

Although the benefits of the group psychotherapy approach mentioned above generally apply to treatment groups, Klein and Schermer (2000:17) contend that this approach is the best for treating trauma survivors as a substantial portion of the pain and suffering resulting from trauma stems from being existentially

isolated from human contact. For a trauma survivor, the group psychotherapy approach suggests, 'together we constitute the healing matrix of compassion and empowerment from which, individually, we have become isolated'. For example, in a group therapy conducted for asylum seekers traumatised by the 9/11 attacks in New York City, participants reported that the building of social bonds with others in a similar predicament was one of the most beneficial aspects of the group attendance (Kaminer & Eagle 2010:106).

The ultimate goal of group psychotherapy that we adopted was to enable group members to confront their 'veiled' traumatic memories and gain control and authority over them so that they [traumatic memories] no longer became a dominant factor in their lives (Kaminer & Eagle 2010:106). But then, there are different approaches within group therapy. We chose the Diakonia's group therapy approach.

Diakonia's group therapy tool

The Diakonia group therapy approach offered a safe space for people to tell their stories of being victims of traumatic and stressful events that they had experienced over the years of political violence and human rights violations with the aim of restoring faith, hope and meaning. The Stress and Trauma Healing Workshop Level 1, a type of group therapy methodology, was developed as a tool to respond to the needs of carers who were being ravaged by extreme stress and 'burnout'. It is an effective tool for transforming people's lives. This Level 1 enables participants to learn about healing through their own experiences of stress and trauma. It creates awareness of the stress and trauma people live with, helps them to express their stories and experiences of victimhood and helps them understand their own and other's experiences of stress and trauma through listening and sharing stories in groups (Bartsch & Bartsch 2006:3). One significant part in this Level 1 is the trust-building exercises that enable participants to come out of their shell and share even the hidden stories that have shame, guilt and fear attached.

Trauma healing process

Creating a healing relationship

The first of Herman's five stages of recovery from trauma is creating a healing relationship. She says that the core experiences of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based upon the empowerment of the survivor and the creation of new connections (Herman 1992:133). Herman (1992:94) argues that 'recovery from trauma can take place only within the context of relationships; it cannot occur in isolation'.

During the first Stress and Trauma Healing workshop, some processes took place to establish a healing relationship between the participants, facilitators and me as a researcher. Upon arrival at Kenosis Retreat, where we were going to have a workshop for the next three days, the host and I worked together to allocate participants rooms for sleeping. Then we all gathered in the workshop venue where I welcomed everyone, both facilitators and participants. I introduced the two facilitators who came from Diakonia Council of Churches, Durban. We talked about housekeeping rules and showed participants where facilities like the toilets and dining room were. I handed over the workshop to the facilitators who got us in pairs to introduce ourselves to each other. Complete strangers got to know each other by offering their names, the organisation and community they came from and the reason they came to attend a Stress and Trauma Workshop. Then one of the pairs had to introduce the other to the rest in the plenary session. It was an interesting exercise as we laughed together when some people forgot the details, even the names of their new-found friends. However, what this exercise achieved was that strangers began talking. Then we had an exercise called 'river/bank' together and had plenty of laughter. This had slowly begun achieving for us what Herman calls 'a healing relationship' with each other. Then the facilitators explained the process of Stress and Trauma Levels 1 and 2 before they took us through a debriefing session and collage making.

Divided into groups of four or five, each group had a flip chart or newsprint and newspapers, and we were asked to cut out pictures, with each group required to make two collages. The first collage contained faces of people from the newspaper that showed stressed faces or body posture. The second one contained pictures of traumatised people or traumatic incidents like road accidents, house on fire, criminals pointing guns at people and pictures of terrified people. As much as the facilitators tested our knowledge as to whether we could differentiate between stressed and traumatised people, we were establishing healing relationships as isolated beings that were placed in groups and began to find their voices there. Then we stuck the collages on the walls and each group presented with other group members helping where the presenter missed something. The collaboration and discussion after every presentation was phenomenal. After we listened to each other's presentations and all presentations were over, we received some input from the facilitators on the difference between stress and trauma.

Establishing a listening community brought to an end a feeling of 'alone'. Denis, Houser and Ntsimane (2011:17) state that, 'wounded people experience loneliness and isolation. They live in confusion. They do not know if they can trust their memories'. The space became a confluence in which participants found connection beyond the boundaries of their own comfort. In this, they kept re-forming and informing themselves in their relationships with others (Seedat 2001:116). Van der Merwe points out that healing happens when the crisis of our living finds safe places to occur. Voices declaring the unspeakable within, in the safety of connection, brought healing to all of us involved (Seedat 2001:108). Van der Merwe and Gobodo-Madikizela (2008:25–27) concurs with Seedat, and he points out that extreme trauma is 'unspeakable' precisely because of the inadequacy of language to fully convey a victim's experiences. This is why trauma survivors struggle with transforming their experiences into narratives. Yet, despite this limitation, speech is necessary not only because of the need to recapture the traumatic event but also to restore the

victim's sense of self and to help him or her regain control over a self that has been shattered by the trauma. Under normal circumstances, we know who we are and what capacity we have to respond to experiences. However, when overwhelmed by trauma we lose this capacity to engage and to interact. Thus, trauma becomes a loss of control, a loss of understanding, a loss of identity, etc.

Establishing a sense of safety

The second stage in the healing process was to create a safe or recovery environment where healing could occur. Herman (1992:n.p.) asserts that the central stage in the 'recovery from trauma is the establishment of safety'. She (Herman 1992) stresses that:

> Trauma robs the victim of a sense of power and control; the guiding principle of recovery is to restore power and control to the survivor. The first task [*therefore*] of recovery is to establish the survivor's safety. This task takes precedence over all others, for no other therapeutic work can possibly succeed if safety has not been adequately secured. (p. 155)

This view is shared by Denis in his review of the book *Trees along the Riverside: The Stories of Trauma Facilitators in KwaZulu-Natal, South Africa.* Denis (2011) states that:

> It is increasingly recognised that telling one's story, however painful it may be, helps if the story is told in a safe environment with the support of people who care and are prepared to listen. (n.p.)

Bartsch and Bartsch (1996) concur with Denis and add that:

> [*S*]evere and traumatic stress robs people of their sense of safety and trust. To be a victim is to lose power and control over daily living. Victims also lose connections with people. Fear, fright and even terror can become part of their daily experience. (p. 48)

Because the very nature of trauma is to isolate and shatter the self, it shatters trust as well, making it hard for the victim to trust others. Thus, Bartsch and Bartsch (1996:48) argue that 'it is [very] important for victims of severe traumatic stress to tell others their stories, the challenge is [how] to [create] the' recovery environment,

or what Van der Merwe and Gobodo-Madikizela (2008:viii) call making 'public spaces intimate', so that people from different backgrounds and histories can share their stories. This safe space 'enables the victims to trust so they can tell their story and begin the recovery process' (Bartsch and Bartsch 1996:n.p.).

Our concern in the study was how to create physical and emotional safety and trust. We looked at the retreat centre, the venue for the workshop, the rooms where people were going to sleep and the fellow roommates if they were comfortable. Some people chose their roommates, with whom they would feel free to interact. The centre had big and small dogs. Because some participants were bitten by dogs in their lives, the sight of dogs might have triggered unpleasant memories. For example, both Kitengie and I have been bitten by dogs. Although I overcame the fear when I was trained as a vet and worked with animals previously, Kitengie had issues adjusting to the venue for fear of dogs. We were also mindful of South African history, which had accounts of dogs being specially trained by some groups to attack black South Africans. As all the participants in the workshop were black, we checked how safe they felt in the presence of dogs. It was not part of our healing process to use exposure therapy (expose participants to the object they fear with the hope that their fear will lessen with time); we were using a group psychotherapy process, which necessitated the safety of all participants. Thus, we compromised with the host to move the dogs away at certain times. However, Bartsch and Bartsch (1996:n.p.) argue that 'physical safety is essential but [it] is not enough to recover from severe and traumatic stress'. Bartsch and Bartsch (1996) gave an example of a:

> 43-year old father, whose daughter had been killed, was physically safe but could not hold a job, could not participate in family life and could not benefit from educational experiences. He had bottled up his feelings for many years, never able to tell his story. (p. 48)

I was also mindful of the group – we had some who had survived the civil war in KwaZulu-Natal between African National Congress and Inkatha Freedom Parties. We had representatives from both

parties, as well as foreign nationals who participated in the process. So we drew our attention to emotional safety and did several group exercises. One of the exercises was to divide participants into pairs and blindfold one while the other led him or her by hand to move around the room. The blindfolded person had to trust the leader to lead him or her to safety. Then the pairs took turns. This started defrosting the group a bit as they were learning to trust another person for their safety. In another exercise, we formed a small circle and had one volunteer stand in the middle of it. The facilitator would ask the person in the middle to fall in any direction, and the people who formed the circle were responsible for preventing him or her from falling down. Everyone in the circle felt responsible for the safety of the one who was free-falling. Herman (1992) points out that:

> [*T*]he sense of safety in the world, or basic trust, is acquired in earliest life in the relationship with the first caretaker. Originating with life itself, this sense of trust sustains a person throughout the life cycle. It forms the basis of all systems [*or*] relationship and faith. (p. 51)

Thus, 'basic trust [becomes] the foundation of belief in the continuity of life, the order of nature, and the transcendent order of the divine' (Engelbrecht 2015:129). However, Herman (1992:n.p.) maintains that 'traumatic events destroy the victim's fundamental assumptions about the safety of the world, the positive value of the self, and the meaningful order of creation'. Thus, facilitators had to start a process of rebuilding the shattered trust in some participants. Therefore, this project sought to create a safe and sacred space where trauma survivors could share their experiences in a respectful and non-judgemental manner. The goal was to restore people's dignity and humanity and help them to start personal journeys towards healing and reconciliation, thereby enabling them to develop attitudes and actions that support a just, peaceful society (Denis et al. 2011:3).

The experience of safe and sacred space created through the care, love and support from the research team caused participants to break the silence. The tension between silence and disclosure was palpable among research participants at the beginning of

the project. But the creation of a safe space made them feel safe to talk about their experiences. One participant commented afterwards (Madondo 2013):

> Every time I tried to talk to my family about what happened I cried. I could not tell or talk to anyone until I got an invitation by PACSA to attend a Stress and Trauma Healing Workshop held at Kenosis Retreat. I did both level one and two of stress and trauma. During session time, every participant was given a safe space to share their traumatic experiences. I was a shy person who was afraid to share my stories, even the happy ones [...] I felt comfortable being part of that group, and I asked myself, 'Why not share mine?' Although I felt pain, this helped me. I learnt that talking or sharing traumatic experiences with others is an important medicine to cure myself. (n.p.)

The fact that everyone was given space to participate made people feel acknowledged, respected and dignified. Trauma violates the borders of self-respect, self-esteem and dignity, rendering people helpless, and out of control. However, the study invited survivors from isolation to the circle, from the periphery to the centre (centre of attention), where they participated in their own healing and liberation.

Remembrance and mourning

The third stage in the healing from trauma is to tell your story of trauma. Herman (1992:175) asserts that the survivor tells the story of the trauma. She or he tells it completely and in detail. According to Herman (1992:175), 'this work of reconstruction actually transforms the traumatic memory, so that it can be integrated into the survivor's life story'. For example, Bradbury (2017) argues that:

> [*N*]arrating our lives, or turning experiences into stories, entails processes of selection and organisation: not everything that happens can be told. These processes of forming a story are particularly active and perhaps more conscious than in 'real' life when the audience for the story is a researcher who is clearly interested in a story worth listening to, implying a life of interest and value. (p. 19)

As Africa excels in oral tradition, storytelling is a powerful tool to bring healing to individuals and communities that are 'broken and bruised in so many ways' (Lartey 2003:62). For example, in the

second of Herman's five stages of trauma healing, telling your story is emphasised. Herman's sentiments are echoed by Betancourt (2010). In her book *Even Silence Has an End: My Six Years of Captivity in the Colombian Jungle,* she takes it further. Betancourt tells about the importance of sharing your story as a process towards recovery from experience. Betancourt is a Colombian citizen. She was born in Bogota, but grew up in France. She returned to Colombia when she was 32 years old to contest for the presidency in a country that was devastated by protracted civil war. When campaigning in 2002, Betancourt was abducted at gunpoint by the Revolutionary Armed Forces of Colombia, popularly known by the pseudonym FARC.

FARC guerrillas held her hostage for more than six years deep in the jungle (Porter 2012). When rescued by the army, Betancourt vowed to never recount the degradations she endured in the jungle. She feared that 'once they are out, I will be dirtied even more' (Porter 2012:n.p.). But she was wrong. She later writes in her book that when you live through the trauma of having your most basic rights violated, the experience becomes ingrained in your genetic makeup. What you lived, and how you lived it, is your new identity. She says that remembering the traumatic experience is painful and telling your story involves submerging yourself deeply and intensely in your own past, bringing forth a flood of uncontrolled emotion (Manda 2017). Nevertheless, she discovered that (Betancourt 2010):

> [*S*]haring is also your way out because every time you tell your story, you can distance yourself from it, take a step back and you learn to remember without reliving, and begin to recover. (p. 13)

I concur with her assertion from our experience of the Trauma Healing Project. No one was really interested in digging into the past and bringing out painful memories that were successfully repressed. But as we were encouraged to revisit those graves and 'submerge ourselves deep into our "emotional basements"', we brought out some of the most horrendous experiences. Unable to control the flood gates of tears, we cried many times. But as we did so, in the words of Betancourt, we began to distance

ourselves from the experiences, and the pain became less each and every time we talked about them.

I agree with Denis et al. (2011:5) that the telling of one's story of woundedness in a safe environment to a person who cares may open the door to a journey of healing, which leads to a better life (Manda 2017). Denis et al. (2011) add that the telling itself does not annihilate the painful experiences wounded people have gone through. However, the telling of the story enables people to domesticate their bad memories so that the past remains, but it ceases to haunt them (Manda 2017). Emotional wounds need to heal, otherwise, they can be disturbing. The wound can create distress, kill motivation and leave us with the impression that we are unable to control our lives.

Storytelling is inherent in professing one's identity, and subsequently, to finding impulses of hope. One characteristic of storytelling is that it attempts to make sense (Ackerman 2006:231). Storytelling provided relief for us and at the same time initiated a more collective healing process as participants. Telling one's story in a face-to-face scenario helps those wounded to elaborate their stories (Denis et al. 2011:11). As they speak, their narrative takes place. When somebody tells a story, the incoherent succession of events, perceptions and feelings that characterised the event is reorganised into a coherent narrative. Thus, storytelling will contribute to healing when it is shared in the right environment and with the right people (Denis et al. 2011:17).

The art of narrating our trauma helped us to articulate our memories, to structure them in our minds in such a way that they could be explained. In doing so, we gained control over our painful experiences. Although the past remained and nothing could be done to change the past, our engagement with our narratives changed our present and future. The past became less threatening (Denis, Houser & Ntsimane 2011:16). Because each one told his or her story to an empathetic audience, we experienced relief. What mainly healed us was the fact that one's story was recognised, reverenced and acknowledged by a third party.

After establishing safety, we had an opportunity to narrate our traumas, and my observation was that this was probably the most effective means that brought us healing. What the Trauma Healing Project did was that it gave trauma survivors a safe space to reconstruct the trauma into a narrative form, hoping that they would shift their identity from a victim to a victor. Van der Merwe and Gobodo-Madikizela (2008:27, cited in Manda 2015a) contend that:

> [*R*]econstructing the trauma into a narrative form is one of the most crucial processes in the journey towards healing of the victim. The reconstruction happens when we feel listened to. (p. 3)

The significance of the empathic listener for the trauma narrative is the possibility created for the victim of trauma to externalise the traumatic event. We felt listened to and supported during the trauma project. When we came together to narrate our traumatic experiences, we invited others not only to listen to what we had to say but also to journey with us as we sought to 're-find' ourselves and re-find the language that has been lost. The journey of narrating, of being in dialogue concerning our experiences, was a very important one because we needed an audience – a person, or people, who would listen with compassion, with a desire to understand what has happened to us (Van der Merwe & Gobodo-Madikizela 2008:27). As we narrated our traumas with each other, the process provided us with footholds, so that in the words and gestures of those who were listening, we derived encouragement to re-find not just ourselves but also the language to talk about what has happened to us (Van der Merwe & Gobodo-Madikizela 2008:27). This is what Van der Merwe and Gobodo-Madikizela (2008:n.p.) call healing 'when the tragic loss caused is balanced by a gain in meaning'.

Re-remembering conversations

To facilitate the process of telling stories in our project, we adopted a process called 're-membering conversations'. Morgan (2000:77) says that 'when people are faced with a problem, they often experience isolation and disconnection from important relationships'. Her argument is consistent with that of Herman

(1992), who asserts that the main characteristic of psychological trauma is disempowerment and disconnection. To clarify the concept of re-membering conversations, Morgan (2000) uses a metaphor of a person's life as a club with members. When we think about all those with whom we are associated in the course of our daily lives, we could consider them as members of our 'club' of life. We may have consciously invited some of these members into our lives, whereas we may not have invited others at all or have little choice of inclusion. Thus, Morgan (2000) states:

> [*R*]e-membering conversations involve people deliberately choosing who they would like to have more present as the members of their 'club' of life, and whose memberships they would prefer to revise or revoke. (p. 77)

In the context of narrating our stories, we were less concerned about people than the traumatic events that happened in our lives. Although members of our club of life may be involved in these events, and that telling our stories means talking about them as well, we focussed on re-membering the traumatic events we have experienced in our lives that we needed to talk about. Although the reality of traumatic events lay bare, we also considered certain events that might not have qualified as a traumatic event by definition and yet eventually yielded traumatic symptoms. For example, people's everyday exposure to the assaults and insults of poverty, unemployment and HIV and AIDS is of more immediate personal significance, splintering their lives and eroding identities (Bradbury 2017:22). The effect of exposure to these experiences is what Bradbury calls, 'embodied, experienced somatically like repetitive stress injuries that may individually seem not too severe, but cumulatively hurt very badly, beyond bearing' (Bradbury 2017:22). To facilitate the process of re-membering conversations, we used visual narratives.

☐ Creating visual narratives

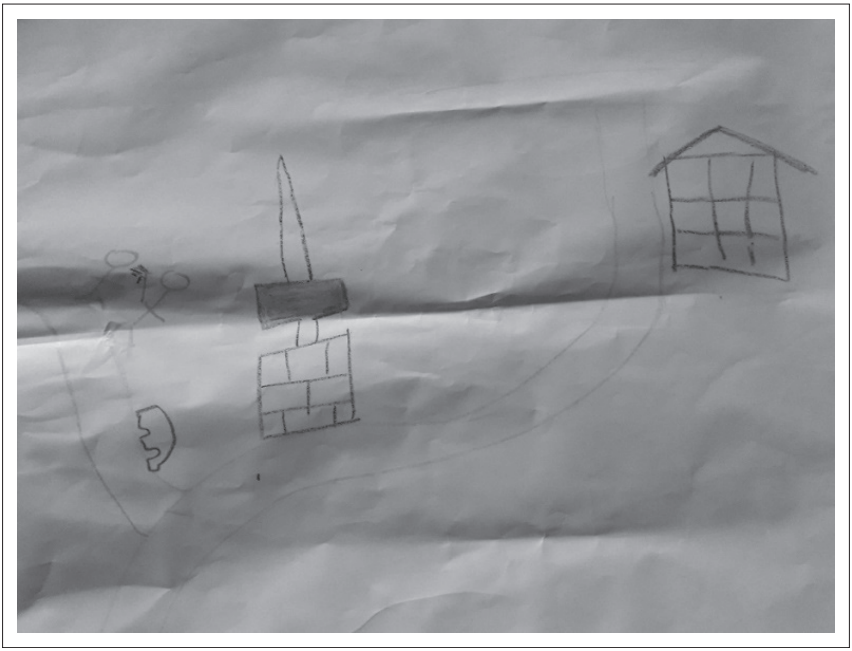
Pimenta and Poovaiah (2010:25) define visual narratives as anything from an illustrated storybook to motion pictures, which

are used for visual storytelling. What they call visual narratives, Murray (1995:17) calls 'narrative illustration'. Murray (1995) defines:

> [*N*]arrative illustration as the pictorial representation of or reference to one or more 'events' that occur in a sequence of time and that bring about a change in the condition of at least one character. (p. 17)

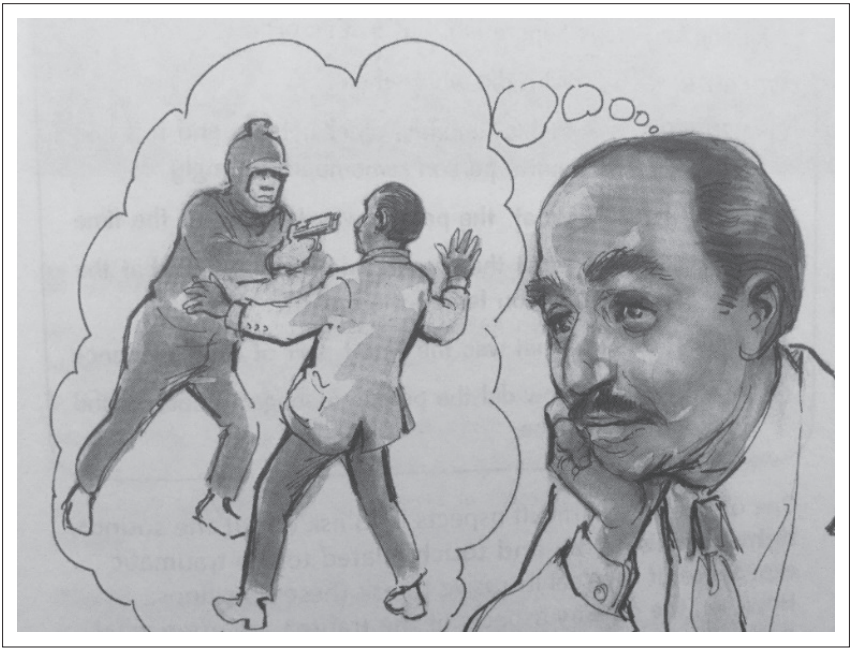
For example, below are some visual narratives (Figure 4.1 to Figure 4.3), a drawing that tells part of my story.

I drew these visual narratives during the Healing of Memories workshop on 13 December 2018 at Schogheim Christian Centre in Port Shepstone, KwaZulu-Natal, to facilitate the telling of my traumatic experience of 04 September 2018, in Pretoria. The pictures are not drawn to scale and may betray the very structures



Source: Photograph taken by Charles Manda, on 13 December 2018, at the Healing of Memories Workshop in Port Shepstone, published with permission from Charles Manda.

FIGURE 4.1: Visual narrative of Charles Manda, drawn on 13 December 2018 at the Healing of Memories Workshop, Port Shepstone, KwaZulu-Natal.



Source: Adapted from Meinjties (n.d.:25).
FIGURE 4.2: A man held at gunpoint.

they represent, but these visual narratives help me to remember and tell my story. If you look at the top right corner, you see a building with a red roof, which represents the University of Pretoria's Groenkloof Campus. You can see a road passing by on the left-hand side of the campus and going uphill past the Telkom Tower next to UNISA and Recreation Park. Thus, you have a tower on the right-hand side of the road as you go towards Pretoria central business district (CBD) or Sunnyside suburb, and UNISA and the Park are directly opposite the tower, which you do not see on the drawing. As you pass the tower, you find the four ways where one road goes straight downhill towards town, whereas the other road turns right going downhill past the Zuid Afrikaans Hospital. By the junction you see a red car, and about 50 m past the red car are two people. One person is holding the other at

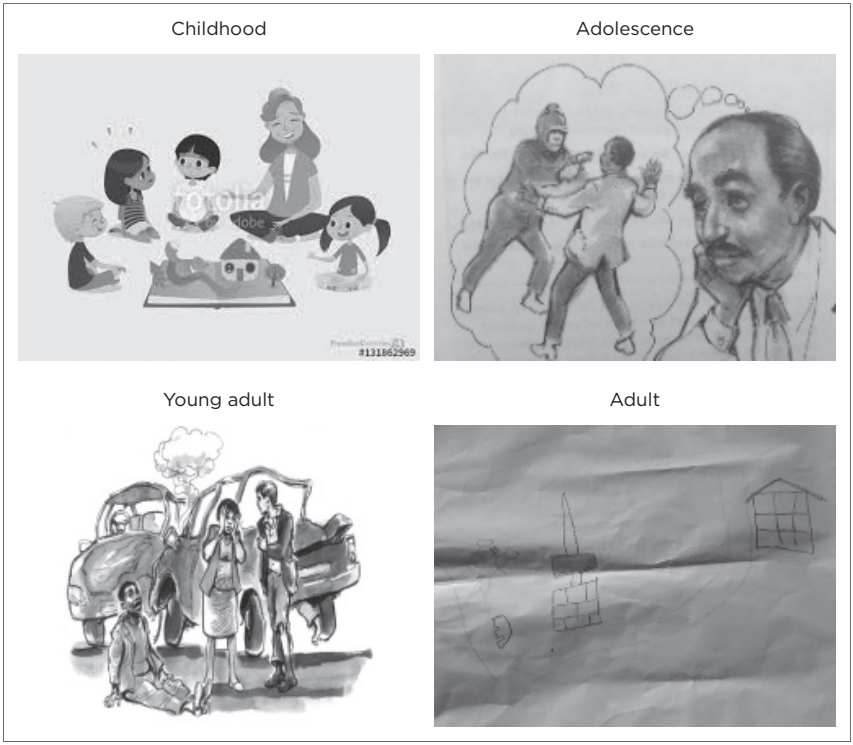


FIGURE 4.3: Example of a complete visual narrative used in narrative group therapy.

gun point. When you see the visual narrative, you may not know what the artist or the owner of the picture is telling until he or she tells you what the story is. And here is my story.

I fell victim to a violent crime. I was held at gunpoint and assaulted in Pretoria. It really does not matter where you live in South Africa, one has to be vigilant. For example, I lived in Pietermaritzburg for over 15 years in constant fear that anything can happen to me or my family, especially after the first violent wave of xenophobic attacks on foreigners in 2008. When I moved to Pretoria in 2014 to pursue a postdoctoral fellowship at UNISA, I felt the siege had lifted. I even told anyone I met in

Pietermaritzburg about how safe Pretoria was. Having travelled, lived or worked in some major cities of the world, I started comparing Pretoria to other cities in the world, like those in Switzerland, for example. Therefore, I let down my guard and started walking at any time, even in the evenings or part of the night. It worked from 2014 until 04 September 2018, when I had my fair share of traumatic experiences. On that unfortunate evening, I left Groenkloof Campus, walked past UNISA on my left and Telkom Tower on my right. I turned right into Bourke Street and walked about 50 m downhill before a red car passed me by. It was about 18:00, but it was not dark yet. As I looked back, I saw that the red car stopped on the road near the junction of Bourke and Leyds streets about 50 m from me. I heard some men talking in the car and one came out. I could not understand what they were talking about because they talked either Tshwana or Sotho, both locally spoken languages in Pretoria. Somehow, when the red car went storming past me, something in my heart asked if this car stopped because the occupants want to attack me? I dismissed the thought immediately. However, when the car stopped, I wondered why it stopped. Then a tall guy, dark in complexion, came out and asked me to help him with directions. I thought 'well, he wants directions', but my antenna was already raised, and I was still suspicious of what he was up to. I stood there waiting for him to walk the 50 m and as he approached, pretending he was looking for a street address. He said, 'I am looking for 320 Bourke Street'. 'I am not sure', I answered. My eyes joined him in looking at street numbers of houses within sight. Then I saw him reaching towards his groin and producing a gun (I don't know the name of the gun because I am not clued up on guns). Nevertheless, he cocked the gun and demanded a phone from me, *Kipaiphone*! in a vernacular language, holding a gun in his right hand and stretching the left to receive. 'I don't understand what you are saying', I said. He gave me such a heavy blow with his left hand that I had a headache immediately and my neck pained. He changed the language and demanded the phone in English. I raised my voice, 'I bind you in Jesus' Name, I bind you in Jesus' Name!'

As I mentioned the name of Jesus, he lowered down both his hands. He could not point the gun at me anymore. He could not lift up his hand. And I continued, 'I bind you in Jesus' Name', and he moved sideward as if he wanted to run, but the moment was too intense to take any action. After some seconds of staring at each other, he moved backwards and he cocked his gun back and put it in his pants, covered by his shirt. 'You are lucky!', he said. 'I bind you in Jesus' Name!', I reacted. He then walked away. I stood there and did not run. I watched him go back to the car. As I watched him go, I was wondering what I should pray for him. Should I call fire from heaven as I have succeeded to disarm him by calling on the name of Jesus? Then I continued with my walk down Muckeleneuk to Sunnyside past Zuid Afrikaans Hospital. I never gave him my phone nor did he get my iPad. This is the story behind my two visual narratives. Remember the saying, 'a picture tells a thousand words?'

One may ask, how do we tell stories? There is no single formula for telling a story. Even Phiri, Govinden and Nadar (2002:10) acknowledge that the technique is not utilised in the exact same way. For example, a grandmother may tell the story around a campfire.

Lugira argues that storytelling in Africa is not confined to oral language. It may also be achieved through dance. For example, the Luo dancers from East Africa dramatised a national story (2004:24). Phiri, Govinden and Nadar (2002:10) concur with Lugira and tell a story of Fulata Moyo who dances her story of pain as she works for the liberation of other women who are found in similar circumstances. Song and dance have always been used as a way of telling her story. Therefore, 'whether the story is told around the fire, in a dance, through drama' or a fishbowl method, it is important (Manda 2017:4) that survivors in post-conflict situations or anyone who has been exposed to traumatic events tell their story for their healing and liberation from the debilitating effects of trauma. I told my story – a story of being held at gunpoint – to a group that was sitting in a circle at Tre Fontane, Durban

I am not narrating my experience as *exposé* journalism to show what a traumatised nation South Africa is, rather my intention is to call on specialists, frontline workers and researchers in the field of traumatic stress studies to find ways of healing South Africans' trauma. I cover more on the effects of trauma in the following pages, but let me say something briefly here. People who experience traumatic events in their lives often have symptoms and complications afterwards if they do not get proper treatment. Landau, Mittal and Wieling (2008:194) insist that the effects of trauma go beyond the individual survivor to affect their support systems. For example, Manda (2015a) states:

> [*T*]he scope of damage that mass trauma causes in a family is often [*underestimated.*] They [*argue*] that we tally the number of people killed or injured, the number of homes lost and the dollars spent on emergency aid, but we seldom measure the [*subtler*] costs. [*These costs include*] the increase in depression and anxiety, substance abuse and addiction, risky sexual behaviour, child abuse and couple violence. They [*add*] that we rarely mention the impact of these factors across extended families as their neighbourhoods and urban settings suffer an increase in poverty, street and orphaned children and crimes such as bank robberies, rapes, armed assaults and car robberies. (p. 2)

If there is no intervention, these consequences may take 'an enormous psychological and physical toll on survivors, and often have ramifications that must be endured for decades' (Bombay, Matheson & Anisman 2009:7).

☐ How to re-member our visual narratives

My story presented in the previous section is an example of re-membering conversations where I choose what events to include in my narrative. The facilitators asked each participant to draw their story on a flip chart. We were told to divide the page into four sections, with each section representing a phase in our life, and draw what we considered traumatic events we experienced during that phase and that we wanted to re-member (or talk about) as part of our narrative. In this phase, we drew our stories in pictures. We used visual narratives to re-member. For example, the visual narratives may look like what is seen in Figure 4.3.

Like re-membering people in our club of life, we remembered traumatic events on the flip chart. We chose which significant events we wanted to re-member in each phase and talk about and which events were insignificant and left out. What helped us re-member the events were the guidelines that we have to draw events we considered traumatic. For example, a dog bit me on my bum in my childhood, so I drew a young boy running and the dog biting his bum. During my adolescent and teenage phase, at secondary school in Malawi, I was beaten up by an older four-form student because I wanted to talk to his girlfriend. He punched me on the nose and I bled. Thus, I drew a boy with blood dripping from his nose. As a young adult, I was involved in several car accidents and was almost killed. As an adult, I was held at gunpoint and assorted other happenings. So I drew pictures in each quadrant to represent the events.

The list of events continued on my flip chart, and so did they on the flip charts of others. By the end of the day, we created visual narratives, which told stories in themselves even before we started telling them. The facilitators gave us crayons of different colours and we were encouraged to be creative. This exercise was an individual exercise and had to be completed in absolute silence. The silence helped us to delve into our subconscious mind or 'emotional basements' and brought out events that some of us had successfully buried to avoid reliving the pain. Thus, the drawing exercise already began connecting us with our traumatic events and we remembered them on the flip chart.

☐ Narrating our stories in small groups

Producing visual narratives was not enough; stories had to be told. Citing Janet, Herman (1992:175) points out that memory means 'the action of telling a story'. According to Janet, by contrast, traumatic memory is wordless and static. As such, the survivor's initial account of the event may be repetitious, stereotyped and emotionless. Herman (1992) cites another author who describes the trauma story in its untransformed state as a 'pre-narrative'. It is pre-narrative

because 'it does not develop or progress in time, and it does not reveal the storyteller's feelings or interpretation of events' (Herman 1992:n.p.). Snider (cited in Herman 1992) has described traumatic memory as a series of still snapshots or a silent movie; the role of therapy is to provide the music and words. That is what this workshop was all about, 'to provide music and words' to the pre-narratives represented by visual narratives that we produced. The facilitators divided us into small groups of four or five members, and we were given enough time to share our visual narratives with one another. Each participant was allocated 30 or more minutes to take the group through their club of life, highlighting traumatic events experienced and feelings that accompanied the experience. The storyteller put his or her flip chart – or what I call a 'map of life' – on the floor, surrounded by group members, and then began sharing with the group what their drawings represented and the feelings associated with each drawing. Although it was not an artistic competition, I was amazed to see beautiful pictures that represented traumatic events.

Above and below the line

To ensure that people felt comfortable to share with the group what they wanted to share, we were each given an A4-size paper with a horizontal line in the middle. Above the line, we wrote the events we wanted to share with the group, and below the line the events that we did not want to share, either because of fear, shame and guilt or because of any other reasons. Thus, re-membering of events continued. It was like we chose which club members we wanted to introduce to the group, and which ones we did not want. What I found fascinating was that when an opportunity was given to share one's story, people ended up sharing what was below the line as well. It could be because they felt safe or trusted the small group more or the fact that once the floodgates of the emotional basement were opened, no lid could ever shut the stories from flowing.

Group members took turns sharing their stories, one at a time for approximately 30 min until they finished. We listened to each

other's stories, acknowledging and revering them. It was not strange to see tears and people sharing tissues. After shedding many tears, there was a sigh of relief from those who shared. Herman (1992:177) argues that 'the recitation of facts without the accompanying emotions is a sterile exercise, without therapeutic effect'. Citing Breuer and Freud, Herman (1992:177) adds that 'recollection without affect almost invariably produces no result'. Our recollection and sharing were not sterile, as one participant affirmed (Herman 1992):

> This was the first time in my life I shared my stories with people I did not know, and the group that I was part of really helped me because people were open and shared all their stories. Every one of my group was crying during storytelling. (p. 177)

The storytelling part was very liberating as re-membering conversations brought coherence to traumatic events in our lives. In her definition of a story, Morgan (2000:6) says a story is a series of events 'linked in sequence across time according to plot'. For us to author a story of trauma, certain traumatic events were selected and privileged over other events. It does not mean that these are the only events that were painful in our lives. But the criteria for selecting privileged traumatic events over other events had to include an event that involved actual or threatened death or serious injury, or any other threat to one's physical integrity, and the survivor's response involved intense fear, helplessness or horror. Once privileged, these events were linked in sequence or weaved with other traumatic events to form a plot or story of trauma. This process of re-membering conversations brought healing (Morgan 2010). Herman (1992) is right that:

> [*R*]emembering and telling the truth about terrible events are prerequisites both for the restoration of the social order and for the healing of individual victims. When the truth is finally recognised, survivors can begin their recovery. (p. 1)

Indeed, this was the beginning of a journey with an unknown destination, but one thing that was clear – we had taken the first step towards healing. Yes, we did not heal immediately, but we moved from rock bottom and we were on our way to healing.

In African cosmology where oral tradition flourishes, storytelling can be a powerful resource to heal traumatised individuals and communities. Citing Mercy Oduyoye, Phiri et al. (2002) argue that:

> Africans need to tell stories as the art of storytelling is an integral part of who we are as Africans. The art of storytelling goes back centuries, and the important function that stories serve in African communities cannot be under-estimated. (p. 10)

For example, storytelling serves the function of remembrance, warning, teaching and lending meaning (Manda 2017; Phiri et al. 2002:10). According to (Manda 2017):

> We must be clear from the beginning that storytelling is not limited to Africans only; it is a gift for all humanity to utilise and find the healing they need. (p. 4)

In my experience, I have co-facilitated Healing of Memories workshops in the USA, Sri Lanka, Europe and Africa where participants from different race groups attended. During evaluation and debriefing sessions, people across races have expressed how beneficial the process of storytelling was to them. As alluded to earlier in this book, healing in the field of trauma studies (Manda 2017):

> [*D*]oes not imply an end to all pain and suffering, but rather facing and working through trauma, so that the tragic loss caused by trauma is balanced by a gain in meaning. (n.p.)

Telling the story enables people 'to give voice to their suffering, ritualise it, objectify it, reopen the wound to better let it out, let it heal, let it scar over' (Adami & Hunt 2005; Manda 2017; Wielenga 2013). Similarly, Rigby (2001:129) gives another metaphor of what happens when we tell our stories. When we confess our pain we uncover the pain of the past, which is portrayed as a poisonous wound that needs to be lanced and exposed to the fresh air (Manda 2017). This process can be used to heal individual as well as collective trauma or wounds. For example, Rigby writes in the context of the work of the Truth and Reconciliation Commission (TRC). Part of the process of lancing and exposing the wounds

[injuries and injustices] of South Africa's past was the process of public hearings in the late 1990s facilitated by the TRC. The dark and painful atrocities committed during the apartheid era could only be explained by laying bare to the rest of humanity the truth and nothing but the truth (IHOM n.d.:5). Once the truth is known, people can begin to put the past behind them and move with hope towards a peaceful future. As such, the nation of South Africa was called upon by the TRC to engage in a process of storytelling (IHOM n.d.:5). Thus, Manda (2017) states:

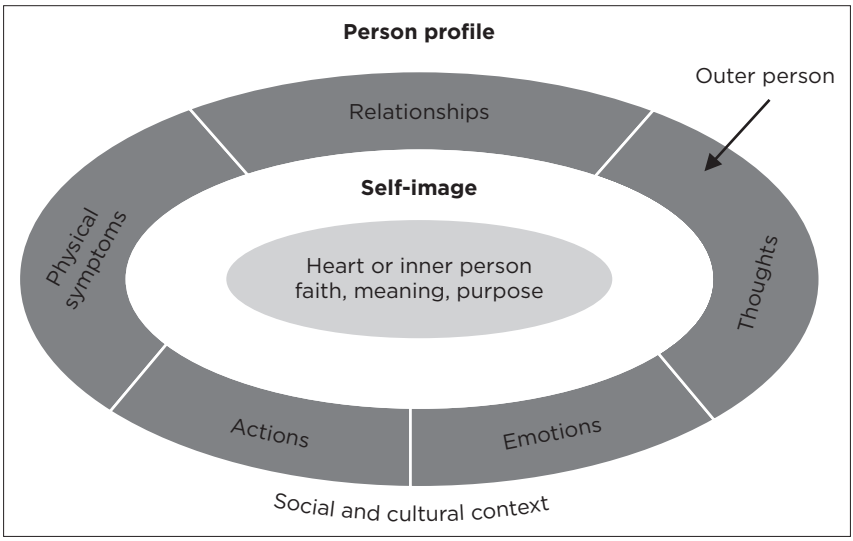
> [*P*]erpetrators and victims of gross human rights violations alike flocked to the designated centres, church [*or*] community halls all over South Africa to tell their side of the story and be listened to. Because TRC made 'public spaces intimate' for both perpetrators and victims, they were able to confront and confess their pain, [*in a way exposing their wounds,*] with the hope [*of recovering*] faith, hope and meaning. (p. 4)

IHOM (n.d.:5) acknowledges that this is a frightening task, but essential, however, 'if we are to put the past behind us and move forward without becoming prisoners of pain, anger and bitterness'.

Effects of ordinary and traumatic stress on the personal profile

After storytelling in small groups, we had a plenary session where we debriefed our experiences of telling our story. Then we reflected on the effects of ordinary and traumatic stress on our lives. We looked at the effects of trauma on the personal profile (outer and inner person). We talked about the role of trauma on the physical symptoms, actions, emotions, thoughts and relationships. Below is a picture of a personal profile that was given to each one of us to reflect. We reflected on how trauma affected us individually on the different domains of our personal profile.

According to Bartsch and Bartsch (1996:37), the 'outer person is that part of us that we are consciously aware of, with which we relate ourselves to the outside world' (see also Figure 4.4).



Source: Adapted from Bartsch and Bartsch (1996:37).
FIGURE 4.4: Personal profile.

The outer person covers five aspects, and stress and trauma affect all of them, namely, 'physical symptoms, our actions, our emotions, our thoughts and our relationships with others' (Bartsch and Bartsch 1996:37). Thus, we reflected on how trauma affected each one of us in our outer person.

Physical problems that surfaced during our storytelling were 'increased heart rate, [increase high] blood pressure, tense muscles, dizziness, chronic infections, menstrual difficulties, trembling and nightmares' (Bartsch and Bartsch 1996:37).

Actions included 'low energy, constant fatigue, and poor hygiene, lack of self-discipline, excessive use or abuse of drugs or alcohol, eating too much or too little' (Bartsch and Bartsch 1996:37) and poor impulse control.

Emotions included, but were not limited to, 'anger, irritability, aggression, fear of people, panic attacks, psychic numbing, tension, paranoia, helplessness, [mood fluctuations,] depression, excessive guilt' (Bartsch and Bartsch 1996:37) and shame for

what we had done, what was done to us by other members of our club life or what we failed to do.

Relationship losses included 'withdrawal from family, [spouses,] and friends, difficulties [in] social and sexual' (Bartsch & Bartsch 1996:37) intimacy, difficulties in executing social roles like marital, parental and work, etc.

Effects on the thoughts included 'confusion, rumination, poor concentration, poor memory, hallucinations, paranoia' (Bartsch & Bartsch 1996:37), etc.

We then delved a bit deeper into our heart or inner person to see what impact traumatic experiences have had. According to Bartsch and Bartsch (1996), the:

> [/]nner person is available to us in consciousness only on occasion. It is the place of inner meaning, [*faith*] and purpose. It is [*what others would call*] our spiritual realm – where we know something without rationally knowing why. [*Our inner person*] is our centre of knowing spiritual realities, of bonding with others, past and present. [*However,*] persistent ordinary [*or*] traumatic stress [*affects*] our faith, hope and meaning in life. [*For example, when*] people [*are*] in the anguish of a devastating flood [*or pain they*] cry out, 'Where is God?' [*While*] some give up, others just feel empty. Sometimes [*people will*] continue to act in their usual way outwardly, but inwardly give up. [*Bartsch says,*] 'Sometimes, as Jesus, we cry in desperation, "My God, my God why have you forsaken me?"' (p. 37)

Several stories emerged as some participants wrestled with God in their traumatic situations. One of the participants was so horrified by the 2008 xenophobic attacks in South Africa on foreigners that his faith in God as a protector was crashed. This confirms Buckenham's assertion that 'trauma wreaks its toll in the life of a person emotionally, psychologically, spiritually, in our relationships with ourselves, others and with God' (Buckenham 1999:7–8).

We also looked at how stress and trauma affected our self-image. According to Bartsch and Bartsch (1996):

> [*O*]ur self-image is our consistent way of thinking and feeling about ourselves in relation to the world around us. Its formation takes over many years but beginning from early childhood. (p. 42)

Other influences like culture play a role, in that it influences how we think about ourselves and how we think and feel about people and the world around us. In the same way, our family is a major contributor to our self-image. Bartsch is adamant that the family we come from influences how we relate to other people and how we think about ourselves. According to Bartsch and Bartsch (1996), our self-image is like a road map or city map that shows us where we are in relation to other people, events and things. However, exposure to traumatic events affects our self-image. Our usual way of looking at ourselves changes and our ways of functioning are disrupted. Our relationships are disrupted as well, and we have mood swings or we cannot concentrate (Bartsch and Bartsch 1996).

We had a very rich discussion, as participants talked about how their losses affected their outer person, self-image and inner person.

Naming, mourning and grieving the losses

Herman (1992:155) points out 'the central task of the second stage in the trauma recovery process is remembrance and mourning'. After storytelling and reflecting on the effects of stress and trauma on our personal profile, we moved on to another session called *naming, mourning and grieving the losses* (Manda 2015a):

> The [*session*] focused on helping participants to [*remember,*] name, mourn and grieve their losses. Mourning means [*expressing*] grief and sorrow over that which is lost (Bartsch & Bartsch 1996:78). Bartsch further states that victims find healing when they are able to separate themselves from the events and from the perpetrators who have victimised them. One significant [*process*] is when victims are able to name the events, understand what happened, and mourn what was lost in order for them to gain control [*of*] their lives and heal. He adds that by naming, re-telling and re-experiencing the story of trauma with a resource person, we frame it. By describing the event, it goes out of us; it goes 'out there'. Thus, the event takes on a new meaning. (p. 78)

The losses that participants 'talked about in small groups covered many areas', among which were 'the loss of loved ones or friends through death or separation, loss of well-loved places or settings' (Manda 2015a:3), lost opportunities, physical health, emotional health, marital relationships or children that missed out on being free to be children, loss of self-concept and loss of faith and meaning in life.

Bartsch and Bartsch (1996:84) caution that 'our understanding of traumatic events is seldom complete. Unfinished business of the past events remains'. Herman (1992:176) adds that 'avoiding traumatic memories leads to stagnation in the recovery process, while approaching them too precipitately leads to a fruitless and damaging reliving of the trauma'. For us to finish the unfinished business of the past, the facilitators asked us to sit individually for 10 min to reflect on the losses each one of us had experienced. Each one had to write down what they had lost as a result of the severe or traumatic stress. For example, we had to reflect on 'material losses such as homes, vehicles, belongings, physical health, emotional health, relationships, self-concept, faith and meaning in life' (Bartsch & Bartsch 1996:86). An accompanying question to the naming of what is lost was whether the participants had mourned these losses enough. If not, we were asked by the facilitator what else we feel we must do to complete the mourning.

After an individual exercise, we went into smaller groups to share with the group the losses we have named and mourn or grieve those losses. Although this session looked less hectic compared with the storytelling one, the session still created space for us to focus precisely on losses we had encountered in our lives. Each one of us sharing their losses with others in small groups was edifying as we identified with each other in our losses. This brought healing by identification, as we realised that we were not the only ones who had lost. Even those who were angry with God because he did not protect their loved ones had to relook at their relationship with God. One participant, for example, shared about a string of losses of loved ones through death

within a short span of time. She even talked about how she gave up on God, church, prayers and any spiritual support systems because the God she knew did not heal her fiancé. After narrating our losses, we proceeded with a plenary session where we discussed how different cultures we belong to mourn when they have lost loved ones. There was a richness of information as the group comprised South Africans who were predominantly Zulu and few Xhosas, Ndebele and Shona from Zimbabwe, Kikuyu from Kenya and others from the DRC and Malawi.

Chapter 5

Re-authoring life narratives

After naming, mourning and grieving our past that the trauma destroyed, we are faced with a task of forging ahead with our lives. We know that we have a future that we can ignite or ignore. Herman (1997:152) warns that the resolution of the trauma is never final; recovery is never final as the impact of a traumatic event continues to reverberate throughout the life cycle of a survivor. For example, issues that were resolved and put to rest may be triggered by an incident related to the traumatic experience. However, the difference is that we learn to remember without being paralysed by the symptoms we experienced before the healing process. We chose to ignite our future and to do so we aspired for Herman's fourth stage of trauma recovery, which is reconnection.

Reconnection

The fourth stage in Herman's (1997:141) five-stage model of trauma healing is reconnection. The Trauma Healing Project

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sought to empower the survivors of various types of traumatic experiences. Herman (1992a:133) is adamant that the first principle of recovery is the empowerment and reconnection of the trauma survivor. According to her (Herman 1992a:133), the survivor 'must be the author and arbiter of her or his own recovery'. Herman argues that many benevolent people may offer advice, support, assistance, care and the like, but they cannot offer a cure. She cautions that any intervention, no matter how effective it may sound, is bound to falter if it takes power away from the survivors. She sustains her ramblings by telling an example of an incest survivor who once commented that, '[g]ood therapists were those who really validated my experience and helped me to control my behaviour rather than trying to control me' (Herman 1992:133).

We took Herman's caution very seriously and looked for ways that would empower trauma survivors so that they can use their healing to heal others in their families, neighbourhoods, churches, communities, etc. Having gone through Stress and Trauma Healing workshops levels 1 and 2, we figured out Level 3, which would train research participants to become trauma facilitators. Several processes took place here, which included training of participants to facilitate Stress and Trauma Healing Workshop Level 1, and these were done through role play and real case scenarios to facilitate and ensure that the facilitators were competent. Participants 'found levels 1 and 2 helpful, and they wanted to facilitate healing in their own communities and churches and in languages with which they would feel comfortable' (Manda 2015a:3). They called themselves 'wounded healers' and stated that they wanted to use their wounds to heal others. I never saw such energy at the beginning of the Trauma Healing Project. The progression in their healing was palpable and unstoppable. In this chapter, I want to reflect on the empowerment and reconnection processes that we adopted.

Affirming dignity, hope and healthy identity

Having transformed our pre-narratives into trauma narratives, the next task was to affirm dignity, hope and a healthy identity. When trauma invades the holistic self, it defies dignity, hope and meaning. As such, on the third day of the workshop, we changed gears. We no longer focussed on the reverse gear by looking at what had happened in the past, rather we focussed on the future. Even Herman (1992:196) is adamant 'that having come to terms with the traumatic past, the [trauma] survivor faces the task of creating a future'. Bartsch and Bartsch (1996:112) maintain that 'severe and traumatic stress shatter our dignity and self-respect'. We become victims. Bartsch and Bartsch (1996) add:

> Our belief in our capacity, divine faith, to make a difference vanishes. A victim's dignity is built up when they feel stronger, more capable and more self-respecting, when they feel they have the strength to make a difference in their own lives. (p. 112)

The fourth stage, therefore, sought to affirm the trauma survivor's dignity, hope and a healthy identity. Bartsch and Bartsch (1996:11) argue that stress and trauma affect the way people think about themselves. For example, following incidents like a criminal attack, earthquake, mugging, rape, marital abuse, etc., these victimised people often take on a 'victim identity'. He defines 'victims' as people who have had terrible things happened to them. They are victims of circumstances. They take on a 'victim identity' when they think and feel like victims, long after the events. The healing of a 'victim identity' comes when they recover their identity and re-integrate into their community with their rightful respect from others, for others and with self-respect. We needed such healing to transform our way of thinking about ourselves and the world around us. This process successfully transformed us from victims to survivors. According to Bartsch and Bartsch (1996):

> Survivors are people who have been victimised, but who think of themselves as able to manage their lives, hold [*on*] to their

> self-respect and dignity and take on meaningful roles in their families, in their work, in their churches and in their communities. (p. 11)

We used the narrative therapy approach to challenge the dominant stories of trauma and started to re-author alternative stories of our lives. We did not only focus on what trauma destroyed or shattered, but also what trauma spared, what survived. Like reconstructing a mosaic from shattered pieces of glass, CBT approaches to challenge self-victimising thoughts into desired or constructive ones.

I have referred to Janoff-Bulman's (1992:5, cited in Manda 2015a) *Assumptive World Theory* earlier in this book, which states that:

> [*T*]raumatic events are psychologically distressing because they shatter some of survivors' fundamental assumptions about the world. Most generally, at the core of our assumptive world lie abstract beliefs about ourselves, the external world, and the relationship between the two. [*But*] when we experience traumatic [*events,*] the effect is to 'shatter' our assumptive world, or to [*deliver 'profound invalidation' of*] our assumptive world. Thus trauma destroys the belief that we are in control of our lives; leaving us shattered. (p. 3)

Bartsch and Bartsch (1996:112) add that severe and traumatic stress shatters our dignity and self-respect as well as our belief to make a difference – our faith in life is shaken.

According to Manda (2015a):

> To facilitate the process of regaining dignity, participants took part in several sessions, which focused on how they survived the traumatic experiences or loss. Any positive action they took during their traumatic experience was [*acknowledged and*] affirmed. These unique outcomes became the building blocks for an alternative story of their lives. Also the connection with other people who experienced or witnessed traumatic events brought healing through identification. (p. 3)

Kitengie (2013), a participant and author of *Why Does the Sun Rise Black?*, says:

> The good news from the workshop on stress and trauma is that all the participants became my family members with whom my life

> experiences are shared openly and with encouragement. I am not alone in the jungle or the only one having these kinds of situations in life. These workshops opened ways through sharing of my personal life experiences with them and broke barriers of separation and distinction of otherness. (pp. 140–154)

His story is one of the many stories that were shared on this trauma project and was published. The support from each other helped to recover faith, hope and meaning. It also facilitated the restoration of relationships that were shattered or disconnected by trauma.

Encouraging healthy relationships

In stage 4 of the trauma recovery process, we focussed on processes that would encourage reconnection of relationships that trauma broke or shattered. Herman (1992a:196) calls this stage the reconnection stage. Herman (1992:44) asserts that traumatic events invariably cause damage to relationships; people in the trauma survivor's social world have the power to influence the eventual outcome of the trauma. According to Herman (1992:44), a supportive response that comes from others may mitigate the impact of the event, whereas a hostile or negative response may compound the damage and aggravate the traumatic syndrome.

In the aftermath of traumatic life events, survivors are highly vulnerable. Their sense of self has been shattered. That sense can be rebuilt only as it was built initially, in connection with others (Herman 1997:44). After mourning the old self, which was destroyed by the trauma, now the survivor faces the task of developing a new life. His or 'her relationships have been tested and forever changed by the trauma; now she or he must develop new relationships' (Herman 1992a:196). We did not only focus on developing new relationships, but we also looked for ways to mend some of the old ones that were not too shattered to mend. We explored the role of forgiveness and reconciliation in the reconstruction of healthy relationships. Herman stresses the importance of reconciling with oneself, and also with others in the process of reconnection.

With regard to reconciling with oneself, Herman (1992b:12) points out that the trauma survivor's task is to become the person he or she wants to be. To do this, he or she draws upon the aspects of himself or herself which he or she values most from the time before the trauma, from the experience of the trauma itself and from the period of recovery (Herman 1992b:12). Integrating all these aspects, the survivor creates a new self both ideally and in actuality. As the survivor recognises and 'lets go' of those aspects of himself or herself that were formed by the traumatic experiences, he or she also becomes more forgiving of himself or herself.

With regard to reconciling with others, we were mindful that some of the traumatic experiences were sustained in relationships with loved or trusted ones. Now that we regained some capacity for approximate trust, and trauma receded, it no longer represented a barrier to intimacy (Herman 1992b:12). We explored the concept of forgiveness and what role it would play in the process of reconnection.

Forgiveness

To facilitate the process of mending relationships that were destroyed by traumatic experiences, we finished the workshop by looking at forgiveness and how to forgive and reconcile with those who hurt us or who we hurt. Van der Merwe and Gobodo-Madikizela (2008:49) argue that the concept that most clearly symbolises hope for the future in our traumatised nation is the concept of forgiveness. Forgiveness brings an end to the repetitive cycle of violation. Kristeva ([1987] 1989:200) points out that forgiveness breaks the concatenation of causes and effects, crimes and punishment; it halts the time of actions. Kristeva ([1987] 1989:204) adds that forgiveness seems to say, 'I allow you to make a new person of yourself', so that the unconscious might inscribe itself in a new narrative that will not be the eternal return of the death drive in the cycle of crime and punishment. Van der Merwe and Gobodo-Madikizela (2008:49)

state that there is no price that will ever be adequate to pay people who have been ruptured and traumatised. However, what is necessary is finding a new language that will bring us together, the language of forgiveness. He adds that forgiveness allows people to have a new relationship with their trauma – it is a liberating act, a choice of freedom. It has been proven that forgiveness helps the victim to heal. The freedom from being captive to anger and hatred as a result of the trauma liberates people to embark on a new journey of healing.

Debate over forgiveness

We were not just led into forgiveness like sheep before the slaughter; we engaged in a serious debate on what it means to forgive and where do we begin and where do we end. As participants in the Trauma Healing Project, we knew that we could not move on without forgiving those who caused injuries in our lives. For the first two days, we focussed on the past, on dominant stories of loss, pain, anger, hatred and anguish; on the third day, we changed gears and looked towards the future. We reflected on how we can forgive and move on, affirm dignity, establish a healthy identity and establish healthy relationships. Individually, we reflected on how we survived. It is a fact that people have the ability to transcend – to rise above the limits imposed by the situation. It is our unique capacity as human beings to step back and decide what attitude we will take and how we will respond to the events (Bartsch & Bartsch 1996). The dominant question in our debate was, 'where does forgiveness begin?' Having listened to participants telling their experiences of trauma, one would understand why the question was asked. We debated over that. Perhaps, one of the benefits of attending this workshop was the opportunity for participants to ask what they did not understand or what was in conflict with their prior bedrock of beliefs. Later, as I continued to read around the topic of forgiveness, I realised that Graybill (2002:164), in her book entitled *Truth & Reconciliation in South Africa: Miracle or Model?,*

also grappled with this question. In her attempt to answer it, she cites two traditions; she says that one theological tradition asserts that forgiveness begins with the one who has been wronged, who forgives because he or she is forgiven by God. In fact, during Truth and Reconciliation hearings in South Africa, this fact was often demonstrated when victims took the initiative in offering forgiveness to perpetrators even before or in the absence of an apology. Another tradition is that forgiveness begins with the perpetrator, who must confess and ask for forgiveness; the victim then grants it, and both sides are changed by the encounter. A good example of this tradition was best demonstrated by the case of Brian Mitchell, who made the overture to his victims and was forgiven by the Trust Feed community. On the other hand, Charles Villa-Vicencio argues that (Graybill 2002):

> [*C*]orrectly understood, it is a cycle that begins with forgiveness [...] [*but*] it could be argued in the secular world of politics it does not really matter at which point one enters the cycle-as long as one stays on board for the entire journey. (p. 164)

☐ The process of forgiveness

Participants were willing to enter the cycle and stay on board, but wondered how to go about forgiving. As such, we debated on the process of forgiveness. There is really no clear-cut formula that works for everyone and every society. Nevertheless, I agree with Villa-Vicencio that as long as one enters the cycle and stays on board, the need for forgiveness cannot be overemphasised. Even Graybill (2002) asserts that psychologists who supported South Africa's TRC:

> [...] (a third of commissioners came from the mental health profession) [*pointed out*] to individual healing as an important goal. They [*expressed*] the need for victims to relive the past in order to come to terms with it. They [*insisted*] on the benefit of speaking out. (p. 164)

This is important because 'repressing painful memories results in stress, anxiety, and depression, while sharing stories in a supportive setting leads to healing' (Graybill 2002:164).

Thus, 'storytelling can allow victims to reshape the traumatic [event] and [re-integrate] it into the matrix of their lives' (Graybill 2002:164). Although the psychologists and Graybill encourage victims of various traumatic experiences to share their stories in a supportive environment, which we did, Daye proposes a rather longer process of forgiveness. He calls his process a model of political forgiveness. Although the Stress and Trauma Healing workshop aimed at assisting individuals to face and work through their various types of traumatic experiences, it is important to reflect on how we can use forgiveness as a tool to heal collective trauma in post-conflict societies. I must admit here that there are many models that people may use to effect the process of forgiveness. I have participated in different models of forgiveness, and each one of them is unique. For the sake of this book and the need to heal individual and collective trauma in South Africa and elsewhere in the continent or world, let us look briefly at Daye's model of political forgiveness.

Daye (2011:7), in his book *Political Forgiveness: Lessons from South Africa,* presents his model in a drama form with five acts. Act 1 is truth-telling, Act 2 is apology and the claiming of responsibility, Act 3 is building a transitional justice framework, Act 4 is finding ways to heal and Act 5 is embracing forgiveness (Manda 2017).

☐ Truth-telling

The first act, according to Manda (2017):

> [/]n a drama of forgiveness is truth-telling [*i.e.*] the naming and articulation of the harm done. Daye asserts that somebody must point out that one party's unjust action (or inaction) has damaged another party or caused that second party to suffer. (p. 5)

Daye (2011) recognises that we can inflict pain on somebody through what we have done, but it can also be because of what we failed to do, which Daye calls 'inaction'. For example, in a sexual abuse situation, a mother may know that her child is being abused sexually by a male partner or uncle, but she is not doing

anything to stop it for various reasons. Daye (2011, cited in Manda 2017:n.p.) 'adds that usually, it will be the victimised party that makes this statement and begins the narrative of wrong done'. Sometimes an outside party names the unjust action perhaps because the victimised party has been so oppressed or disempowered that it has failed to see injustice or because it has not been free to name it itself. 'Daye also acknowledges that on rare occasions the guilty party first names the [offence,] but its narrative usually begins in step two [i.e.] apology and the claiming of responsibility' (Manda 2017:5). Daye advises that no attempt should be made to 'rush to the granting of forgiveness without a careful exposition of the unjust actions through documentation or through the generation of a broad narrative [which] will bastardise the process' (Helass 2004:n.p.). Thus, an exposition of past actions and a public acknowledgement of its veracity by either government leaders or other important persons can in itself be very healing for victims, especially if it rings true to their experiences (Daye 2011:9).

☐ Apology and the claiming of responsibility

The second act in the drama of forgiveness is 'apology and the claiming of responsibility or confession' (Daye 2011; Manda 2017:5). Here, the guilty party admits to the wrong done and acknowledges its moral indebtedness to the party it has harmed. Daye argues that very often the guilty party at this stage offers excuses or explanations along with the admission of guilt. But in the cleanest and best examples of a drama of forgiveness, these qualifiers are abandoned and the party who committed the wrong stands 'naked' before the narrative of its unjust action and asks for forgiveness. Apology is vital in the process of forgiveness. Apologies made by powerful figures like presidents and popes can carry with them great importance in contexts where political forgiveness is sought. However, Daye also warns that apology and the claiming of responsibility or confession can backfire if they are done unskilfully. This then brings a question, what makes a good apology? In his response, sociologist Nicholas Tavuchis

grapples with this question in his book *Mea Culpa: A Sociology of Apology and Reconciliation* (Daye 2011:62). According to Tavuchis, apology has to begin at the level of interpersonal dynamics and works from there. He is adamant that any person's relationships and group affiliations are dependent upon conformity to the specific and general norms of the moral community that encompasses those relationships. Apology becomes relevant when those norms are violated and one's membership in the moral community becomes less secure or stable. In that case, when apology is offered and accepted, there is an often painful re-membering of the moral community and a reinforcing of its norms. What happens here is that the offender recalls, and is recalled to, the moral fabric of the community by personally acknowledging responsibility for the breach, expressing genuine sorrow and regret and promising to keep the rules in the future. Tavuchis says that 'this secure ritual serves not only to reconcile alienated parties, but also to reinforce moral standards and make them more visible' (Daye 2011:62).

I think a good application to Tavuchis' theory of apology is what Graybill (2002:47) calls a moving example of forgiveness, as seen in James Wheeler and Corrie Pyper who asked for amnesty at the TRC for the killing of Vuyani Papuyana, a student and taxi driver. What happened is, 'Wheeler and Pyper, both in an intoxicated state on Election Day in 1994, decided to kill [black South Africans] in an effort to disrupt the elections' (Manda 2017:5). During the TRC process, Wheeler turned to late Vuyani's family, asking, '[c]an you forgive me? I cannot believe I was so short-sighted! I have decided never again to resort to violence to achieve a political objective' (Manda 2017:5). 'I hope that in the future, through my actions, I can contribute towards reconciling white and black people who still bear animosity to one another' (Oelofse 2004:216). Nelson papuyana, in his comments, said that facing the man who murdered his son was the best thing he had ever done (Manda 2017:5). 'The meeting helped me to overcome my emotional problems' (Graybill 2002:47). Papuyana continued that before that meeting he was convinced that he would never

be able to forgive his son's murderer (Oelofse 2004:216). But 'in my wildest dreams', as he puts it, 'I did not think that the meeting would become a situation where I would be the one trying to comfort the murderer and his wife' (Oelofse 2004:216). Papuyana reports that Mrs Pyper was crying so much that she could not really talk when Mr Pyper told the father and commission what had happened that night. He said that he could not explain why he had done such a mindless thing. 'He repeatedly said that it had been an extremely mindless deed and that he was very sorry' (Oelofse 2004:216). In an act of contrition, Pyper offered to pay for the funeral costs and offered R5200 (South African currency) to the Papuyana family (Manda 2017:5). Mr Papuyana says, 'I at first refused to accept it, but when he insisted I could see that it would relieve his pain if I accepted it. He felt better afterwards' (Manda 2017:5). Seeing what happened, Piet Meiring made a comment afterwards, '[a] strange, wonderful country, ours-I thought-where the father of the murdered son embraces the perpetrator, the murderer, and his wife to comfort them' (Oelofse 2004:216).

In this account, we can see that offering and receiving forgiveness not only benefits the perpetrator but also the victim and survivor. Mr Papuyana, in listening to the murderers of his son, in a way started a healing journey as well (Manda 2017). In his own words, he says, '[t]he meeting helped me to overcome my emotional problems' (Oelofse 2004:216). The TRC process was very tough in that victims had to come face-to-face with perpetrators and most of the victims never had a full story about the death of their loved ones until this day of the public hearings. Indeed, there were many who refused to forgive, but there were also many who offered forgiveness. Thus, in liberating others, we liberate ourselves. Apology means acceptance of responsibility for the wrong perpetrated, and this act invokes grace to forgive or to be forgiven. The power of an apology was demonstrated during TRC's human rights violations hearings where apologies from former supporters of apartheid were offered to members of the majority population. Tavuchis also noted that 'an apology

offered by a white offender to a black victim contained a subtext that said' 'I was wrong to believe that we were not members of the same (moral) community', or to put it in other words, 'I was wrong to believe that my humanity and your humanity were not of the same order' (Daye 2011; Manda 2017:5). Although an apology is considered by some proud people as a sign of weakness, it is the only weapon that disarms pride and heals relationships. Even when the victim may refuse to accept the apology, it is powerful enough to disarm the offender of incredible guilt and self-blame, which can stunt a person's emotional, personal and spiritual growth.

☐ Offering of forgiveness by the victimised party

The third act in the drama of forgiveness is the offering of forgiveness by the victimised party. According to Daye (2011, cited in Manda 2017:5), 'just as many offenders refuse to apologise, many victims refuse to forgive'. They may offer 'a pardon that is qualified by calls for further repentance or some kind of restitution, but, in its ideal form, forgiveness is offered fully with no strings attached' (Manda 2017:5). On the other hand, Daye has also observed and wondered at how surprising it is that people are often willing to forgive even before apologies are offered. This may be because of a desire to break the bonds of suffering and start life anew. He admits that 'many victims forgive not because their tormentors deserve it, but because they need to do it for the sake of their own inner freedom' (Manda 2017:5). Sometimes, Acts 2 and 3 are reversed, and it is an offer of forgiveness by a victim that sparks a heartfelt apology from a perpetrator.

☐ Finding ways to heal

The fourth act of the forgiveness process 'seeks to find ways to heal. Daye asserts that when a nation has been [broken] by prolonged violence or tyranny, a number of kinds of healing are needed' (Manda 2017:5). In cases of gross human rights violations, such as the case in South Africa or other conflict-ridden societies,

'individuals will suffer from traumatic stress disorders and will have particular therapeutic needs that centre on issues of empowerment and security' (Manyonganise 2015:51). Here, Daye concurs with Herman (1992) who is adamant that trauma disempowers and disconnects its victims from their various support systems. Daye adds that it may be the case that whole communities, even societies, come to suffer from the dynamics of traumatic injury. In this act, the issue of therapy comes to the fore. It is also an essential question, whether forgiveness interventions are more likely to advance or hinder the healing of individuals and communities. Staying with the TRC, some people, both victims and perpetrators, were referred for counselling and therapy to deal with the aftermath of the confessions that were made during the TRC testimonies. This need was also observed during our Trauma Healing Project in that we had to refer some people to Lifeline or other service providers in Pietermaritzburg to further the process of working through their trauma.

☐ Embracing forgiveness

The fifth act in the drama of political forgiveness is what Daye calls the embracing of forgiveness. It is not enough to give an apology or ask for forgiveness. Daye argues that forgiveness must be embraced. The reason why Daye has chosen to leave the embracing of forgiveness till last is that nationwide forgiveness has a more distant horizon of truth-telling, responsibility claiming, justice or healing. He adds (cited in Manda 2017) that:

> [/]t involves the reformation of whole communities at a level so deep that collective identities are transformed. This kind of communal 'soul work', as Daye [*calls*] it, requires revision of the very myths and narratives that tell a [*people*] who they are and their friends and enemies are. (n.p.)

Sometimes, embracing of forgiveness may be challenged when those who were victimised feel their perpetrators benefited and continue to benefit from the offence. This can be an obstacle for achieving national forgiveness, nation-building and social cohesion. In a country like South Africa, when we begin to think

that the dust has settled, another skirmish comes up. It is either the re-naming of streets or municipalities or a threat of land expropriation without compensation, and so on and so forth. This can happen at personal, interpersonal, community or national level, with parties always present that are still aggrieved and feel that they have not been well compensated.

We have explored all these challenges to embracing forgiveness during the Trauma Healing workshops. We reached a consensus that forgiveness benefits us and embraced the forgiving of perpetrators even before they offered an apology. Although Daye's drama is right that there must be an apology, we also faced the fact that if an apology or a justice may not come in time, what happens then? The victims need it the most for the sake of their freedom as Papuyana expressed. Sometimes, perpetrators may fear the consequences of their action if they come forward and confess or apologise. Thus, if our healing is dependent on the perpetrators' willingness to apologise, it may take a long time, or it may not even happen. This reminds me of the statement that one of the participants in the Healing of Memories workshop in Sri Lanka had said. I was facilitating a Healing of Memories workshop in Sri Lanka with a group of war veterans as a process of healing the nation from a 33-year-old civil war. After the ceasefire, the national leadership allowed a healing process in the country and the Sri Lankan Council of Churches invited the IHOM, an organisation I was working for at the time. In this particular workshop, many participants had lost their limbs in the war or sustained injuries that disabled them in one way or another. Until the time of the workshop, they were demanding justice from the government. Like the Stress and Trauma Healing workshop, the Healing of Memories workshop sought to create a safe space where participants could tell their life stories using visual narratives. After a three-day workshop, as participants were giving feedback on their experience and whether or how the workshop helped them, one participant who had lost a leg in the war said, and I still remember, 'Justice will come, but meanwhile we heal ourselves' (Participant, female, n.d.). It is not that they had forgone the thought for justice, but that they had understood that it is more important

for them to heal and move on with their lives rather than wait for justice which may or may not come. Although there may be reconstruction of the limbs that sustained injuries, they embraced what Nelson Mandela said about the reconstruction of the soul, popularly known as the RDP of the Soul. It was like they read Mandela's address to Parliament, Cape Town, 05 February 1999. He urged South Africans to stop slaughtering each other with hatred that was dividing the country, 'for indeed, those who thrive on hatred destroy their own capacity to make positive contribution' (Daley 1999:n.p.).

The workshop had just redirected participants' vision for the future, as they released the bitterness and hatred they had for the government of national unity. Every time we do something wrong, or something is done to us, or we fail to do something that results in some people falling victim because of our actions or theirs, we are confronted with a choice to make amendments by embracing Daye's Acts in the drama of political forgiveness.

Given an opportunity, we shared our stories in groups of four, affirmed each other and celebrated together. This session was next to none as each one faced their prison gates. We each had a choice to liberate ourselves or stay in the prison of unforgiveness even when the prison gates were opened – *Avulekile amasango* [words in Zulu, meaning 'the gates are open'].

The choice was ours. Mandela (cited in Afp 2013) once said:

> As I walked out the door toward the gate that would lead to my freedom, I knew if I didn't leave my bitterness and hatred behind, I'd still be in prison. (n.p.)

For Mandela, the door was open and the gate he walked towards was open. More than physical freedom, he valued inner freedom, and here we were confronted with our own bitterness and hatred. Each one of us had a key in our hand to open or lock ourselves in prison.

This session was quite hectic and tears were running down our faces as we confronted the perpetrators in our lives – some dead,

others still alive. However, this was powerful enough for us to start re-authoring our narratives, to begin building alternative stories, rediscovering new identities and forging new relationships. We had an opportunity to let go off the pain of the past in order that we do not remain trapped in the confines of the past injuries and injustices (Manda 2017; Rigby 2001). The facilitators had us in groups and talked about whether we had issues to forgive. What made it easier for us to forgive our perpetrators was that we had already let go off much pain during the storytelling session, and the grieving and mourning our losses session, because we had talked about the very people as part of our traumatic narratives. This sharing in small groups or pairs was again very powerful as we identified with each other's pain. It was like everyone had a list of people to forgive. This was the bridge we needed to cross.

It is worth noting that we did not only focus on restoring relations with the world and others around us, but we also sought to reconcile ourselves with ourselves. Herman (1992:202) points out that the re-creation of an ideal self involves the active exercise of imagination and fantasy, capabilities that have now been liberated. Indeed, we were able to imagine new possibilities, new relationships, with people whom trauma had alienated us from or what life would be like after reconciliation.

While the first part of the reconnection stage dealt with forgiveness to establish healthy relationships, the second part focussed on rebuilding the future that the trauma destroyed. We understood from Herman's (1997:44) study that a trauma survivor has a future that he or she can ignite or ignore. Herman (1997:44) asserts that 'having come to terms with the traumatic past, the survivor faces the task of creating a future'. In accomplishing this work, the survivor reclaims his or her world. We looked at tasks that would facilitate the reclaiming of our world, which was destroyed by trauma.

From trauma victim to wounded healer

It was amazing to see the choice of words that research participants used. They said, 'we want to be trained to become

wounded healers so that we can use our wounds to heal others'. I remember hearing about 'wounded healers', but I had never tried in my academic studies to explore the concept until it presented itself through the participants. The concept of a 'wounded healer' is not new. In his book *The Wounded Healer: Ministry in Contemporary Society,* Nouwen (1979:82) defined the wounded healer as the 'one who must look after his [*sic*] own wounds but at the same time be prepared to heal the wounds of others'. This made sense for me because although we had covered quite a good mileage in our healing journeys, we still had wounds to look after. But refusing to sit nursing those wounds, the participants rose to the occasion to heal other people's wounds. Giving an example of Jesus, Nouwen (1979:82–83) says that because he binds his own wounds one at a time, the Messiah would not have to take time to prepare himself if asked to help someone else. He knew what to do. He would be ready to help. Nouwen (1979) adds that Jesus:

> [*B*]y making his own broken body the way to health, to liberation and new life [...] he who proclaims liberation is called not only to care for his own wounds and the wounds of others, but also to make his wounds into a major source of his healing power. (pp. 82–83)

When we talk about our wounds, Nouwen (1979:82–83) argues that 'words such as alienation, separation, isolation, and loneliness have been used as the names of our wounded conditions'. In trauma studies, these words are the result of traumatic experiences. Then I understood that when they said 'wounded healers', they were saying that they were once isolated and alienated from affiliations of community and religion and now they want to go and help others who are in the same predicament. This became exciting for me as their interests coincided with mine – to train trauma healers who would facilitate healing in their communities in their languages of choice. Unlike me forcing it on them, it emerged from the participants themselves when they demanded further training so that they could use their wounds to heal others. It was a demonstration of empowerment they received on the Trauma Healing Project. Their concern with

their own wounds was balanced, if not outweighed, by a concern for others' wounds they wanted to heal. It also showed that they have learnt to bind their own wounds and now they want to show others in their communities how to bind their own wounds. But we all knew that zeal without knowledge translates into nothing. That is why they asked to be trained.

This gave direction to the research process, as it moved from creating a space to healing trauma survivors to empowering and developing wounded healers and increasing the capacity of wounded healers to heal others. Thus, when trauma survivors in this study asked for more training so that they could be wounded healers, what they were saying was that through their experiences of 'alienation, disconnection, separation, isolation and loneliness' from their support systems because of trauma, they earned some comfort to give to other people who were exposed to traumatic experiences as well. In answering the question, 'how can wounds become a source of healing?', Nouwen (1979:87) cautions that such a question needs careful consideration. He argues that we heal others when we put our wounded selves in the service of others. He makes a clear distinction between a wounded healer and a doctor. According to Nouwen (1979:88), no minister [wounded healer] can keep his own experience of life hidden from those he wants to help. Nor should he or she want to keep it hidden. He adds that no minister can offer service without a constant and vital acknowledgement of his or her own experiences. A doctor can still be a good doctor when his or her private life is severely disrupted. Thus, when trauma survivors were asking to use their wounds to heal others, they might have understood the concept of a wounded healer.

Their request changed the direction of our Trauma Healing Project. As a researcher, I was on the verge of concluding the research project. But their request meant moving the goal post further away. I felt betrayed by the methodological approach of PAR that I had chosen, which allows research participants to determine the course of inquiry. On the other hand, if co-researchers found the trauma healing process helpful to them,

their relationships and communities, it was necessary to offer them the necessary training and support to become facilitators of the same healing process they experienced during the project's lifespan. As by now they knew how to bind their own wounds, they were able to bind those of others.

Training of carers

The first step towards equipping wounded healers was to train them to become carers. While the Stress and Trauma Healing Level 1 and Healing of Memories workshop focussed on healing us from the past-unfinished business and begin re-authoring alternative stories, the Stress and Trauma Healing Level 2 workshop focussed on training participants to become carers in their communities. Facilitators of the Trauma Healing Project gave us an opportunity to further equip ourselves so that we can help other people to face and work through their traumas as well (Manda 2017):

> Four months after the level [*one*] workshop, in April 2010, 26 participants attended the Trauma Healing Workshop level [*Two*]. This level continued the healing process by focusing on helping survivors to become caregivers. The process comprised themes like understanding yourself as a healer, exploring why you want to become a healer, how to take care of yourself as a caregiver and how to heal and inspire your community with faith and hope. (p. 3)

At the end of the workshop, the participants received certificates. Morgan (2000:90–91) states that '[…] certificates help celebrate the new story that emerges and to commemorate how the person has managed to overcome the problem to regain their life from its influence'. Indeed, the participants showed signs of overcoming the victimhood forced upon them by trauma and became survivors.

Training of facilitators

The second step in the making of a wounded healer was to train carers to become facilitators. The main aim of this study was to explore how traumatised people in KwaZulu-Natal face and work

through trauma. On 23 June 2010, the participants attended Level 3 – Facilitator Training. After training, I accompanied them in their communities to do trauma awareness and later facilitated several Stress and Trauma Level 1 workshops. They actually facilitated the telling of traumatic stories to other Level 1 participants from their own communities. They became 'wounded healers' indeed. They also learnt how to conduct debriefing sessions. In a province where many people were living with past trauma owing to political violence and other types of traumatic events, learning how to conduct debriefing sessions was invaluable, as it is a shorter process compared to a full-fledged Stress and Trauma Healing Workshop.

Training of trauma counsellors

The third step in the making of a wounded healer was training facilitators to become trauma counsellors. There was no end in sight for the hunger and thirst for more learning from research participants. Although they were trained as carers and facilitators of group workshops, the participants still found themselves wanting in certain areas. In particular, they wanted to deepen their understanding of trauma, its effects on the various domains of a trauma survivor's life and how to treat or heal trauma. They were exposed previously to work in groups only, but as the needs in their communities for one-on-one encounters increased, some of them felt not competent enough to tackle such cases. As such, they asked PACSA for financial support to pay for two university courses. Thus, the University of Pretoria sent me to teach them two courses. The first one was a Basic Course in Crisis and Trauma Support, which was aimed at giving guidelines to community leaders, carers, church leaders and counsellors to do crisis and trauma support within a caring environment and assisting victims towards recovery and healing from trauma. The second course was Advanced Trauma Counselling, which was aimed at enabling pastors and other counsellors to deal with the process of recovery and healing after a traumatic experience.

These courses had great impact on the lives of the participants because not many of them had attained university education, and the University of Pretoria reaching out to them was the difference in their lives, careers and aspirations. For example, prior to this training, they were concerned about facilitating workshops only because they were not well-equipped to deal with individual cases at a deeper level. But following their graduation with certificates from the University of Pretoria's Enterprises on 15 May 2015, they moved the goal post. Those who entered the Trauma Healing Project in 2009 as victims of various types of trauma came out in 2015 as trauma counsellors. When Herman (1992:133) asserts that 'recovery [from trauma], therefore, is based upon the empowerment of the survivor and the creation of new connections', the equipping process of wounded healers in this project speaks for itself.

Commonality

The fifth stage in Herman's model of trauma and recovery is commonality. Herman (1997:151) defines commonality with other people as belonging to a society, where you have a public role and actively participate in the affairs of the community. You also have a feeling of familiarity, of being known, of communion. According to Herman (1997:151), commonality seems to be the ultimate goal of trauma healing. She says that (Herman 1997):

> The survivor who has achieved commonality with others can rest from her labors. Her recovery is accomplished; all that remains before her is her life. (p. 151)

Herman (1997) is adamant:

> The solidarity of a group provides the strongest protection against terror and despair, and the strongest antidote to traumatic experience. Trauma isolates, the group re-creates a sense of belonging [...] Trauma dehumanizes the victim, the group restores her or his humanity. (p. 44)

As such, commonality became the goal or the yardstick for the Trauma Healing Project, to bring the trauma survivors back to

community, into communion after isolation and alienation, a place of influence similar to that from before the trauma. These feelings of isolation and loneliness were prevalent at the beginning of the Trauma Healing Project. However, one of the by-products of this project has been the creation of what other participants have called a 'new family'. Those who were lonely and isolated found a family where they felt a sense of belonging. For example, Kitengie, a research participant and refugee from the DRC and author of *Why Does the Sun Rise Black?* (2013), felt a sense of belonging to a family:

> The good news from the workshop on stress and trauma is that all the participants became my family members with whom my life experiences are shared openly and with encouragement. (pp. 140–154)

Madondo (2013), a South African and author of *Learning to Tell My Story,* adds:

> These workshops helped me to find a new family where we heal each other through the grace of God. I moved away from being a victim to [*a*] wounded healer. (n.p.)

All the 14 authors of the book *Trees along the Riverside* had something to say about feeling a sense of belonging to the team. Those who were cast out to the periphery by trauma have been restored to the centre through the Trauma Healing Project. They felt loved, respected, supported, and this gave them a sense of belonging and dignity. Thus, although trauma had cast us down from Level 3 of Maslow's Hierarchy of Needs to Level 2, where we needed safety and security through the love, care and support of the team, we climbed back up to Level 3 again. Motaung (2013) crowns it all through her poem:

My family

I felt it, I experienced it.

I saw you, I was not sure

whether should I trust you.

How could I not trust

after being prepared to trust?

I had a burden I wanted to flush away.
Today I thank myself for trusting you
You laid a foundation in my life
You walked with me. You carried me through
You never forced me to forget while I could not
You never imposed advice,
We worked it through together.
The love you have shown me grew. It's endless.
Today I call you family and indeed you are my family
Through the sessions we engaged in,
I have learnt from you my brothers and sisters.
Through the process I have learnt
that forgiving is not about forgetting.
Forgiving is the process of letting it go and moving on
Letting it go doesn't mean that you are a coward,
it simply means moving on.
Today I know a wound has healed
I can touch it without feeling pain.
But scars remain
I love you my family. (pp. 8–9)

– Bongekile Motaung

Proposed extension to Herman's theory

Herman proposes five stages to heal trauma:

1. establishing healing relationships
2. establishing safety
3. mourning and grieving
4. reconnection
5. commonality.

Although these stages worked perfectly for the Trauma Healing Project, the author proposes an additional stage: therapeutic documentation. This stage emerged from the project itself as the participants asked to document their life narratives. Like Betancourt (2010) who refused to tell her story for fear of being 'dirtied again', and who instead chose to write it, the participants too had other experiences that would not be articulated verbally. They requested support to document their stories for families, friends and other interested parties to read. Thus, the additional stage that emerged was documenting trauma narratives into literary narratives as a further process in the healing of trauma.

Therapeutic documentation

Morgan (2000) notes how:

> As people re-[*authoring*] their lives and relationships, certain knowledges about the problem and the person's preferences for living become clearer. The dominant [*or problem*] story's influence diminishes as new and preferred stories emerge. Therapeutic documents seek to record the preferences, knowledges and commitments so that they can be available for other people to access at any time. (p. 85)

Morgan adds that therapeutic documents are often written when people make significant commitments or when they want to celebrate important achievements. Thus, these documents contain not only the information they judge to be important, but the events captured there are also remembered, usually according to a plot. Although therapeutic documents may assume different forms like declarations, certificates or handbooks, in this research project we decided to document our stories and publish them in a book. Not only did we want to record our re-membering conversations, but we also wanted to capture the history of all the steps that have led to significant unique outcomes in our lives. In other words, just as we remembered the traumatic events on flip charts, which we then shared with the group, we also remembered the important steps and unique outcomes that became the building blocks for our alternative or re-authored

stories and alternative identities. Alternative stories are stories that are identified by the persons seeking therapy or a change in their lives as stories by which they would like to live their lives. So too is alternative identities. Trauma deforms the true self-image and identity of a person, and we sought for stories that would assist us in breaking from the influence of the problems or traumas we were facing (Morgan 2000:14). It was clear to everyone in the research team that we were once victims of traumatic events as we entered the Trauma Healing Project. However, five years later, we had reached a better end, which we would neither allow to melt into thin air nor to disappear into the African oral tradition. We wanted to write it down for the generations to come. Scripture captures it well, saying, '[l]et this be written for a future generation, that a people not yet created may praise the Lord' (Ps 102:18 NIV).

It became apparent that there were moments and experiences in our lives that we wanted to capture, not on camera but on paper. Ernst van Alphen (cited in Van der Merwe & Gobodo-Madikizela 2008:ix) asserts that trauma is 'characterised by a loss of plot, the traumatic experience cannot be immediately "translated" into the narrative structures of our mental memory; therefore, trauma signifies a "failed experience"'. When this happens, Van der Merwe and Gobodo-Madikizela (2008:ix) see the necessity of writing down the narratives to unearth or surface the lost plots. They (Van der Merwe and Gobodo-Madikizela 2008:n.p.) argue, 'literally narratives can help us to confront our traumas, to bring to light what has been suppressed; it also imagines new possibilities of living meaningfully in a changed world'. These 'lost plots' or 'failed experiences' do not vanish like clouds would in the sky; they remain suppressed in our emotional basements or subconscious mind. With right triggers, they come to the surface.

Besides the art of storytelling on paper, authoring personal life narratives played a major role in the healing process. Van der Merwe and Gobodo-Madikizela (2008:ix) further add that the healing potential of literary narratives can be seen either from the viewpoint of the writer, who could find a catharsis through

the indirect expression of suppressed pain, or from the viewpoint of the reader, who could find some kind of healing through discovering points of identification residing in the narrative. This was another way that brought healing to us. We identified with each other's stories, and through that we found comfort and confidence to move on with life and make a meaningful contribution to the world we live in.

Writing about our traumas enabled us to express things, which were impossible with words. They were parts of our narratives that were shrouded with shame, guilt and fear, and we could not find expression even in the safest space through storytelling. Like Betancourt, who vowed to never recount her experiences of degradations being a hostage in the jungle, we also had things we vowed to hide until we began to write. That which was suppressed came to the surface. Thus, writing became a way for us to tell our loved ones what we could not articulate by word of mouth. Even Betancourt herself found expression of what she feared to tell her children in writing. Although she vowed never to recount, 'but then she had to tell her two children [...] what had happened to their mother all those years' (Porter 2012:n.p.) when she was held hostage in the jungle. She told Porter (2012) in an interview in Toronto, Canada, that:

> There were things they [*her two children – Melanie and Lorenzo*] wanted to ask but didn't know how to do it, I needed to tell them many things, but face-to-face, it was impossible. (n.p.)

So, she (Betancourt 2010) expressed them in writing and published a memoir: *Even Silence Has an End: My Six Years of Captivity in the Colombian Jungle.* In this book, she details her experiences for her children and the world to read. Thus, literary narratives have become a conduit for her for healing as she put on paper what was suppressed in her memories. In other words, the incoherent succession of events, perceptions and feelings that characterised her events was reorganised into a coherent narrative through writing (Denis, Houser & Ntsimane 2011:13). This is what Denis calls 'reorganise', what Carey and Russell (2003:68) call 're-authoring' a narrative.

Literary narratives helped Betancourt and us to confront our traumas, to bring to light what had been suppressed. We shared Betancourt's experience of catharsis as we documented our experiences.

Literary writing invents new narratives through which the traumatic memories of readers can be vicariously expressed so that they can experience a catharsis. Because writing narratives helps us 'to bring to light what has been suppressed', participants were trained to document their own stories which were later published. This, in a way, helped the research participants to confront their traumas, to bring to light what Van der Merwe says has been suppressed and imagine new possibilities of living meaningfully in a changed world. Thus, we attended two story-writing 'wordshops', as the facilitator, Prof. Dorian Haarhoff calls it, at Diakonia Council of Churches office in Durban, South Africa, in 2011. We were joined by the Durban trauma facilitators who also wanted to document their stories.

The writing process continued until the book was finally published late in 2013 by PACSA and Diakonia Council of Churches. It was titled *Trees Along the Riverside: The Stories of Trauma Facilitators in KwaZulu-Natal, South Africa.* In total, 14 chapters of life narratives were published in the handbook. Each chapter is a true example of reorganised, remembered or re-authored narratives. 'In this handbook, participants recorded milestones on their journey towards healing or progression along the way' (Manda 2015a:4; Morgan 2000:95).

The writing itself was also therapeutic, helping us to express what had been repressed inside. Writing also became a way of confirming and documenting the change and the new story based on our strength and competencies. Our main aim was to share knowledge and celebrate successes (Morgan 2010:95). This was a big milestone for the longitudinal study.

The research team moved from a story of problems to a story of hope. Before the intervention, the research participants saw themselves as victims, overwhelmed by pain, fear, confusion and

helplessness. Now they have begun reconstructing another storyline of their lives and identities and are symbols of the pain, resilience and endurance of very many more survivors of abuse, human rights violations, injuries and injustices of the past, stressful and traumatic experiences and HIV throughout South Africa and the African continent. As I have referred to Betancourt (2012:14) elsewhere in the book, from their immeasurable loss, suffering and multiple-woundedness 'a beautiful human fortitude emerged'.

The launch of a publication

On 08 December 2013, the publication containing a list of life narratives was launched at the Evangelical Seminary of Southern Africa, Pietermaritzburg, and the speech of each author was overwhelming. I remember some participants saying, '[t]oday we are authors also, we thought publishing books only belonged to academia' (Manda 2015a:4). Each author was given a set of 10 books. We shared with our relatives and friends as witness to our healing and new identity. My wife and three children, Shalom, Hatikvah and Joy, each got one because my story is theirs.

By publishing our stories to be disseminated to a wider community of scholars, family, friends and those working in the field of trauma and healing, we were not begging for economic support or looking for a hand-out (Betancourt 2010:15). Instead, we were seeking to transform our ordeal into social wisdom. We consented to share our narratives in this project because we felt that there is no better way to heal the individual and collective trauma in our community and beyond our borders than for us to receive the recognition of equals – to have our neighbours, our employers, our friends and our families understand what happened. We were offering the intimacy of our pain to enrich your lives and to make us reflect. The men and women who tell their narratives in this book are helping us to become what Betancourt (2012:15) calls, 'better humans in a world that lacks humanity'. They stand as tall as

monuments of survival, perseverance and courage and should be admired and respected (Betancourt 2012:15; Manda 2014:133). They are the true heroes and heroines of our times, and this book offers them the recognition they need and deserve.

Finding meaning in trauma

When we were confronted by trauma and other existential crises, we developed explanations for the traumatic events and generated meanings that would allow us to make sense of our situations (Manda 2016:10). Nelson-Pechota (2004, cited in Manda 2015a) argues that:

> [*E*]xposure to traumatic experiences often leads to a search for meaning and purpose within a personal and collective sense – seeking the answers to a myriad of questions about the painful realities of crises, the value of personal existence, and the value of the human race. (p. 6)

As we employed various methods to find answers to our traumatic experiences in this study, we generated explanations and meanings that enabled us to re-establish a sense of trust, control and purpose. Bartsch and Bartsch (1996:11–12, cited in Manda 2015a) maintain that:

> [*H*]ealing from a 'victim identity' occurs when victims recover their dignity and re-integrate into their community with rightful respect from others and respect for others and for themselves. This type of healing is transformative. It [*transformed*] the way in which we [*thought*] about ourselves and the world around us. We [*began*] to think of ourselves as survivors of those events. Survivors are people who have been victims but who think of themselves as able to manage their lives, hold on to their self-respect and dignity and take on meaningful roles in their families, work, churches and communities. (p. 4)

Although traumatic events might have intended to break us and render us helpless, after working through our trauma, we no longer saw ourselves as victims but as wounded healers. We now understood why we had to suffer as much as we suffered, because others may find catharsis through identifying with our pain and suffering. Re-authoring conversations created the

possibility of a generation of not only alternative, preferred stories of identity but also meaning (Carey & Russell 2003:68). The quest for meaning in suffering is about the purpose and direction of one's life. Meaning as the sum of answers to all questions does not exist. Meaning is about the purpose of human life and its movement within a particular direction, within a specific relation (Louw 2000:172). Theologically speaking, states Louw, discovery of meaning can take place only within a living relationship with God and in a loving relationship with fellow human beings. One of the main instruments in the paradigm switch and reframing of spiritual identity of trauma survivors in this study was their reconnection with God and fellow participants in the project. Although trauma had succeeded in alienating many from God, destroying their faith, sense of purpose and meaning in life, their narratives concluded with their journey to restoration of faith in and relationship with God. Through the process of forgiveness and reconciliation, they were able to rebuild broken bridges with their former enemies and reframe spiritual identity.

Simon (1967:109) in his book, *A Theology of Auschwitz,*) points out that our humanity depends on the divinity of the incarnate Lord [Jesus Christ] as the assurance of the meaningfulness of the meaningless. He adds that without the God-Man, Auschwitz would stand as a nightmare, the culmination of unreason and malice. Owing to his divine status alone, there is no suffering that remains outside the orbit of meaning mediated by him. Thus, to atone for the sins of all men, Christ suffered the most profound sadness, but not so great that it exceeded the rule of reason. The transformation of suffering by Christ even admits joy to the pain. We can, therefore, conclude that there is a spiritual fruition in the passion, which qualifies his suffering. For example, Simon (1967:109) points out that Christ did not rise from the dead to leave an enigmatic empty tomb and to create a myth of resurrection, but he ascended to be with God as the eternal mediator. As such, he takes the human condition into his divinity. The meaning of his suffering is seen in the new role that

he takes – that of a mediator. By discovering meaning in their suffering, as Louw calls it, trauma survivors re-authored their narratives. They began the journey as victims of various types of traumas but ended up as wounded healers. Elsewhere I have referred to Nouwen (1979), who says that because the wounded healer:

> [*B*]inds his own wounds one at a time, the Messiah would not have to take time to prepare himself if asked to help someone else. He would be ready to help. (pp. 82–83)

Nouwen (1979) argues that by Jesus:

> [*M*]aking his own broken body the way to health, to liberation and new life [...] he who proclaims liberation is called not only to care for his own wounds and the wounds of others, but also to make his wounds into a major source of his healing power. (pp. 82–83)

This makes sense given the impact that trauma survivors, dubbed as 'wounded healers' in this book, have made already in their communities as they facilitate healing from individual and community trauma.

Gravett (2008:303) points out that in seeking and experiencing the presence of God in our lives, the fruitfulness and the losses we endure can be reimagined in a different way to counteract the silence, passivity and inadequate life-diminishing descriptions within which our lives are often contained and restricted. Although, as a researcher, I did not force the research participants to talk about their experiences of God during their traumatic experiences, the issues of spirituality oozed naturally from their narratives. They talked about the presence or the absence of God during their predicament. Thus, besides the biopsychosocial perspective of trauma, the study shows that a person's spirituality gets affected during and after trauma. For example, Victor Frankl (1984:47), talking about his experiences of the concentration camp in his book *Man's Search for Meaning: An Introduction to Logotherapy,* says, '[i]n spite of all the enforced physical and mental primitiveness of the life in a concentration camp, it was possible for spiritual life to deepen'. He adds, '[s]o when stripped

of everything and made into subhuman numbered tools, this human/spiritual fact still remained alive'. Frankl (1984:72–74) concludes his observations in a parenthetical thought, stating, '[t]he consciousness of one's inner value is anchored in higher, more spiritual things, and cannot be shaken by camp life'. Frankl believed that there is always a choice of action, even when all circumstances governing our life or even whether we have a life seem to be or actually are in the hands of others. A 'vestige of spiritual freedom' and an 'independence of mind' can be preserved against all odds. According to Frankl (1984:75–76), this is 'a genuine inner achievement. It is this spiritual freedom – which cannot be taken away – that makes life meaningful and purposeful'.

Traumatic as the concentration camps were, both Frankl and Simon agree that traumatic experiences can deepen the survivor's spirituality. They are not alone in this line of thinking. Scheinin (1998–1999) in his article, 'Trauma may open a door to spirituality', also tells the story of a psychologist by the name of Robert Grant, a student of war and its casualties, who visited to Papua New Guinea almost routinely to meet men and women bearing bullet wounds from years of civil conflict. Grant went to the bush and listened to survivors' stories about rebels coming in and burning down a whole village, and loved ones being raped and shot in front of them. Then he (Grant) conveyed the message that traumatic experience can break a person, destroying trust in God and the world. Or it can provide a spiritual opening – a crack that opens the way to a deeper sense of life's meaning.

Part 2

Re-authored trauma narratives

Chapter 6

Xenophobia trauma

The life narrative of Manda

This chapter presents the life narrative of Charles Manda (2013:155–184), a Malawian citizen and the author of *Fixing My Potholes*, which was shared with other trauma survivors in public spaces. We made a public space intimate and narrated our pain using visual narratives. We were surprised that in the process of narrating our pain, we finished the 'unfinished business' of the past and re-authored our life narratives. The life narratives presented in Chapter 6 – Chapter 9 are the result of a five-year-long longitudinal study. Our life experiences were the raw material for the life narratives. Unlike the rest of the narratives, mine is written in an unconventional manner (Gravett 2008) using a technique that Gravett (citing Ronai 1995:396) calls 'the layered approach'. The layered approach is an attempt to recapture one's lived experience so that the reader can vicariously live the experience through the medium of the text. The layered account offers an impressionistic sketch, providing readers layers of experience so that they may fill in the spaces and construct an interpretation of the writer's narrative. In this case, the readers

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reconstruct the subject, thus projecting more of themselves into it and taking away more from it. In recapturing the experience of trauma, I interact with my story emotionally, revealing my values and position, as well as the situational embedded contexts out of which such emotions and responses emerge (Gravett 2008). Van der Merwe and Gobodo-Madikizela (2008:1) assert that we have a choice about the nature of the narratives into which we transform our lives. Narrating a life means becoming the author of one's life. Although one cannot control the events in one's life completely, they argue that one has a choice as to how to interpret the data of one's life and how to act on the basis of that interpretation. They (Van der Merwe and Gobodo-Madikizela 2008:n.p.) further state, 'like authors, who create narratives by selecting and structuring life's data, we too can turn our experience into narratives'. We are the narrators of our life stories, and we also play the part of the main character in them; therefore, our stories are 'autobiographies', unified by the actions of a main character striving towards a future and determined by a past (Van der Merwe & Gobodo-Madikizela 2008:2). It must be mentioned here that not only am I a narrator of my life and the main character of my story but also 'the reader of my life'. Van der Merwe and Gobodo-Madikizela (2008:2) point out that like the readers of a literary story, we search for links between the different events of our lives. In reading our lives, we use techniques similar to those of a literary reader; we move from specific scenes to general themes and from the general back to the specific. Van der Merwe and Gobodo-Madikizela (2008:2) find that turning one's life into a narrative is a vital way of finding meaning; in discovering causal links between different events, we create a coherent plot from our lives, which leads to an understanding of how 'things fit together'. This 'emplotment' is a way of creating coherence in the seemingly confusing course of our lives. Thus, discovering a plot and the recurring thematic patterns enable us to distinguish between the significant and the insignificant. Significant events in our lives are those that have a strong influence on the plot and form part of fundamental patterns of the narrative. Van der Merwe and Gobodo-Madikizela (2008:3)

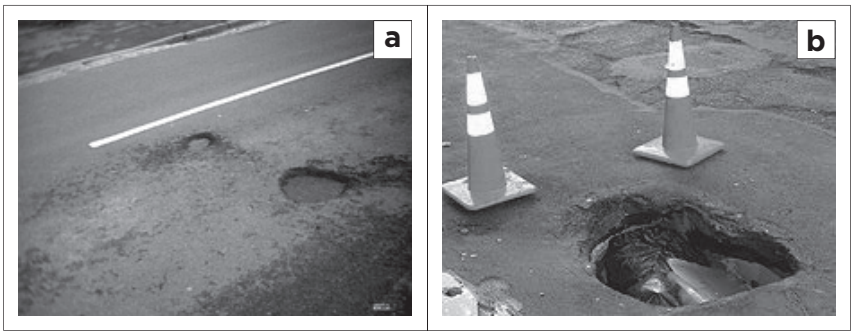
add that the creation of a narrative from the data of our lives does not mean that we can ever completely comprehend the meaning of our lives. We are still in the midst of our stories, striving towards a desired end. We do not know what will happen to us, and we do not understand why everything that has happened to us has happened, and a great deal of darkness envelops us. Even at the end of our lives, a full understanding will still elude us. So, narrating our lives does not mean having a full understanding of life, rather it should prompt us to strive towards a meaningful existence and to live the best of possible lives (Van der Merwe & Gobodo-Madikizela 2008:3). This study focussed on re-authoring life narratives shattered by trauma. Van der Merwe and Gobodo-Madikizela (2008:3) define life narrative as the structure that I have consciously conferred on my life, but it is possible that I have suppressed traumatic aspects of my life into the subconscious mind, which means that the narrative I have consciously formed does not reflect the actual narrative of my life; the narrative I have formed also includes the personal subconscious mind, the trauma that I have failed to confront. Thus, this research, taking into consideration the definition of life narrative, was initiated with the aim of giving trauma survivors an opportunity to confront the trauma that they and I had failed to confront. I opted for the narrative approach. I acknowledge the social constructionist viewpoint, which asserts that the researcher finds it impossible to stand apart from that which she or he explores (Gravett 2008). Denzin (2001:3) concurs with Gravett and adds that, in fact, the researcher brings a 'gendered, historical self' to the very processes of study. In order to tell and write my personal narrative with a certain amount of truthful, reflexive self-expression, the identity of the author or researcher invited the first person 'I' to stand alongside it, at least, in this particular chapter, but also, in some instances, in other chapters (Gravett 2008). This does not mean that I have ceased to be the researcher, rather I am simply attempting to reveal aspects of my lived experiences as a researcher for the sake of the reader, for the sake of my own understanding and to hold on to the demands of the text in terms of the social constructionist, narrative approach

(Gravett 2008). Thus, as a researcher, I have at times allowed myself to speak in the first person – that is 'I'.

A pothole of xenophobia

I use the metaphor of pothole to represent trauma. I still remember a participant from the Stress and Trauma Healing Workshop that I facilitated at the University of Pretoria on 17 November 2018, in room 1–14. The workshop was co-organised by Professor Yolanda Dreyer and I. Professor Dreyer was my mentor as I worked as a Research Associate in the Department of Practical Theology. I was amazed at the choice of the metaphor 'dent', where a participant likened trauma to 'a dent in one's life'. We all seemed to understand a dent on the body of a car. In my story, I choose the metaphor of a 'pothole' to refer to trauma. Pothole represents the stressful and traumatic experiences in our life. Wikipedia defines a pothole as a type of disruption in the surface of a roadway where a portion of the road material has broken away, leaving a hole (see Figure 6.1).

Eaton, Joubert and Wright (1989:34) state that potholes can be up to a foot in width and a few inches in depth. If potholes are not attended to in time, they can become bigger and deeper and cause extensive damage to the vehicles that use the road. If they



Source: (a & b) Eaton, Joubert and Wright (1989).

FIGURE 6.1: (a & b) Potholes on the surface of the road.

become too big, they can damage tyres and the suspensions of vehicles. Potholes can lead to serious road accidents, especially on motorways where vehicles travel at great speeds. Figure 6.2 shows a pothole that is deeper than 'a few inches'. Now it requires more work and resources to fix.

This takes us to what Frederick Douglass (n.d.:n.p.) once said, 'It is easier to build strong children than to repair broken men'. What makes it difficult to repair broken men and women is because somewhere the potholes were not attended to while there were just 'dents on the road surface'. Allowed to grow from a dent to a pothole, more work and resources will be required. In other words, the metaphor of development from dent to pothole means that any traumatic event we experience has the potential to leave a dent on the surface of our holistic self. While many people recover from traumatic experiences without needing therapy or psychological intervention, some traumatic experiences linger, and if left unrepaired, they can cause more damage to the holistic self, altering the normal course of life.

Source: Manda (2013).

FIGURE 6.2: The process of repairing or fixing the pothole.

The second feature of potholes is that they are frequently almost invisible to road users. Yes, there were parts of my life where disruptions resulted in brokenness leaving punctures or holes that needed repair.

Potholes in my life

Several traumatic experiences and losses dented my life. Some even dug deeper trenches and affected the entire course of my life's journey.

The pothole of losing five siblings

I have known loss and grief from a very early age. I was born on 02 March 1969 in a family of eight children in the rural village of Jere II, under Chief Kalumo, Ntchisi District, Malawi. Five of the eight children were captured by a monster called death. It walked into our house and built a nest there. Each time my mother gave birth, it snatched the baby and threw him or her into the graveyard. The monster went on vacation or recess when my third sibling, Elizabeth, was born and she survived. Then, it came back and snatched the fourth, fifth and sixth. That is how the first- and second-born disappeared; at the appropriate time, it would grab one sibling. However, with the help of God and doctors, my father and mother fought the monster and saved three of us, Elizabeth, Esnat and me.

Their loss left a deep pothole in my parents' lives and later in mine as I could only imagine how they looked, what they would have become and how different my life would have become had they lived. I do not know why I felt responsible because they died long before I was born, but I felt a sense of helplessness that I could not save the lives of my siblings, typical of trauma symptoms. I have already alluded earlier in the book to what Meintjies says about a systemic theory of trauma impact. Meintjies (n.d.:12) points out that when a loved one is involved in a traumatic incident, the 'family and friends are likely to [go through] some [type] of traumatic stress response, including feelings of horror, fear, and feeling helpless to

assist the person involved' in the traumatic incident or traumatic death. For example, family and friends may feel guilty about what happened, or angry and blaming towards the perpetrator or survivor. In my case, I was upset when I heard that some of my relatives and fellow villagers were blaming my mother that she was careless to let five children die in their infancy. Meintjies adds that when a family has been involved in a trauma together, it may complicate their feelings towards one another. For example, they may blame one another for what happened. Children may feel devastated that their parents were also helpless and did not manage to protect them from the event. All of those involved are likely to feel intense guilt that they did not manage to protect their family members. When I was younger, I guess, I joined the band of those who threw stones at my mother. I reasoned that she could definitely have done something. But as I grew up, I realised that she never willed that any of her children die, she was just a victim of traumatic loss as those who felt entitled to blame and judge. That is, when I realised how helpless my parents were to fight the monster of death. What tortured me as I was growing up, especially after finishing my form four, were thoughts and imagination. Perhaps, if they were still alive, I would have had a brother. Perhaps, one of them would have studied further and found a better job in the city. I would neither have roamed the city streets to find a place to rest nor would I have worked after I finished form four in 1989. I was looking for employment in Lilongwe, the capital city of Malawi. Where to stay was an issue. Friends who had siblings in the city had no such trouble. Finding work was an uphill task in Malawi if you did not have someone you knew in the front line. The loss of my siblings left me with many questions. My mother used to say, had my brother not died he would have been like a Chingolomi, one of the men in my village that I knew. He was born round about the same time my brother was born. That brought me no comfort, only more pain.

Pothole of losing my mother

My parents were married until 06 March 1999 when the Lord recalled my mother at around the age of 61. The doctors at the

hospital estimated her age. As the last born, I was close to her. Traditionally, in Malawi, boys are not supposed to eat with their mother, especially after a certain age, but I continued to eat together with her. In our traditional setting, we never ate together at a table because we never had one. Neither did we have a million plates. We usually ate from the same plate around the fire, especially at night. This is how close I was to my mother. But trauma has its own way of separating us from our loved ones, which Herman (1992) calls disconnection.

I had left Malawi in 1997 for South Africa to study theology. I was at the Christian Bible Institute that day, doing business as usual as a student, when I got a telegram. It had a very short message, 'your mother died', and the date was not clear. Sitting down on my desk, I looked at my fellow students and brushed the message off. 'This can't be!' I folded my sleeves and continued to do my assignment. I guess my brain was frozen, typical of a traumatic situation where the brain freezes to protect itself from the piercing intensity of traumatic experience. I denied and carried on with my work. However, it was like a flood of water pushing the floodgates, forcing its way into my conscious mind. The floodgates succumbed to pressure and I burst into tears. My colleagues noticed and I left the classroom and went to the terrace to be alone. I did not find solitude on the terrace because a friend from Tanzania called Safari followed me. He stood up beside me as tears flowed from my eyes. As the tears were flowing, I held a court simultaneously questioning God why my mother died. I reasoned, 'Why has my mother died? I prayed for her, I confessed good health for her, why.' I never got the answer I wanted except that Safari broke into the courtroom and, clearing his throat, said, 'it is very difficult to lose a mother when you are not present. It also happened to me when I was studying in Kenya' (Safari, male, n.d.). I gave him my attention. 'I got a message that my mother died while I was in Bible school and I was not able to say goodbye to her' (Safari, male, n.d.). I abandoned the courtroom for a while and thought, 'so I was not alone as one who has lost a mother, whose mother died while I was away'. I did

not know what was happening at the time, only later realising that Safari used his wounds to bind my wounds. As he told his story, I put my story alongside his and kept comparing. The feeling that I am not alone lessened my grief, I adjourned the court, and God was acquitted. Like hundreds of stories I have listened to as I facilitated Healing of Memories workshops, I had my turn to drag God into the courtroom and ask him some questions. This was the first spiritual injury I experienced, as I could not make sense of the death of my mother. I felt God failed me, leave alone he failed to heal my mother. I felt like he turned away from my prayer, and in his absence death overcame my mother.

The second spiritual injury I sustained was in 2008 during the xenophobic attacks in South Africa.

Pothole of xenophobic attacks

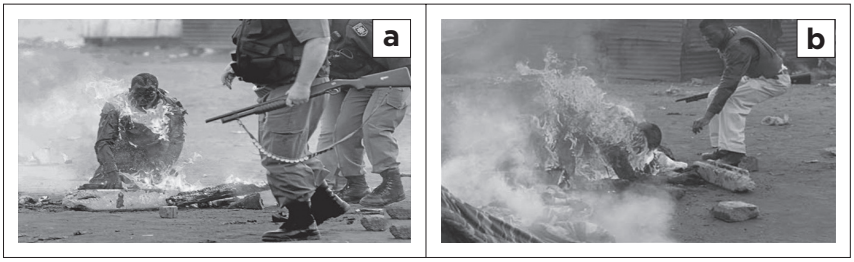
After successfully completing a Master of Theology Degree in Clinical Pastoral Care and Counselling from the University of Stellenbosch, my family and I relocated to Pietermaritzburg in December 2007. I found a job at PACSA. I started work on the first of April and hardly two months had passed at PACSA when my life and dreams of living in South Africa were shattered. It was as if those dreams were in a clay pot and a huge rock fell on it.

On 12 May 2008, xenophobic attacks on foreigners started in the township of Alexandra in north-eastern Johannesburg. South Africans attacked migrants from Mozambique, Malawi and Zimbabwe, killing two people and injuring 40 others. What I saw on the television in the evening news traumatised me the most. I saw a mob of South Africans attacking a Mozambican national as he tried to run for his life. They accused him of some crime he never committed. Although they knew he had not committed the crime and his neighbours pleaded with the mob to leave him, they chased him. Like a fly that had escaped a spider web only to be caught by a bird, I saw the mob catch him and beat him up. As if this were not enough, they tied him to a mattress before setting him on fire.

My one eye refused to see because the incident was too traumatic, but the other eye watched and recorded the whole scene. Figure 6.3 shows a man from Mozambique burning, bricks (the stones locals used to stone him before setting him alight) and the police nearby. Sensitive readers may find the visuals in Figure 6.3 distressing.

My thinking brain shut down because of the trauma I witnessed on television. Nevertheless, my survival brain kept recording the images. I saw the black image of a person engulfed in yellow flames of fire, kicking and moving for a while and then slowly becoming motionlessness. Locals cheered around the mattress as he burnt to death. I never imagined human beings would be capable of such barbarism.

I could not believe my eyes. Was I having a nightmare? I pinched myself to check if I was hallucinating. No, a human being was burnt alive in Johannesburg. I could not comprehend why they had burnt a fellow human being alive. Had South Africa now turned into hell, which the scriptures warn us about, that there will be fire and gnashing of teeth for sinners? But who condemned him that he is a sinner? This was the height of how far evil can influence human beings to do barbaric acts. This act solicited enormous fear in me as a Malawian. Then, one local commented on the TV, '[w]e want all foreigners to leave our country! And we will not leave them until all are gone back' (unknown person, television broadcast, 2008).



Source: (a & b) Tromp (2015).

Figure 6.3: (a & b) A man from Mozambique, Ernesto Alfabeto Nhamuave, was beaten, stabbed and set alight in Ramaphosa informal settlement on the East Rand, Johannesburg, on 12 May 2008.

That person was emotionally charged and, given a chance, he would have burnt the next foreigner. The aggression was directed at all foreigners, of whom I was one. I had lived in South Africa for over a decade at the time of the incident.

I shook in my boots like a reed before a mighty tide. I saw death walking towards me, but there was no cave large enough to hide in. When I thought of the safety of my wife and my two young children, I was overcome with fear. Adrenaline froze my brain cells and I had no clue as to what to do next.

To survive the moment, I comforted myself with the fact that the incident had happened in Johannesburg, about 500 km away. We have a saying in Malawi, *Ukatchulamkango kwela mmwamba*, literarily translated as 'when you talk about the lion, climb up the tree because it may be around'. It means, 'speak of the evil and it is likely to appear'. Sooner than I thought, I heard that xenophobic attacks had arrived in Pietermaritzburg and that the taxi drivers and conductors at Imbali taxi Rank in Pietermaritzburg had beat up a Malawian because he could not say the Zulu word for an elbow joint.

My heart pounded away. As much as I did not experience the events directly, I watched it on television; thus, I witnessed it and heard about it in televised news as well as in print media. I was like a sparrow trying to protect its nest when an owl comes to devour its young even if it knows that it cannot win the battle. When the Mozambican man was burnt, I thought perhaps South Africans had suppressed anger towards Mozambicans and now it had erupted. But hearing about a fellow Malawian national beaten in my own home town rendered me helpless, hopeless and very horrified as I realised that I may be the next victim.

Even worse, I relied on public taxis every day to go to work and back home. Knowing my limitations in speaking Zulu fluently, I convinced myself that I was the next target. I could memorise the word that my fellow Malawian failed to recite, but the attackers were more interested in hurting foreigners than checking whether they pronounced the correct syllables. What if the word has a

click and I fail to click properly? They would set me on fire. All this self-talk distressed me. It sunk me deeper into the pothole. I wished the ground would open and hide me with my family, but if wishes were horses beggars would ride.

Two thoughts raced in my mind. On the one hand, I could stay away from work and thereby be safe from taxi drivers. On the other hand, I had just got the job and losing it would be equally as traumatic. I was caught between a rock and a hard place. What especially traumatised me was that I could not believe South Africans would harm me after I had lived with them for over a decade. Although only one or two were killed in Pietermaritzburg, the magnitude of the impact was not much less. Some foreigners and their families fled their accommodation after being threatened. They sought refuge at Project Gateway, a former Pietermaritzburg Prison, which was being used by a Christian non-profit organisation. Most of them were causal workers and hawkers on the streets. As they could not work anymore, churches and other organisations had to provide them with relief. My organisation PACSA became a drop-in centre for parcels meant for internally displaced foreigners who had taken refuge at the Project Gateway.

My family lived in Scottsville, a suburb of Pietermaritzburg, so we were never displaced because the attackers concentrated in the townships and the CBD.

Although we felt safe, the fact that our property was owned by a Malawian gave us no hope of escape. I realised what it means to feel trapped. South Africa became too small to hide.

It was scary, especially as the television channels kept broadcasting old and new images of the violent attacks that were taking place in other cities and towns in South Africa. In the following weeks, the violence spread, first to other settlements in Gauteng province and then to the coastal cities of Durban and Cape Town. Attacks were also reported in parts of the Southern Cape, Mpumalanga, the North-West and the Free State. Pietermaritzburg was also affected although the impact was not as much as in Gauteng.

These series of riots left 62 people dead, although 21 of those killed were South African citizens. The writer of the book *Macbeth* says that if you push a weaker man against the wall and there is no way for him to escape, he will turn back and fight even if he knows that he will not win the battle. Well, some foreigners turned back and fought and killed 21 South Africans. Although I do not celebrate death, by killing these 21 South Africans the foreigners showed the natives how traumatic it is, not knowing that this feeling was a normal response to traumatic experience. When a person feels helpless in a traumatic situation, he or she becomes angry and easily irritable, and feelings of revenge are common. I never realised I had fallen victim to trauma.

When xenophobic attacks were condemned worldwide, South African politicians raised their voices, but the dust of xenophobia refused to settle down. Politicians trying to cover their backs said this was criminal activity dressing itself up in xenophobia's clothes. What made these attacks scary was the rumour that this xenophobia was perpetuated on many levels by the state, officials, employers and the people on the streets. It was a coordinated move by the government to chase away foreigners. We do not know the real cause because I never heard that the courts had tried and convicted anyone of charges of xenophobia or homicide although 41 foreigners were killed during those waves of violent attacks. I did not hear that any foreigner was compensated for the loss of their businesses, property or loved ones. Harris (2001) states that xenophobia and the economic exploitation of migrants are found everywhere and not only in South Africa. International literature shows that the South African experience is part of a worldwide phenomenon. A key global trend is that of racism underpinning xenophobia, with black foreigners representing the common victims of violence and hostility. Xenophobia, Harris continues, is particularly predominant in countries undergoing transition.

Another key global trend, especially within these countries, is a tendency for governments to conflate foreigners with crime and use them as scapegoats for social problems such as

unemployment and poverty (Harris 2001). This scapegoating is seen everywhere in South Africa against foreigners. 'Whether documented or undocumented' says Harris (2001):

> [*F*]oreigners are frequently treated as a homogeneous category of 'illegal aliens'. Harris asserts that xenophobic discourse prevails around this category and forms the basis for hostility, conflict and violence between South African citizens and (predominantly black) foreigners. (n.p.)

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

We (foreigners) suddenly became a target for innuendo, threats and derogatory name-calling such as *maMkwerekwere*. Although I knew I had a community of other 'civilised' South Africans who loved me and were concerned about my welfare, the sight of any South African gave me goosebumps. When they sympathised with me, like many did, I was not sure whether they really meant what they spoke or whether they were silently cheering the attackers. When they greeted me, I was not sure whether they greeted me with one hand, while holding a knife in the other. Thus, trauma had depleted my trust in the locals. Herman (1992:51) asserts that 'traumatic events destroy the victim's fundamental assumptions about the safety of the world', and my case was no better. Carlson and Ruzek (n.d.) say that during trauma, survivors often become overwhelmed with fear. Soon after the traumatic experience, they may re-experience the trauma mentally and physically. Because this can be uncomfortable and sometimes painful, survivors tend to avoid reminders of the trauma. For me, the sight of taxis triggered trauma and I avoided travelling in them as much as possible. Even long after the xenophobic dust had settled, I approached them with suspicion. The APA (2000:463) in describing the response to trauma points out that a person's response to the event will involve intense fear, helplessness or horror (in children, the response will involve disorganised or agitated behaviour). Herman (p. 50) is right that the 'very "threat of annihilation" that defined the traumatic moment may pursue the survivor long after the

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

Disruption in occupational functioning

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

My family's hopes of raising and educating our kids in South Africa were dashed. Initially, my wife and I convinced ourselves that we would stay and take South African citizenship because my wife's mother is a South African citizen. I was planning to put down my tent pegs and invest in property. However, a sharp knife punctured a hole through our dreams. What added insult to injury was a story that was doing the rounds in 2008, about a foreigner who built a house among the locals and lived there for years. He was told to leave or be killed. He fled the house and his neighbour changed the locks and took possession of the house. When I heard this, I said to myself, if what I am hearing is true, then no

matter how many years one stays here and invests, it can take your neighbour only five minutes to change the locks and inherit a lifetime's investment. Thus, it is meaningless.

During the week of the Alexandra attacks, I e-mailed my cousin in Malawi to update him on our welfare. His message was short, '[c]ome back home' (Kambewa 2008).

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

Spiritual injury

What made me even more helpless, horrified and fearful of my life and that of the family was a conversation I had with the director of PACSA. That morning, I had just arrived at work, 74 Hossen Haffegee Street, and the director greeted me. 'How are you feeling after what has happened, Charlie?' she (PACSA director, female, n.d.) asked while looking me in the eye. She looked so concerned, and I wanted to assure her that I was coping well. I answered, saying, 'I am okay; I know that nothing can happen to me unless God wills it'. I said so because, until that time, I believed that I was untouchable because I am hidden with Christ in God and that no attack would happen on my life and that which belongs to me because my heavenly Father watches over me 24 h a day. God is the hedge of fire surrounding my household and me. I was not prepared for what she was going to say. In a soft and gentle voice, she said, '[y]es, but also the will of bad people can affect us' (PACSA director, female, n.d.) (Gennrich, 2008).

Her words fell on my belief system like a ton of rocks and shattered my assumptive world into pieces. Her gentle words pierced my psyche and holistic self (Kaminer & Eagle 2010) with such intensity that my assumptive world and God-images

crumpled like a house made of paper. I felt like the shelter over me had vanished into thin air and I was exposed to danger. I became so fearful immediately. 'If this is the case that the will of bad people can affect us, then what if xenophobic attackers succeed in spite of my faith in God?' I experienced a full-scale spiritual injury. My absolute faith in God's protection was shattered and the pieces turned into dust. It was the first time, in my many years of being a Christian that my faith in God's protection was confronted and challenged.

My spiritual formation

What exacerbated the spiritual injury was my spiritual formation. I grew up in a Christian home where my parents were committed Presbyterian Christians. I learnt the scriptures in Sunday school from my youth. For my age, I was well formed spiritually. Louw (2000:309) points out that each person thus lives within a distinctive context that is linked to a specific series of events, which influence his or her life. He adds that in life stories, there is a close link between parental education and religious experience. Yes, a series of events influenced my life; traumatic experiences in the past, group interests in a cultural context, interactionary patterns within family associations, faith and philosophical presuppositions, all played an important role in my spiritual formation. Louw (2000:309) citing McKeever states that past religious experiences influence the way in which a person deals with problems. Indeed, every problem for me had a spiritual or religious answer, never mind whether it was solved or not. One of the areas that developed quickly was what Louw (2000:314) calls moral development. According to Louw, as children grow older (mid-childhood), they begin to distinguish between fantasy and empirical data. They also begin to develop a moral awareness. Through moral awakening, they see God in anthropomorphic terms and interpret him as strict, but fair. Louw is right that during the moral development stage, children do not yet understand their own internal framework or that of others. Fowler (1981) calls this stage the 'imperial self', indicating that their self-consciousness is still embedded in needs, wishes and own interest. He calls this the

'mythic-literal' form of faith where faith is interwoven with influences from the parental milieu and employs anthropomorphic symbols.

Shattered God-images

My parents really influenced me; they sent me to Sunday school at a very early age, and by the age of 14–16 years, I preached a sermon in our local church. Yes, the God-image I had then was that 'God is strict, but fair'. Louw (2000:321) defines God-images as theological analysis of God-concepts and experiences of God. This analysis has the potential to result in irrational images of God (appropriate or inappropriate images). As I grew older, I chanced upon certain scriptures that became the bedrock of my faith and confession and anything that contradicted that was considered heresy. Louw (2000:321) cautions that theological analysis does not evaluate God's being in terms of his characteristics, but to assess the parishioner's understanding of God by determining the content of their God-concepts. God-images do not reflect the essence of God in terms of an ontological paradigm, but reflect God's actions and style (his mode) as experienced by believers according to real-life events.

Louw adds that God-images are also determined by hermeneutics, the understanding and reading of scriptural texts. As I continued reading the scriptural texts, I began discovering more characteristics of God, of which one was that our God is a hedge of fire surrounding his children (Zechariah 2:5). Now that I am older I agree with Butman (1990:14–24) who asserts that it is a complicated task to evaluate people's faith behaviour and God-images, particularly because of a complex myriad of factors at stake. 'Obviously spiritual maturity and well-being is multiply determined by a complex interaction of biological, cognitive, psychological, sociocultural and transcendental processes' (Butman 1990:14). I had my own unique image of God, which reflected my own experience of God and what he meant to me personally. Subjective and existential factors influenced my understanding of God.

Louw alludes to the fact that God-images are a complex issue, within which important roles are played by cultural concepts, ecclesiastical confessions and dogmas and questions about philosophical and anthropological concepts. He argues that this complexity means that no 'pure' concept or image of God exists which could communicate God credibly and meaningfully. Nevertheless, the image of God as a hedge of fire stayed with me and I believed that if the hedge of fire surrounded me, then no weapon that is forged against me shall prosper, whether the weapon is biological, metallic, aquatic or demonic, and I added xenophobia to this list in 2008. Janoff-Bulman is correct that traumatic events are psychologically distressing because they shatter some of survivors' fundamental assumptions about the world. I have already alluded to her assertion in Chapter 3 that sometimes assumptions or illusions about oneself, the world and others are shattered during traumatic experiences. She explains that our fundamental assumptions are the bedrock of our conceptual system and that we are least aware of or unwilling to challenge them. For me, the assumption or belief in the absolute protection in God could not be challenged by anything, anyone until that morning at PACSA when it was confronted with a stimulus of seismic proportions. Only then was my assumptive world's veracity called into question. The questioning was so painful and forceful; it crushed the bedrock of my faith, causing spiritual injury. I have also cited Gilchrist (n.d.:1) earlier who asserts that when a traumatic event occurs, the effect is to 'shatter' the victim's assumptive world or to deliver 'profound invalidation' of that world. For the first time, I doubted the absolute protection of God over me and my family. When the director said the will of the bad can affect me, it was like my eyes suddenly opened and my mind started feeding my spirit with examples of people who believed in God, but were attacked, others killed like thos during the persecution of the Early Church. Even though God delivered me from road accidents on several occasions before when I called in the name of 'Jesus' and death was averted, the words of my boss worked like a suicide bomb and shattered my faith into a million pieces.

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

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

They experienced spiritual injury in that all they believed about God never happened. They even realised that the omnipresent God was actually absent.

Traumatic experiences affect people differently. Victor Frankl (1984:47), talking about his experiences of the concentration camp, asserts, 'in spite of all the enforced physical and mental primitiveness of the life in a concentration camp, it was possible for spiritual life to deepen'. He (Frankl 1984:n.p.) adds, 'so when stripped of everything and made into subhuman numbered tools, this human or spiritual fact still remained alive'. I thank God, although my belief in God's absolute protection

was shattered; I continued to pray to him, and over time, the shattered pieces were gathered and reconstructed into a mosaic of faith. Frankl is right; as much as I experienced spiritual injury or wounding, my spiritual life deepened because now I realised that even bad things happen to good people. My faith accommodated the possibility that the will of bad people can affect those who believe in God. I was telling my friend, Pastor Clever Magaya, that the measure of a mature faith is when it accommodates the possibility that what one asks God for or believes in may or may not happen or be true. Until then, your faith would be immature like mine was because it does not accommodate the possibility of vulnerability. We see in the three Hebrew boys in Babylon, Shadrack, Meshack and Abednego who challenged King Nebuchadnezzar that our God is able to deliver us from the fire. But even if he does not deliver us, we will not worship the image. They believed that God would deliver them from the fire. They also lived with the possibility that God may not deliver them. They went the extra mile that most of us are afraid of – to think of what happens if God does not answer our prayer. They confronted their fear head-on. Human beings are vulnerable to all sorts of dangers and catastrophes, but it is by the grace of God that we are still alive. Christians are not exempted from elements that seek to kill, steal and destroy.

Re-authoring my trauma narrative

After the xenophobic dust had settled, I continued to experience flashbacks of the man burnt to death, and the more I remembered the angrier and more distrustful I became towards South Africans. Slowly, I started taking taxis to work and back home, but I resolved never to open my mouth in the taxi for fear of my accent betraying me. Although the government had managed to bring calm on the streets, there was no peace in my heart. I was always on the lookout for a possible attack. The word is hypervigilant, which I learnt later on from the Trauma Healing Project. Traumatised people experience hyperarousal symptoms such as hypervigilance.

The communities where I had felt safe before were no-go areas, although my work forced me to go there. Trauma had successfully destroyed my trust – in people, God, my abilities and in the world we once lived in. A passing fly sounded like a bullet in my ears. I was easily startled.

The Trauma Healing Project

I staggered on for a year until I started a Trauma Healing Project at PACSA. As part of my doctoral studies, the project was going to explore ways to heal trauma survivors (both locals and foreigners) so that we could re-author our life narratives shattered by trauma.

Having been bothered by traumatic memories myself, and also having listened to many people I worked with (both locals and foreigners living in Pietermaritzburg) who were experiencing 'scraps of overwhelming experiences', I looked for ways to integrate these 'scraps' so that they can 'be transformed into narrative language'. Only when integration has taken place can life narratives be told.

Although there are different methods of doing qualitative research, I opted for what Kaminer and Eagle (2010) call 'psychotherapy group' and Shea et al. (2009) call 'group therapy'. Kaminer and Eagle (2010:105) argue that group therapy is usually offered to people suffering from the same kind of trauma, for example, rape, combat stress or terminal illness diagnosis. Shea et al. (2009) add that group therapy aims to enhance daily functioning through provision of safety, trust, acceptance and normalisation of symptoms and experiences. You can imagine how bruised my trust in South Africans was, and it was the same for other foreigners on the project. However, group therapy has the potential to rebuild broken trust. It helps individuals develop a sense of mastery over problems via group feedback, emotional support and reinforcement of adaptive behaviour. It focusses on current life issues rather than traumatic experiences. Therefore, anything that can help us deal with the dominant problems of

trauma and can transform them into life-giving narratives is good enough to try. Although not all of us were struggling with xenophobia, which was targeted at foreigners, locals also were not exempted. I was looking forward to conducting a PAR using a narrative approach. This approach would give me permission to participate in the process and not be a bystander studying the subject. Most studies do not benefit the researchers much because they either study the subjects or abide by strict rules of participatory observation. I became as active a participant as everyone else because I also had baggage that I wanted to unload.

Stress and Trauma Healing Workshop

The Stress and Trauma Workshop we had over the weekend of 30 October to 01 November 2009 at the Kenosis Retreat Centre in Pietermaritzburg was the game changer. I have already described the detailed processes in Chapter 4 and Chapter 5, and here I concentrate on my experiences of the workshop. As most of the participants were South Africans, I had mixed emotions. On the one hand, I was excited because I finally had a population from whom I could sample research participants. I would also have an opportunity to participate in the storytelling. On the other hand, I was afraid of how I would share my painful experiences with a group, which was comprised of South Africans, because they traumatised me. Van der Merwe and Gobodo-Madikizela (2008:viii) are right about trauma victims. They say trauma victims have a contradictory desire to suppress their trauma as well as to talk about it. To talk about it means a painful reliving of the event, so for inner peace they normally suppress the memory. Yet, paradoxically, it is precisely a confrontation with the suppressed memory that is needed for inner healing. My wanting to suppress the memory was because I did not want to alienate myself from the South African participants or at least not to make them feel awkward as I told my story.

I experienced this dilemma. I wanted to talk about my story and begin my journey towards healing, yet the thought of telling

my story in the presence of South Africans was going to be a huge challenge for me. I wondered how South Africans would respond to my narrative. I noticed before that locals felt bad when I shared my story in the Healing of Memories workshop about xenophobia. And I did not want them to receive blows intended for the offender. Yet, I was left with no choice but to include them because I have worked with some of them previously and they also had their own stories to tell.

Surprisingly, the pain we shared connected us regardless of our nationalities. Telling and re-telling my story to a compassionate, supportive and listening group cannot be rewarded by any amount of counselling fees. We formed bonds as each one of us advanced in our journeys towards healing.

The highlight for me during the workshops was when we had to draw the visual narratives on flip charts. I looked for events that seemed insignificant when I had experienced them yet had added to the pool of pain. The facilitators encouraged us to tell our stories in smaller groups. Bartsch and Bartsch (1996:59) state that the victim experiences loss of dignity reflected in a loss of connection with others, loss of control over life's events and loss of order and meaning. Recovery begins in a caring relationship when victims tell their story of what had happened to them, when they know they are listened to and when their experiences are taken seriously. Bartsch adds that in order for the storytelling to have a healing effect, the listener must be 'present', that is, must not be hurried, distracted or restless. The facilitators gave us instructions on how to listen to each other in small groups. They added that listeners should not be judgemental or offer advice too quickly, or interrupt in other ways, or else storytelling will not be helpful and may even be harmful.

I did not have problems with the above instructions because that they are part of my code of ethics as a pastoral therapist. When we began weaving our stories of trauma in small groups, I realised that we needed to emotionally embrace and sustain people who had been victimised by life events. We did this by genuinely caring and sometimes we connected with words,

sometimes in silence. Bartsch and Bartsch (1996:59) are right that stress and trauma stories are highly personal. Traumatic events crash through our normal protective structures to expose us in unprotected ways. He adds that the frequent reference to wounds, when talking about trauma, brings to mind the cutting of the protective layers of skin to expose our raw inner tissues. Just as our physical wounds are vulnerable to infection, these traumatic wounds can be re-infected and the victim can feel disconnected, disempowered and disrespected. Therefore, just as medical science teaches us how careful we have to be when cleaning the wounds to assist the healing process, we were prepared properly by facilitators on how to tell and listen to those who were telling their story so that the victim is not injured again or re-traumatised.

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

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

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

Healing our identity

One of the sessions focussed on healing our identity. Bartsch and Bartsch (1996:11) argue that stress and trauma affect the way people think about themselves. For example, following incidents like a criminal attacks, earthquakes, muggings, rape, marital abuse and so forth, people may take on a 'victim identity'. The healing of a 'victim identity' comes when people recover their identity and re-integrate into their communities with proper respect from others, for others and for themselves. We needed such healing to transform our way

of thinking about ourselves and the world around us. This process successfully transformed us from victims to survivors. Bartsch and Bartsch (1996:11) see 'survivors' as people who have been victimised, but who think of themselves as capable of managing their lives, holding on to their self-respect and dignity and taking on meaningful roles in their families, in their workplace, in their churches and in their communities. We used the CBT approach to challenge self-victimising thoughts into desired or constructive ones.

We finished the workshop by looking at forgiveness and how to forgive and reconcile with those who hurt us. Van der Merwe and Gobodo-Madikizela (2008:49) argue that the concept that most clearly symbolises hope for the future in our traumatised country, South Africa, is the concept of forgiveness. Forgiveness ends the repetitive cycle of violation. Kristeva ([1987] 1989:200) points out that forgiveness is ahistorical. It breaks the concatenation of causes and effects, crimes and punishment; it halts the time of actions. A strange space opens up in a timelessness that is not of the primitive unconscious, desiring and murderous, but its counterpart – its sublimation with the full knowledge of the facts – a loving harmony that is aware of its violence but accommodates them. Kristeva ([1987] 1989:204) adds that forgiveness seems to say, I allow you to make a new person of yourself, so that the unconscious might inscribe itself in a new narrative that will not be the eternal return of the death drive in the cycle of crime and punishment; it must pass through and be transferred to the love of forgiveness. Van der Merwe and Gobodo-Madikizela (2008:49) state that there is no price that will ever be adequate to pay people who have been traumatised. However, what is necessary is finding a new language that will bring us together – the language of forgiveness. He adds that forgiveness allows people to have a new relationship with their trauma; it is a liberating act, a choice of freedom.

It has been proven that forgiveness helps the victims to heal. The freedom from being captive to anger and hatred as a result of the trauma liberates people to embark on a new journey

of healing. We knew that we would not move on without forgiving those who have caused injuries in our lives. Thus, for two days we focussed on dominant stories of loss, pain, anger, hatred and anguish but we changed gear on the third day and looked towards the future.

We started reflecting on how we can forgive and move on, affirm dignity, ensure a healthy identity and establish healthy relationships. Individually, we reflected on how we survived. It is a fact that people have the ability to transcend the limits imposed by a situation. It is our unique capacity as human beings to step back and decide what approach we will take and how we will respond to traumatic events (Bartsch & Bartsch 1996). Then we shared in groups of four and affirmed each other and celebrated together. This was powerful enough for us to start re-authoring our narratives, to begin building alternative stories and rediscovering a new identity.

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

Benefits from the project

Although I was a researcher in this Trauma Healing Project, I benefited a lot in that I experienced healing from unfinished business and was eventually equipped to become a facilitator. I was trained as a trauma counsellor and as a pastoral therapist at Master's level, but I was not equipped to facilitate a workshop or psychotherapy groups. I felt so empowered now that I was

finally able to work with individuals as well as groups. Thus, since 2012, I have been a consultant for three organisations:

1. Diakonia Council of Churches
2. PACSA
3. the IHOM.

My duties have included facilitating workshops, training trauma facilitators and lay counsellors in churches and communities, and working as a referral pastoral therapist. I have led research participants to facilitate trauma awareness and Level 1 workshops in communities surrounding Pietermaritzburg, and some even got paid for facilitation.

I thought that I could run the project and that I would get stories from participants for my thesis. I was surprised to see how the project unfolded. Twenty-three facilitators have been trained and nine of them have contributed their life narratives as chapters in a book titled: *Trees along the Riverside: The Stories of Trauma Facilitators in KwaZulu-Natal South Africa.* I have also contributed a chapter of my life narrative in the book. We documented our experiences of trauma before the Trauma Healing Project and re-authored 'pre-narratives' to life narratives after the project's lifespan came to an end in 2013 December. The stories or chapters in the book speak for themselves as to what the participants experienced. They feel so empowered. They never thought they could publish a book as they attributed publishing work to academics. They are proud that they can use their stories to heal others.

I was probably the proudest of all as the Trauma Healing Project archived beyond my expectations or beyond the research objectives. I started the Trauma Healing Project in October 2009 with a 'victim identity'. The effects of deaths of my loved ones and xenophobia were the dominant building blocks of my story. Now I facilitate workshops in communities that were known for violence before and after the democratic elections of 1994. For example, I have worked in KwaMakhutha, KwaMashu, Mlazi, Hammarsdale, Mpophomeni, Sobantu and the Greater Edendale Valley. These were no-go areas for locals, let alone a foreigner.

A PAR design utilising a narrative approach brought many benefits. The process helped me rediscover my 'victor identity' and I re-authored my life narrative. I am now in the process of applying for permanent residence in South Africa, something that I would never have thought about in the aftermath of the xenophobic attacks of 2008.

Although potholes are inevitable as life continues, they can be fixed. *Phila impilo oyifunayo* [Live the life you want to live].

Chapter 7

War and refugee trauma

The life narrative of Kitengie

Kitengie is a research participant from the DRC. Currently, he resides in the United States, but at the time of this study, he was a refugee in South Africa. Robertson et al. (2006), in their study, titled 'Somali and Oromo refugee women: trauma and associated factors', assert, 'nearly all refugees have experienced losses, and many have suffered multiple traumatic experiences, including torture'. They (Robertson et al. 2006:n.p.) add, 'their vulnerability to isolation is exacerbated by poverty, grief, and lack of education, literacy, and skills in the language of the receiving country'. Refugees are separated from their social support networks, such as friends and family, and from familiar religious frameworks and are exposed to radically different views about spirituality and religion. These experiences can be very traumatic and can challenge or alter a refugee's religious beliefs, leading to feelings of impotence and being overwhelmed (Robertson et al. 2006). Robertson has correctly captured the experience of Kitengie.

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When civil war broke out in DRC in 1996, the family of nine children got scattered and Kitengie fled to South Africa through Zambia and Mozambique. The road was hard and dangerous. He walked for 13 days and 13 nights through the Congo forests before he reached the Zambian border. However, he did not feel safe in Zambia because of Zambians' hostility towards refugees. So, he crossed the border into Mozambique where he got a job and later got married.

In a constant quest for a safe haven, he entered South Africa and joined a Bible college, a Christian institution where he expected to receive care, support and love, but he never got what he yearned for. Thus, he was constantly on the move until he settled down in Pietermaritzburg, despite xenophobic experiences. While still in Pietermaritzburg, he divorced his wife. In 2009, he joined the Stress and Trauma Healing Project (he calls it a train), not knowing his purpose in life. But somewhere through the project, he was amazed to uncover a pool of pain, anger and hatred he had harboured for long. Through the Project's methodology, laced with love, support and care from other members of the project, he managed to drain the pool and heal. Now he is a facilitator and director of Hathisi Yetu. He (Kitengie 2013:n.p.) says, '[t]hrough my life experiences of pains, I am leading a group of refugees with its programmes'.

Childhood trauma

Kitengie started experiencing trauma from a very early age. Meintjes (n.d.:6) asserts that '[t]raumatic experiences are sudden and shocking. They involve danger and feelings of fear, helplessness, or horror'. She adds that it is a person's experience of an event that leads him or her to consider some events as traumatic. If a person felt that he or she was in extreme danger, and if the person felt intense fear, helplessness or horror, then it would be called traumatic. In my conversation with Kitengie, he told me that he was circumcised in a hospital when he was a

baby. He was later traumatised by the words of an old man in his village, whose name he did not mention. He (Kitengi 2013) says:

> One old man lived on our way to the river, where we used to go and wash. He told us, 'You must undergo the second circumcision using the hot knife'. (n.p.)

As Kitengie and his friends were not ready for it, they ran away from him. Kitengie (2013:n.p.) says, 'the old man hunted the young boys of the village. To make things worse, he used his two boys to catch any boy from the group to be circumcised'.

He (Kitengie 2013) describes his trauma:

> I could imagine how painful it would be to circumcise a boy with a hot knife, so the pains in our minds were great. Our way to the bathing river was blocked and there was no alternative way to get to the river. The situation became heavy for the children of the entire village. We suffered emotionally and psychologically imagining the terrible pains when being caught by these boys. (n.p.)

The APA (2000) defines *trauma* in DSM-IV-TR as:

> [*D*]irect personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person. (p. 463)

The APA adds that a person's response to a traumatic event must involve intense fear, helplessness or horror (or in children, the response must involve disorganised or agitated behaviour). It is clear from Kitengie's description that their physical integrity was threatened and their response involved disorganised or agitated behaviour. Meintjes (n.d.:7) says that 'because traumatic experiences are frightening and shocking, almost all people are affected for some time afterwards'. One of the normal responses to such an experience is avoidance. Meintjes adds that one way of responding is by trying to avoid what had happened. We should try to never think about the experience, and we should avoid places and things associated with the traumatic event. Kitengie and his friends started avoiding going to the river for fear of being circumcised with a hot knife. The trauma changed Kitengie's attitude and behaviour towards elders.

Bitten by a dog

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

These fruits would be eaten by anyone in the village, even passers-by. Kitengie (2013) says that as children they picked fruits without any boundaries because it was assumed that these trees were planted especially for the children of the village. The village's philosophy of life was *Your child is my child*. One day he and his friend went to pick mangoes from one of the yards around them, not knowing that the owner was at home. Their intention was quite mischievous this time. They did not want to pick fruit but to destroy his trees because he never allowed children to eat the fruits. Like any rebellious children, they picked fruit mostly from those people who refused children access to eat from their trees.

Kitengie still remembers the day when they entered the yard. The owner let his dog loose and it chased and pounced on him. He sustained wounds from the canine's teeth. This incident resulted in a conflict between Kitengie's family and the owner of the dog. The traditional village council had to intervene. The people of the village blamed the man for letting his dog loose to attack the children. The verdict was that the children of the village had the right to eat ripe fruit from any yard; all children deserved healthy food without distinction or discrimination. The man lost the case. The wise men also ruled (Kitengie 2013:n.p.), 'every person of the village is obliged to plant many types of trees in his/her yard'. Although the judgement went in favour of Kitengie, the experience affected his relationship with dogs. He (Kitengie 2013:n.p.) says, 'I still do not like to be close to a dog because of this memory'.

Imposed career

In the course of time, Kitengie grew up and excelled in school. Like any teenager, he had his own dream career and pursued it passionately until one day his dream was shattered. He had a conflict with his

father regarding his vocational choice. Collins (1988:540) asserts that vocational choices are crucially important, frequently difficult and rarely once-in-a-lifetime events. They are important because they determine one's income, standard of living, status in the community, social contacts, emotional well-being, feelings of self-worth, use of time and general satisfaction with life. However, there is a cost to pay when one chooses the wrong career path or vocation. Collins cites a study, which revealed that 24.3% of Americans are unhappy because they chose the wrong occupation or profession, one-third of middle managers wish they could work somewhere else and about half of all employees feel they are underpaid. Kitengie (2013) says that according to the government education system (French), the curriculum was divided into three stages, namely, primary school, basic or orientation and grades 9–12. A student would be allowed to select a career. Kitengie's dream was (Kitengie 2013):

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

However, there was a clash of civilisations between his choice and his father's choice for him. This clash created tension between them, but Kitengie (2013) did not care for his father's justification:

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

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

■ Food poisoning

In his second year of studies, somebody from Kitengie's mother's family poisoned his food. This caused a serious rift between

Kitengie's family and that of his mother's. Because of this incident, Kitengie had to stay with his father's younger sister, as his father felt that his care would be assured with his aunt.

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

Civil war in the Democratic Republic of the Congo

War is a common and relatively powerful source of enduring psychological disturbance. In their book, *Principles of Trauma Therapy: A Guide to Symptoms, Evaluation and Treatment*, Briere and Scott (2006) argue that war involves a very wide range of violent and traumatic experiences, including immediate threat of death and/or disfigurement, physical injury, witnessing injury and/or death of others, and involvement in injuring or killing others (both combatants and civilians). They add that for some, war includes witnessing or participating in atrocities, as well as undergoing rape, capture and prisoner of war experiences such as confinement, torture and extreme physical deprivation. These traumas, in turn, can produce a variety of symptoms and disorders. Kitengie's experience of fleeing war from DRC does concur with Briere and Scott's description. Kitengie left the DRC in 1996 with the first confrontation between Kabila and, the former president of Zaire, Mobutu. By this time, he was living in Uvira City, Eastern Congo, as a teacher. He planned to flee the country on 25 October, and on the eve of running away, he attended a funeral of one of the families in the neighbourhood, about 3 km from his home. The bereaved family also planned to flee because of the turmoil in the city. They asked if Kitengie was going to flee, but he refused. So, the family gave him responsibilities over their house (Kitengie 2013):

> They asked me to look after their belongings as I refused to run away with them. My reasoning was, 'I cannot go if I don't see these

> Benyamurenge people (or the rebels), lest I give wrong information (or lie) to those who later ask me about the history.' (n.p.)

In the morning around 7 o'clock, the entire family left for the harbour to board a ship to Kalemi. They left him with their house keys and everything. They assured him they would return 'when everything is normalised'. The distance from Uvira to Kalemi was around 400 km. They asked him to escort them to the port.

When the ship came, everyone rushed to board. The ship was supposed to take people from the city. While Kitengie waited to make sure the family was aboard, the crowd fleeing from the bombing overwhelmed him. He decided to fetch his academic papers (Kitengie 2013):

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

During his interview, among the many losses that Kitengie experienced as a result of fleeing from the war, he expressed maximum pain when he talked about academic certificates. He was a professionally trained teacher who excelled greatly in teaching mathematics, science and history at high school level. As he fled from DRC to South Africa, he had the opportunity to land a good job because the country was lacking teachers for mathematics and science. But he did not have anything to show his prospective employers because his certificates were destroyed when his parents' house was bombed. He (Kitengie 2013) says:

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

Kitengie was not the only one who lost his certificates while fleeing from war. He told me of another lady who had managed to retrieve her academic certificates only for them to be stolen and destroyed in the commotion while boarding the ship.

He (Kitengie 2013) says:

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

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

Kitengie says he imagined the picture of losing her certificate, and he did not have any qualifications himself because he could not rescue his own certificates. While he was going through these traumatic emotions, the bombing continued. The government soldiers used only two bombs which exploded at 8 o'clock one morning.

He (Kitengie 2013) says:

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

He (Kitengie 2013) adds:

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

What was even more traumatic for Kitengie was the experience of his life falling apart in a day

He (Kitengie 2013) says:

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

He never imagined events could turn out that way. People established their lives for generations, only to crumble in a day. Kaminer and Eagle (2010:2) in their book *Traumatic Stress in South Africa* argue that traumatic experiences are usually unanticipated and by definition place excessive demands on people's existing coping strategies. Thus, traumatic events create severe disruptions for many aspects of psychological functioning (Kaminer & Eagle 2010:2). In describing the response to trauma, the APA (2000:463) argues, 'the person's response to the event must involve intense fear, helplessness, or horror'. These symptoms fit Kitengie's experience. He (Kitengie 2013:n.p.) said, 'I was afraid to lose my life [...] In fact we were shaken for that because it was my first time to hear those things, we were shaken really'. A sense of helplessness is expressed when he (Kitengie 2013:n.p.) states, 'it was the time I thought if there is any *muthi* to take me once to my parents, I would be number one to use it and leave this place'. He sought magical powers to escape the situation, but nothing happened. He was there in the midst of it all.

Kitengie attempted to run against the tide of people who were fleeing in order to fetch his certificates at home. But the bombing became heavier with flames and smoke. It seemed there were houses on fire. There was no shortcut to his house, only a road full of people. In the end, he says, 'I failed; I failed to get my certificate' (Kitengie 2013:n.p.).

He thought of an alternative route to get to his house, but that was not possible. He thought of escaping via the shore of the lake, but there were people on all sides. He (Kitengie 2013) says:

> You move only one metre without your child and you lose him or her, only one metre, that's how thick the crowd was. There were so many children who lost their parents. (n.p.)

As he tried move through the crowd, some people advised him against the idea. He (Kitengie 2013:n.p.) says, 'I met people shouting. "Oh, now you are going to die. Everybody left behind is being killed. Run!"' He did not listen, but in the end he failed to reach his house. On returning to the harbour, he found that the ship had left. Finally, he gave up his pursuit for certificates and joined the others in fleeing.

Escape from civil war in the Democratic Republic of the Congo

It was a nightmare to escape from the bombs. Kitengie (2013:n.p.) said, 'bombs left no way to go'. He just joined multitudes fleeing in all directions. The American Refugee Committee (ARC 2003) points out that most often victims of war and oppression flee in large numbers, arriving in poor, underdeveloped states without the means to care for them because most of these developing countries lack the sound infrastructure needed to facilitate a massive humanitarian response. Sometimes, the situation is worsened when the conflict that forced them from their country may destabilise the region in which they have sought refuge. The American Refugee Committee (ARC 2003) adds that the refugees may flee to the safety of a refugee camp or settlement, only to be forced to flee again a few months later. The American Refugee Committee also states that what aggravates refugees' situation more is the fact that they are forced to flee their homes; they leave all of their belongings behind, and they walk dozens of miles to safety. Even if they arrive safely at their destination, they are still without food, water, shelter and medical care; provision of trauma counselling; and help to rebuild their lives (ARC 2003). Owing to the above-mentioned challenges,

there is no guarantee that they will be able to stay. This resonates with Kitengie's experience. He had no extra clothes besides the T-Shirt he was wearing on that hot day, no certificates and no money because he was not prepared to flee. He thought he was going back to his house and then look after the home of the bereaved family that fled. That never happened. He joined the multitudes in fleeing on foot. He set off; he did not know whether it was 5 km or more. What he remembers is passing through Makobola and Kivovo villages close to Uvira City, where he met his neighbours. His neighbours exclaimed (Kitengie 2013):

> Oh you are here, we tried to resist not running away but we will go far from the city of Uvira for good. (n.p.)

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

A long walk to safety

People had many experiences while travelling. At any time of the day or night, millions of people were travelling, looking for safe homes. Most travelled on foot and had no food. They were vulnerable and faced many dangers, such as physical hazards, rebels or armies chasing them, as they were moving illegally across borders in the hope of safety. Their focus was survival. Kitengie walked towards the Zambian border for 13 days and 13 nights through the fierce and dense Congo forests. When he left Kalemi, he did not have an idea of going for good. He thought he would run only around 3 km – 5 km to the nearest village. There he would meet friends and neighbours and return when the dust had settled. That never happened. He had no chance to see or meet any familiar faces, not even one family member or neighbour. He (Kitengie 2013) continued to flee:

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

As they fled, they could hear the sounds of bombing and shooting. Congolese government soldiers started abusing civilians and

robbing people, beating them, raping women and hurting children as they were fleeing. Kitengie (2013) describes his encounter with a soldier:

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

Kitengie was furious. He (Kitengie 2013) thought:

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

Although government soldiers were stopping people from fleeing saying they would protect them from Kabila rebels, evidence proved otherwise. Now it was evident that they were exploiting and aggravating the situation. They waited for people before running away with their wives. Some people who fled on bicycles had their bicycles confiscated. Kitengie (2013:n.p.) says that if you had a bicycle, 'you had to escort them with their belongings to the next village. Along the way they did what they wanted to you. They stole your bicycle'. For those who did not have bicycles, the soldiers had them carry their bags no matter how heavy, sometimes for a distance of 100 km.

Seeing what was happening, Kitengie's sense of helplessness and frustration reached its peak. He (Kitengie 2013) says:

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

He (Kitengie 2013) describes their desperation:

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

The villagers had fled and left everything in their houses. The fire meant that people had fled not very long ago. Thus, Kitengie and the other 'seven companions on the journey' had an opportunity to find and prepare food that was abandoned by those who had fled. After several days of living on fruits, they ate a warm meal. This was one of the most memorable days in Kitengie's life. Kitengie (2013) says:

> We found a pot. I will never forget the moment. From cassava [*cassava is a tuber which is used as a staple food in some parts of Africa*] we made flour. We ate this with mushrooms, no salt, no cooking oil, nothing only water. We boiled it and ate the pilings of cassava which we usually threw to the pigs. I ate it for the first time in my life and I said to myself, 'One day I will tell my children and my parents [*that*] I ate this pig food'. (n.p.)

Encounter with hostility

In the same village, Kitengie's team came across an elderly couple and a girl. The man was a shepherd. They saw green maize (mealies) and asked them if they could have some. The man responded, 'it is not for free. You are supposed to buy' (Kitengie 2013:n.p.). Although Kitengie explained that they were running away from Kalemi expecting to get mercy, it did not work. The man retorted, 'it is your problem if you have no money' (Kitengie 2013:n.p.).

On hearing this, and strengthened by the food they ate, they continued with their journey. But the elderly man told them that no one is allowed to walk at night. Then, Kitengie negotiated for a place to sleep. The elderly man told them, 'I have no place for you to sleep' (Kitengie 2013:n.p.). This was tough for Kitengie, who fled Uvira in a T-shirt in October when the weather was hot. Now it was cold. So they decided to sleep outside and make a fire, but the old man refused, saying, 'you will not make fire in my yard' (Kitengie 2013:n.p.). Instead, he told them to sleep far away from him with the sheep. Kitengie (2013) says:

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

By this time, they had walked for 11 days and 11 nights in the bush. They could not walk in the road for fear of the soldiers or rebels

apprehending and killing them. Kitengie (2013) describes his journey in the bush:

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

They met another shepherd who scared them to the bone. He told them that somewhere up ahead a lion had been devouring his cows. 'Don't go on' (Kitengie 2013:n.p.), he warned them. However, Kitengie did not budge. He thanked the man for the warning but decided, against his advice, to proceed. Desperate times desperate measures. He (Kitengie 2013) says:

> I told the guy, 'Thank you very much for the information. How many days do you want us to stay here?' He said 'until we hear that the lion has moved on'. (n.p.)

They were stuck. They could not proceed because of the presence of a lion, nor could they go back to where they came from because of the ongoing fighting. They were caught between a rock and a hard place. Kitengie (2013) says:

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

So, he persuaded the group to continue walking until they reached another village where people did not flee. Not sure of the reception from the villagers, Kitengie hid the woman with a few of the other men in the bush. Accompanied by one man, they entered the village. Their faces brightened because they found a village full of people, but they were in for a rude surprise. Kitengie (2013) describes the experience at the hands of his fellow Congolese:

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

This explanation fell on deaf ears. 'We suspect you', they said (Kitengie 2013:n.p.).

In desperation, Kitengie (2013:n.p.) cried, 'I am hungry; I don't know where I am going to; I just follow the road'.

His cry did not rescue the situation. The villagers surrounded them with machetes and spears and demanded, '[i]f you don't clarify clearly, we will kill you' (Kitengie 2013:n.p.).

Saved by a woman

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

'Look at her, how can someone who has had to walk for so many days be a spy?' Kitengie (2013:n.p.) asked.

The moment the villagers saw the way she was talking, their attitude changed. They ended up listening to the explanation and deferred their judgement. They allowed something to be cooked for the woman. After eating, they were allowed to continue with what Kitengie (2013:n.p.) calls, 'our endless journey' accompanied by one villager to show them the way to the next village.

Dusk before dawn

Finally, on the 13th day, they stumbled into the last village before entering Zambia. The village was not any friendlier. Kitengie (2013) says:

> It was at ten o'clock when civilians confronted us, surrounding us with *panga* knives and spears. People in that village thought that we were soldiers hidden in civilian attitudes. Since [*they felt*] we were not telling them the truth, better to finish us off. (n.p.)

After a standoff for some time, they were released (Kitengie 2013):

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

> Zambia at seven o'clock in the evening. Once I crossed, I prayed 'God, thank you'. That's what I said, 'God, thank you'. (n.p.)

Reception in Zambia

After a long walk of 13 days and 13 nights, Kitengie and his group entered Zambia. Kitengie heaved a big sigh of relief and thanked God for their escape. Thompson and Smyth (2001:181–182) say that on arrival, refugees experience a sense of relief. They often have a perception that the host country will be safe and able to protect them. Most countries in Africa have camps for refugees to which people are taken on arrival. The United Nations High Commission for Refugees (UNHCR) works within the camps to provide food and shelter. Some camps have medical facilities and education facilities for children. They add that experiences in refugee camps are often unpleasant, because of overcrowding, bad sanitation and food produced on a large scale. Thompson and Smyth are right; Kitengie experienced many unpleasant things in the camp. One such experience was xenophobic speeches by Zambians, those from whom refugees sought assistance. Thompson and Smyth (2001:185) assert that xenophobia is perpetuated on many levels by the state, officials, employers and the person in the street.

Refugees are often targets of attacks by local populations, who threaten, call out derogatory names and make inflammatory statements. Kitengie stayed in Zambia for some years before he proceeded to South Africa through Mozambique. His loss of academic certificates made life no easier in Zambia. He (Kitengie 2013) says:

> I found myself in a strange land, full of teaching knowledge but not an academic paper to define my world. I was good at mathematics and science. I had taught mathematics, history, geography and technology. Suddenly my career stopped because I did not have the certificate to prove it. (n.p.)

Even after such traumatic losses in Congo, Kitengie did not lose hope. Kitengie started reinvesting in his life and future. The United

Nations (UN) in Zambia offered bursaries to those refugees who desired to study in any college or University of Zambia. Kitengie studied Financial Accounting at the University of Zambia. This is the only academic certificate he has now because all his other academic certificates have been lost. He hoped to get some employment, but he encountered xenophobic tendencies. He did not have a chance in Zambia as a refugee. He (Kitengie 2013) cites an example of the caretaker of the UN bursaries, Mr Chanda Musonda, who told refugee students:

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

Kitengie (2013) adds that:

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

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

Reception in South Africa

From central Africa, Kitengie finally arrived in South Africa, his desired destination. Thompson and Symth (2001) state that a refugee on entering South Africa has to apply for a temporary 3-month asylum seeker permit from the Department of

Home Affairs. As there are no refugee camps in South Africa, refugees must fend for themselves. They add that although the policy is meant to assist refugees in integrating into the community, the temporary permit inhibits the refugee's potential to get work. Such temporary status does not promote a refugee's sense of being respected as a person and limits his or her capacity to make plans other than for daily survival. Once refugee status has been granted, however, the refugee is legally admitted to the host country, which provides greater stability and the scope to work and/or study for two years.

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

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

Kitengie's (2013) main question on arrival in South Africa was, would I be able to further my studies here? He (Kitengie 2013) says in 2005 he was 'baptised' into the same story that he had heard in Zambia:

> I went to the University of KwaZulu-Natal, Pietermaritzburg campus to inquire about bursaries to do my further studies in finances. Naidoo at the School of Management help desk told me the old, old story. 'Bursaries are entitled only for South African students not foreigners'. The guy was confident about what he told me so it was difficult to argue with him. Yet I ended up in the Department of Theology and Development Studies at the same campus. (n.p.)

Besides obstacles in furthering his studies, Kitengie did not find joy in the marketplace either. He (Kitengie 2013) says:

> Wherever I applied for a job, I was always asked to provide the green magic ID [*the South African Identity booklet was green in colour*]. This was followed by the humble statement, 'If South Africans are not getting jobs, what about you who are not from this country?' (n.p.)

What surprised Kitengie (2013:n.p.) was that it was so easy for South Africans to say, 'we'll take our fellow brother and sister according to nationality rather than the knowledge and skills that we are looking for hidden within foreigners'.

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

For example, the UNHCR has financially backed the Refugee Forum, which supports the development and integration of refugees into the South African community. The UNHCR also gives funding to the South African government as per their agreement with South Africa to take care of the basic needs of refugees. However, other than the free public hospital visitation, refugees have no access to free water, shelter, food or education for themselves and for their children. They have to fend for themselves to satisfy the above needs for their families. Even at the hospital, they have to pay a minimum fee once a year to avail treatment. Refugees wonder what the South African government uses the UNHCR money for, if refugees cannot meet even their most basic needs. The Pietermaritzburg municipality is hostile to refugee hawkers who sell sweetmeat on the streets to fend for themselves like South Africans do, as the city police will immediately confiscate their merchandise. The refugee hawkers are required to produce a

licence to sell on the streets. When they go to the municipal office to get the licence, they are declined such licences because they are foreigners. In reality, the refugees have to bear the brunt of exploitation in order for them to put food on the table. For example, Kitengie (2013) says:

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

Although Kitengie managed to acquire some postgraduate qualifications at the University of KwaZulu-Natal, he could not get a better job, and his employer paid him no more than 2500 Rands for almost seven years as a security guard. He had no choice but continue to be exploited so that he could get some money to support his family.

This was a real situational crisis facing Kitengie. He had no support system like family. Although the Trauma Healing Project family provided him care, love and emotional support, it was not sufficient. In his attempt to reconnect with his family, he even tried to locate them, but with no success. He (Kitengie 2013) says:

> When I came here to SA, I tried [*through*] the internet to connect with the University of MbuJomai, hoping that some family members were studying there. Our second sister had gone as a teacher with her husband to western Kasai. I could not find any one. So I don't even know who is still alive. (n.p.)

He was in a dilemma. He could not locate his family in Congo where the civil war was still raging on, and there was hostility where he currently lived. He (Kitengie 2013) tells of an incident:

> In 2008 at the University of KwaZulu-Natal one of my colleagues approached me asking to name some parts of my body in Zulu [*language predominantly spoken in KwaZulu-Natal province of South Africa*]. When I failed to answer, he said: 'You are one of [*the*] people we do not want here in our country'. (n.p.)

He (Kitengie 2013) adds:

> After burying one of my close countryman, killed in Imbali Township, I thought I'd better leave their country in peace. I might be next. In 2010 during the world cup, when Ghanaians failed to qualify for the semi-finals, one of my co-workers told me to go back with them. 'I do not wish to see you again after the Ghanaians have left South Africa'. (n.p.)

Although Kitengie is relating his experiences in South Africa, his is not a unique case. Generally, foreign nationals are under constant threat in South Africa. Over the recent years, especially after the large-scale xenophobic attacks on foreigners in May 2008, South Africans have seen foreigners as scapegoats. Whenever they are frustrated with their government's inability to deliver the services it promises them during election campaigns, they turn against foreigners.

The May 2008 xenophobic attacks on black African foreigners are a classic example that left 62 people dead, most of whom foreigners. The main claim was that the foreigners were taking their jobs and wives.

Herman (1992) asserts, 'violence has the potential to break down our understanding and trust in the world'. This defeats the purpose of integration as it requires preparedness on the part of the refugees to adapt to the host society, without having to forego their own cultural identity. From the host society, it requires communities that are welcoming and responsive to refugees, and public institutions that are able to meet the needs of a diverse population. The increasingly hostile environment towards refugees and other foreigners in South Africa negates the ideals of integration.

The journey towards reconstruction

Hard-pressed on every side, Kitengie accepted my invitation to join the Trauma Healing Project at PACSA in 2009. By this time, I had known Kitengie a bit more through his participation in the HIV and AIDS work my organisation was facilitating in its

partner communities. By then, he was leading an organisation called Hathisi Yetu. Our goals coincided; I wanted research participants to go through the trauma healing process and document their life stories, and his organisation was also about documenting experiences of refugees living in KwaZulu-Natal.

Thus, on 30 October 2009, Kitengie pitched at Kenosis, a venue we used for Stress and Trauma Healing Workshop Level 1. However, he struggled with trust issues in the beginning of the workshop.

He (Kitengie 2013) says:

> So before the stress and trauma workshop, I could not share my story with any person, because my story was taken as my own personal life to be kept in my heart due to lack of trust. (n.p.)

This is a normal feeling observed in workshops where people have to narrate traumatic stories because trauma destroys trust. Being well aware of this challenge, the process helped create a space where participants felt safe enough to trust others in a group. After defining stress and trauma through creative exercises with a bit of input from the *Trauma Manual*, participants were encouraged to draw their stories individually and then share in smaller groups. Kitengie (2013) says:

> I learned to share my life experience with others as well. The thing that motivated me to open up to other participants was the drawing or collage, whereby stress and traumatic events were identified and well defined. I also learned about forgiveness of the causers of stress and traumatic situations of my life. (n.p.)

This was already a milestone for Kitengie towards his healing now that he was able to trust others enough to share his painful story. Because of what he experienced, Kitengie committed himself to become a research participant and completed the HTQ. Kitengie attended Level 2 where he was trained as a caregiver and finally Level 3 as a facilitator of the Stress and Trauma Healing Project. During the interview, Kitengie (2013) told me:

> The result of sharing my story with others brought relief to my miserable life, as I could not breathe well whenever I encountered any situation similar to one of the past events experienced before. (n.p.)

He (Kitengie 2013) continues that:

> I was very much afraid to socialise with unknown people due to my past life after being betrayed several times by my own people. The good news from the Stress and Trauma Workshop is that, all participants became my family members whom my life experiences are handed openly and with encouragement, as I am not alone in the jungle or the only one having these kinds of situations in life. These workshops opened ways through sharing of my personal life experiences with them, broke barriers of separation and distinction of otherness. (n.p.)

The process successfully moved Kitengie on the journey from victim to survivor and from survivor to a victor who, using his wounds, is now able to facilitate the same process of healing he went through to heal other people including members of the refugee community in South Africa. He (Kitengie 2013) says:

> I am leading a non-profit organisation called Hadithi Yetu (our story). The success of Hadithi Yetu has been fuelled by Charles who has been alongside our project and as our mentor. (n.p.)

In conclusion, Kitengie (2013) aspires:

> Along the way of this journey, I am a trained Stress and Trauma Facilitator, which I look forward to carry this skill to go and facilitate stress and trauma workshops in central Africa where people are experiencing traumatic events on a daily basis. (n.p.)

Chapter 8

Rape, HIV and traumatic deaths

The life narrative of Noma

Noma was a research participant on the Trauma Healing Project.[1] She was born on 27 November 1964 in a mission hospital to a Zambian father and a South African mother who were not married. Her father had come to South Africa to work in the mines. When she was three years old, her father decided to go back to Zambia, but her mother refused because she believed that people in other African countries practice cannibalism. However, they went back to Zambia and settled in a town called Solwezi in the Northern Province. They lived in a two-bedroom house, which had face brick walls. The following is a description of Noma's home in her own words (Manda 2013):

> We had a mango tree at our backyard. We had a lot of pink and orange flowers which my mother loved to pick. She put them on the

1. Noma is not her real name but has been chosen to preserve her anonymity. Noma's story appears first in Manda (2013).

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> kitchen table covered with a white lace (table cloth) and it gave a sweet aroma in the house. (n.p.)

Noma had two sisters and a brother. In her life, Noma has experienced pain, shame, hunger and loneliness; death had stolen her father and three of her children, and slowly HIV/AIDS set in. Yet, in spite of all these experiences, she was a conqueror, and now she is managing a support group and two beauty hair salons, as well as running other businesses. Through this research project, she has been trained as a Stress and Trauma Facilitator, and a Healing of Memories Facilitator.

News of her father's death

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

She wondered what was wrong. She says, 'when you were called to the Principal's office it was a problem. My heart started to pump fast. What have I done now since I am a noise making child?' (Manda 2013:n.p.).

In her little creative mind, she began devising plans as to how she would evade the headmaster's whip. She says (Manda 2013):

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

To her surprise, she found her aunts Thambalile and Thikhondane waiting for her in the office. The headmaster spoke in his deep voice (Manda 2013:n.p.), 'they have come to fetch you from school. Be a good girl. I will see you soon'. She left with her aunties 'thinking yippie! I am going to play the whole afternoon' (Manda 2013:n.p.). As she approached her home, she saw many people, some standing, others sitting, and yet others were crying. She saw some people taking out their brown lounge sofa and the round table. She clung to her aunt's skirt and wondered (Manda 2013:n.p.) 'why are they taking our goods away?' No one had yet broken the news to her about her father's demise.

As she entered the house she saw her mother sitting on a mattress and she cried with a loud voice as Noma (Manda 2013) approached her. One of her aunts spoke to her in a calm voice, 'Baby, remember where your father is? (Baby was her nickname given to her by her dad)'. 'Yes in hospital', she (Manda 2013:n.p.) responded. The aunts looked at each other and said, 'Your father has gone to heaven to be with the Father' (Manda 2013:n.p.). Puzzled by their statement, Noma (Manda 2013:n.p.) asked, 'What father?' The other aunt started to cry very loudly and everyone joined in. They sniffed in their handkerchiefs. Finally, her mother said, 'Your father has died and he said he loved us all' (Manda 2013:n.p.).

Bereavement and attachment theory

Although Noma did not understand what had really happened to her father, she knew that something was wrong. She says (Manda 2013):

> I looked up at my aunt and tears were still rolling down her cheeks. The same aunt took me outside and sat me down on a brick behind our house. She said 'Your father has gone to be with the Lord. You won't see him again'. [*Al*/] I wanted was to speak to my dad. I did not know that when one dies they don't talk. (n.p.)

Noma sat on the brick, crying. She finally realised that death had broken the bond of attachment with her father and she began to grieve. Louw (2007:508) notes that the process of grieving comprises three important aspects, namely, bereavement (reaction to the loss), grief (intense pain and emotional response) and mourning (the psychological mourning process). According to Louw, the degree and intensity of grief, as an emotional response to sorrow, is dependent on the extent of attachment involved. According to Van der Dyk (2012:314), bereavement is the experience of pain and grief when a person loses someone or something of value, or when the loss of that person or thing is anticipated. Worden (1982), in his attachment theory, says that people form strong emotional bonds with others and react strongly when those bonds are threatened or broken. Bowlby (1977) adds that we do not form these attachments primarily to

satisfy our biological drives, but rather to fulfil our needs for security and safety. Van der Dyk (2012:315) argues that forming attachments with significant others is normal behaviour for both children and adults, but separation or loss initiates a process of grief. When Noma realises that she cannot talk to her father anymore, or see him ever again, she is overwhelmed with grief and begins to cry. However, when her aunt asked, 'Do you want to come with me to the shops; I will buy you a biscuit, coke and sweets' (Manda 2013:n.p.), she smiled and accompanied her aunt.

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

Collins is right as in Noma's case where instead of giving her space to mourn the loss of her father, her aunt discourages her overt expression of grief by enticing her to go with her to the shops to buy sweets. This is a common practice among some cultures in Zambia and Malawi where children are not given space to grieve the loss of their loved ones. This makes grieving all the more complicated for children.

Mourning in African tradition

After three days of mourning, her aunt Thambalile asked Noma to accompany her to town. While in town, they went from shop to shop, then finally Noma had her hair done at a salon. That Friday, people arrived with suitcases, people she had never seen before and people from the United Church of Zambia (UCZ) where her father was a church elder. It needs to be understood here that certain rituals performed at a deceased church member's funeral are different from those that are performed during the funeral of a heathen. Noma's father was given a church burial because he was a member of the UCZ. Phiri et al. (2002:62) have observed that the

church as an institution plays an important role in providing solace for its members during funerals and bereavement. She gives examples of the church providing charitable support in the form of food or money at the funerals of its poorest members. She adds that fellow church members often organise vigils where there is singing and preaching for the whole night. Although Phiri et al. (2002:62) argue that singing is a form of entertainment for the mourners, I do not entirely agree with her view. Rather, the singing provides comfort and hope for the mourners. However, I agree with Phiri that various people, both men and women, preach with the intention of comforting the mourners and converting some of those gathered to the Christian faith. In my zeal as a Pentecostal preacher, I have preached and sung at funerals in Malawi and South Africa, with the intention to comfort, to give hope to the living but mainly to convert the mourners to active faith in Jesus Christ. Noma, while describing the rituals during the funeral, also talks about the role of the UCZ (Manda 2013):

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

The coffin was taken from that car while they were still singing the same hymn. As they entered the house, everyone stood still. When the coffin was inside the house, one of her uncles by the name of George stood up to give the obituary for his brother, which read (Manda 2013):

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

It is customary in a traditional African setting that a relative of the deceased informs the mourners as to what happened to

the deceased. He or she will describe the illness and the efforts that were made to save the deceased's life.

Burial ceremony

Burial in the African context is a communal event and people accompany the bereaved family as they go to bury their dead. On the day of the burial of Noma's father, everybody said their goodbyes and the ladies from the Dutch Reformed Church started singing *Mwechilibwe Chakale* [Rock of Ages]. The eight men took the coffin to the car. People cried uncontrollably, and some threw themselves on the floor.

After his speech, George asked Noma's mother to stand up and bid goodbye to her husband. As she was about to rise, she fainted and fell down. Noma got very confused when her mother was taken to the back room. 'I ran behind them, and her head was falling from side to side and I cried', says Noma (Manda 2013:n.p.). The speech continued, and her uncles asked for the children to come forward. Noma's brother fetched her from the room where her fainted mother was laid, and they stood in the line going towards the coffin. She was in the middle between her siblings. When it was her turn to bid goodbye, she called out to her father (Manda 2013):

> He did not answer. I looked at my dad, His eyes were closed and his mouth was slightly open like he wanted to say something. Tears rolled down my cheeks. (n.p.)

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

The UCZ was known for its long funeral services. After an hour, the coffin was put back in the car and the funeral procession left for the graveyard. They sang hymns there. The involvement of a church during funerals is an expression of pastoral care from the church for the bereaved. In his book *A Critique of Pastoral Care* (2000), Pattison defines pastoral care as that activity, undertaken especially by representative Christian persons, directed towards the elimination and relief of sin and sorrow and the presentation of

all people perfect in Christ to God. Lartey (2003:55–59) in his book *In Living Color* sees pastoral care as therapy, ministry, social action, empowerment and personal interaction. He (Lartey 2003:62–68) adds that any pastoral care must have the following functions:

- healing
- sustaining
- guiding
- reconciling
- nurturing
- liberating
- empowering.

But for the church to fulfil the above seven functions, it has to have resources. The church expressed its care, love, support and comfort to the bereaved family, which fulfils Lartey's functions of pastoral care.

As they lowered the coffin into the grave, Noma screamed (Manda 2013:n.p.), '[w]hy are you putting my dad in the ground? They threw soil into the grave, and it sounded like *Ndufu! Ndufu*! After the burial ritual was completed, the mourners dispersed. It was now time for Noma alone to reflect on the loss although she still was in the company of other relatives and friends who came from a long distance. She says, 'back at home I sat by myself on the brick thinking of my dad in the ground. That sound of the earth falling horrified me' (Manda 2013:n.p.).

Dispossession of the widow and orphans

The next day as the people were leaving for their home towns, relatives vandalised the house. Her uncles George and Paul and aunts called her mother and all the children. They spoke in hushed voices. She says (Manda 2013):

> They wanted my father's bank book. They shared out our furniture, the lounge suite and the tables, saying that, they were going to take all the things including the children of Mr Phiri. They shared us like goods. (n.p.)

The dispossession of widows and orphans in some parts of Africa, in particular in Zambia and Malawi, is a common phenomenon. These patriarchal societies believe that the wealth belongs to a man, and as such, when he dies his relatives feel entitled to dispossess the widow of what she owned with her husband. This dispossession causes complicated grief. McCall (2004:70–71) defines complicated grief as a holistic response that is more intense than what would be otherwise indicated. Complicated grief lasts longer than typical grief, and it pervasively affects the grieving person's daily life (and behaviour) in significant and negative ways. Support, care and love from the significant other and friends in our lives facilitate the completion of the grieving process. While a widow or children are in mourning, tradition has it they should be supported, with the belief that help should be mutual. In other words, if I help you when you have a problem, I expect you to return the favour when I have a problem. The opposite to this norm is when you have lost the breadwinner, the pillar of the family, and relatives scramble over the little the deceased has left for his children and spouse. As in the story of Moyo, the mourner may end up getting stuck in the anger stage. In the case of Noma's mother, not only did the in-laws share goods and property, they even shared her children as well. Thus, she lost her husband to death and was dispossessed of her property and children, and such losses can be very traumatic.

Phiri et al. (2002) in their article 'caring during burial and bereavement in traditional society and the church' point out that:

> [*F*]or the children and youths who are still going to school, both within a traditional African rural context with its belief structure and among church-going Africans, the extended family is the most important care provider. (n.p.)

She adds (Manda 2013):

> After the funeral the relatives agree with whom the children should live, at least until they finish their education. The person who takes the children assumes the role of father or mother of the children. (n.p.)

This explains why Noma says (Manda 2013):

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

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

Situational crisis

Noma's first day at school was terrifying because of the language barrier. The bell rang very loudly in the corridors. School had finished for the day. Relieved that school was over, she rushed home. She was shocked to see that she could not find the things she took for granted when she was with her parents. She says (Manda 2013):

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

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

In his book, *The Minister as a Crisis Counselor*, David Switzer (1974:31 citing Caplan) says that a crisis arises out of some change in a person's life space that produces a modification of one's relationship with others and/or one's perceptions of oneself. Switzer adds that such a change may come about relatively slowly, as a result of rather normal and inevitable experiences of growing and developing physically and socially, or quite rapidly, as a result of some unforeseen and traumatic event. For Noma, her crisis was

taking shape 'quite rapidly', which Switzer (1974:33) calls 'the situational crisis'. According to him, situational crisis differs from developmental crisis primarily with regard to the source of the stress and the aspect of time. He argues that there is a more rapid modification of the perception of one's self and one's world, frequently including relationships with other persons, and usually initiated by some type of personal loss perceived as a threat to the self. When we count the personal losses Noma experienced at the age of 10, one cannot help but conclude that indeed she was in a situational crisis. She was stripped of all her usual support systems.

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

She says (Manda 2013):

> I went to the stream, a Kilometre away, where I filled the bucket. There were other young girls there. One of them greeted me in Tsonga and asked my name. I answered with a small smile, 'My name is Baby'. (n.p.)

In response, she extended her hand and introduced herself as Christine. Then, Christine broke a branch of leaves and placed it on top of Noma's bucketful of water. Noma looked surprised. Seeing that Noma looked puzzled by the gesture, Christine laughed and then explained that the leaves would prevent the water from spilling out. This was part of Noma's initiation into village life and the duty of fetching water. As time passed, she started to learn Tsonga. It was imperative for her to learn new words to communicate with her friends. Noma began to adapt to her new environment, although she still missed her family. However, although now she was coping with the demands of the new environment, one other change in her life was the amount of household chores she had to do before and after school as she was the only girl in the house (in many traditional African homes, household chores are done by women and girls, while the boys and men do manly jobs, usually outside their homesteads). Noma says (Manda 2013):

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

Sexual abuse

There were still more burdens Noma had to bear, one of which was sexual molestation. One year later, Noma was not only exploited labour-wise but even sexually. Although she does not clarify whether she was sexually penetrated, she talks about Daniel touching her breasts and private parts. She says (Manda 2013):

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

Daniel continued this behaviour. She adds (Manda 2013):

> Some nights he slept in his room and on other nights he slept in my bed. I did not see anything wrong, until one night he started to

> touch me. It was not right for my brother to touch my breast and my private parts. He was my brother, in African culture your cousin is like your brother. I started to cry, and in his words he said, 'I love you and care about you'. Slowly I became scared of my cousin and I did not want to talk to anybody because I was warned not to tell. (n.p.)

Noma was being sexually abused. This kind of sexual abuse falls into the category of incest. The World Health Organization and Programme for Appropriate Technology (PATH 2005) define *incest* as acts of sexual intercourse between a man and a woman within prohibited relationships. For example, these relationships may involve a man with a woman who is his daughter, sister or half-sister, mother or granddaughter; and a woman over 16 years of age with a man who is her father, brother or half-brother, son or grandfather. According to Noma, in African culture, Daniel was her brother. The APA (2000) argues that there is no universal definition of child sexual abuse. However, APA points out that a central characteristic of any abuse is the dominant position of an adult that allows him or her to force or coerce a child into sexual activity. Child sexual abuse may include fondling a child's genitals, masturbation, oral-genital contact, digital penetration, and vaginal and anal intercourse. Instead of genitals, Noma uses the term 'private parts'. The APA also states that child sexual abuse is not solely restricted to physical contact; such abuse could also include non-contact abuse, such as exposure, voyeurism and child pornography. Abuse by peers also occurs. Richter (2004:60) citing Tomison defines sexual abuse as any act, which exposes a child to, or involves a child in, sexual activities beyond his or her understanding or contrary to accepted community standards. Calder (1999:11) gives a more inclusive definition and says, child sexual abuse is a sexual act imposed on a child who lacks emotional, maturational and cognitive development. Calder adds that the ability to lure a child into a sexual relationship is based on the all-powerful and dominant position of the adult or older adolescent perpetrator, which is in sharp contrast to the child's age, dependency and subordinate position. Authority and power enables the perpetrator, implicitly or explicitly, to coerce the child into sexual compliance.

According to PATH (2005), child sexual abuse is any sexual act that occurs between an adult or an older adolescent and a child, and any non-consensual sexual contact between a child and his or her peer. However, PATH cautions that laws generally consider the issue of consent to be irrelevant in cases of sexual contact between an adult and a child. However, because of the taboo nature of the topic, it is difficult to collect reliable figures on the prevalence of sexual abuse in childhood (PATH 2005). In describing how she felt about her cousin's sexual advances, Noma says (Manda 2013):

> It was not right for my brother to touch my breast and my private parts. He was my brother, in African culture your cousin is like your brother. (n.p.)

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

Effects of sexual abuse on her schooling

Child sexual abuse has direct consequences on the survivor's education. The APA (2000) points out that the effects of abuse vary depending on the circumstances of the abuse and the child's developmental stage, but may include regressive behaviour (such as a return to thumb-sucking or bed-wetting), sleep disturbances,

eating problems, behaviour or performance problems at school, and non-participation in school and social activities. In Noma's case, she says (Manda 2013:n.p.), 'I did not want to go to school, my marks started going down and slowly I went into a shell'.

Her metaphor of going into a shell suggests the cessation of certain activities. For example, a tortoise goes into a shell for protection. Whenever a tortoise goes into a shell, it stops moving. It cannot see what is happening outside, neither can it participate in any life that is going on outside of itself because it is hiding in its shell. Although a tortoise loves mushrooms, it will not eat because it is hiding. The metaphor suggests that Noma could not participate in school activities because she was busy hiding in her shell. Going into the shell also suggests insecurity and therefore seeking shelter. While a tortoise may successfully hide from its enemies inside its shell, Noma had nowhere to hide. She could not even seek help because of the threats she received. She says (Manda 2013:n.p.), '[s]lowly I became scared of my cousin and I did not want to talk to anybody because I was warned not to tell'.

The feeling of being scared is consistent with people who are subjected to abuse or violence. No matter how gentle the penetration may be, rape is an act of sexual violence. Herman (1992) adds that:

> [/]n addition to the fear of violence, survivors [*constantly*] report an overwhelming sense of helplessness. Unable to [*find any way to*] avert the abuse, [*the survivor learns*] to adopt a position of complete surrender. (pp. 98–99)

This resonates with Noma, who had nowhere to flee.

Although some people could notice that Noma was not herself, she could not disclose what was going on. For example, one day her teacher asked her to remain behind after school. She asked Noma if she was okay. The teacher spoke to Noma until the latter broke down and cried. Her teacher hugged her and said, 'please let me know what is going on. For me to help you I need to know' (Manda 2013:n.p.). As much as she needed help, she could not

disclose what was happening in the house. Noma says, 'in my mind I could hear the voice of my brother saying don't tell anybody' (Manda 2013:n.p.). As such, the voice forced her to lie. 'I told my teacher that I wanted to go home because I missed my mother and siblings. I did not tell the truth' (Manda 2013:n.p.).

Noma was suffering from what I would call moral injury, where she knew what was the right thing to do and say but under the circumstances opted to lie, against her own will, to stay out of trouble with the abuser. The APA (2000) says:

> Children and adolescents who have been sexually abused can suffer a range of psychological and behavioural problems, from mild to severe, in both the short and long term. These problems typically include depression, anxiety, guilt, fear, sexual dysfunction, withdrawal, and acting out. (n.p.)

Fear and withdrawal are evident in Noma's story. The APA is right that the ill effects of child sexual abuse are wide-ranging. There is no single set of symptoms or outcomes that victims experience.

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

Breaking the silence

The end of term came and she asked Daniel if she could go home for the holidays, citing that she has not seen her mother for so long. Her wish was granted, and she says (Manda 2013):

> [*T*]hat night I did not sleep, I packed all my clothes in my suit case. Daniel said, 'Come let's sleep and we will leave early in the morning.' I said no shaking my head, 'I want to see the sun come up'. (n.p.)

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

Although Noma had kept the sexual abuse a secret, she decided to break the news to her mother. When night came, she confronted her mother (Manda 2013):

> I went to sleep with my mother because my brother and sisters were not there, I started to cry and I asked my mother, 'Why don't you love me anymore?' She answered, 'Who said I don't love you? You are my baby girl and I will always love you'. (n.p.)

Not satisfied with her response, she further asked (Manda 2013):

> I asked again why she had sent me away, and again my mother asked what had made me so upset. I explained what had been happening: 'I am doing all the work and some nights my brother sleeps in the room with me'. (n.p.)

She describes her mother's shock (Manda 2013):

> My mother stood up on the bed and tied the *Chitenge* (piece of fabric also known as *khanga*) around her waist and said *Andiwonabwinolelo* translated 'he will see me today'. Tying the *Chitenge* was a sign that she was very angry and was ready for a physical fighting. (n.p.)

Noma jumped off the bed and asked her to wait until the morning. She was so angry, clapping her hands together and talking at the top of her voice.

Noma adds (Manda 2013):

> When I looked at my mother's face I saw sadness in her eyes. Slowly I fell asleep and later I heard my mother sobbing silently. I woke up and I hugged her. (n.p.)

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

Sexuality and sexual abuse are profoundly cultural matters. Cultural communities create norms for sexual relations and their violation (Richter 2004:3). Richter concurs with Townsend and Dawes (2004:55) that cultural practices also include normative understanding of power relations between men and women. According to her, the term 'abuse' is clearly linked to the notion

of power. She elaborates that those who are more powerful have the potential to abuse it, and those with less power have the potential to be abused. This seems to be the case with Noma's experience at the hands of Daniel. Because of her being young, she could not be present when matters of sexual violation were discussed. Noma did not know what her cousin had told the elders and her mother, but she was told by her mother to go back and live with the cousin. However, Noma withheld her sense of urgency and refused to go back to that school with her cousin. She says (Manda 2013):

> When it was time to go to school I refused to go back, I stayed out of school for one year. Then my mother spoke in a soft and loving voice. 'Baby, you need a transfer [*letter*] before you can go back to school at your home town'. (n.p.)

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

A few days after her mother left for Kabwe, the child labour began again. In her own words, she says (Manda 2013):

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

Noma's context needs to be understood here. In rural Zambia, people who do not have kitchens generally cook outside

the house. Usually, at four in the morning it would still be dark outside, and some wild animals like hyenas would still be roaming around the homes to catch goats that are outside the kraal. Any caring parent would not send a 12-year-old child outside at that time to do what Noma was told to do. Therefore, this is considered an abuse of the highest nature. Another scary thing in traditional Africa is the association of darkness with activities related to witchcraft, and at four in the morning the witches are supposed to still be active and even adults would be afraid to step outside at night. 'When I was a teenager, we had a pit latrine outside the house, and I used to postpone going to the toilet until morning for fear of being devoured by cannibals or bewitched' (Manda 2013:n.p.). It is of no wonder that Noma did not feel protected by the host family. Thus, the second rung in Maslow's Hierarchy of Needs was at stake – the safety and security needs. Boeree ([1998] 2006:4) states that when the physiological needs are largely taken care of, this second level of needs comes into play. You will become increasingly interested in finding a safe environment, stability and protection. You might develop a need for structure, for order and some limits. Looking at it negatively, Boeree ([1998] 2006:4) adds, 'you become concerned, not with needs like hunger and thirst, but with your fears and anxieties'.

For Noma, both physiological needs and her safety and security needs coincided. As if the abuse of labour was not enough, Noma began to lack food in their care. She says (Manda 2013):

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

Noma hung on until the end of the academic year so that she could get her transfer letter. Another reason Noma stayed in such an abusive home was because she had nowhere to go because her mother was also homeless. Although she had lost her father through death, she also lost her relationship with her siblings and

mother through separation, and the last straw that broke the camel's back was the loss of their house owing to outstanding debts, severing the last bit of attachment she had with their property. She says (Manda 2013):

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

Each time her mother visited, Noma pleaded with her, 'I want to go back home, mother' (Manda 2013:n.p.).

Her mother's response was to cry because she had no money. Her father's relatives had taken all the money after his death. As such, her mother was forced, by circumstances, to leave her at Daniel's place until she found someone who could take care of them. Many children and women are left in places of abuse because of a lack of resources to meet their basic needs. Some women know that their child is being abused physically, emotionally or sexually by the father, stepfather, relative or boyfriend but fail to confront or report the case for fear of loss of income, shelter or food. To continue to live in such circumstances is both morally and spiritually injurious, and Noma experienced both (moral and spiritual injury are discussed in detail in Ch. 5).

To make ends meet, Noma's mother started selling dry fish, bush meat and other goods. She sent Noma some money to buy clothes and promised to fetch her as soon as possible. During this time, her mother lived with one of the neighbours. She worked so hard that in a month's time she bought stock four times to meet the demand. Noma comments, 'I saw God[s] hand in this, the Almighty was merciful to my household' (Manda 2013:n.p.).

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

Teenage pregnancy

A 15-year-old girl fell pregnant. When Noma turned 14, she left Mumbwa to live with her mother. By this time, her mother had rented a house in an area called Site and Service. It was smaller than their old house; the house looked old because there were no flowers, and it had only one guava tree. But for Noma, it was a case of '[b]etter to eat a dry crust of bread with peace of mind than have a banquet in a house full of trouble' (Pr 17:1, Good News Translation).

Noma stayed with her mother in that small, old house. Life continued and she continued to grow as a teenager. Noma acknowledges (Manda 2013):

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

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

Traumatic death of her son

Clive was killed in a car accident. Noma says that one day Ken visited them, and he asked to take Clive with him. A few hours later he came back home looking sad, and he asked Noma to sit down. Noma was busy washing the children's clothes, but she sensed something was wrong. She asked Ken, 'where is the child?' (Manda 2013:n.p.).

Ken started to cry and told her that there had been an accident. Furious, Noma demanded more explanation (Manda 2013):

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

'Clive is dead', answered Ken (Manda 2013:n.p.). Upon hearing this news, Noma says (Manda 2013):

> The world closed up. I cried and I asked to go and see my child. We reached the hospital morgue. My legs couldn't carry me anymore.

> They pulled out a tray and there was his lifeless body still in the clothes I had dressed him in that morning. (n.p.)

Shocked and helpless, she demanded more answers from Ken. He told her family that a drunk driver was trying to overtake his car. During the time of the accident, Clive was in Ken's lap and the steering wheel crushed the baby. He bled internally and died. For Noma, her resolve was clear (Manda 2013):

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

This incident strained her relationship with Ken. Anger dominated Noma's emotional life and, whether rational or irrational, she made a decision to break up with Ken. However, Noma seems to regret her decision. She says (Manda 2013):

> Ken had his life planned. He was training as a first lieutenant in the army and what did I have? Nothing! I did not even finish my matric, I was doing form three (grade ten) when I fell pregnant. (n.p.)

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

Marriage and miscarriage

Noma got married in 1983. On her road to recovery from the bereavement of Clive and the relationship with Ken, Noma decided to reinvest in another relationship. In task 4 of bereavement, Worden (1982) calls for a withdrawal of emotional energy and reinvesting it in another person or field of life. However, emotional energy can be reinvested only after the focus has been withdrawn from the deceased (Worden 1982). Although Noma had much to grieve about, Clive lost to a road accident and in the process losing Ken as well through a break-up, she felt it was time to give it a try and move on with her life. Thus, in 1983, she met a man at a braai at Edina's (her friend) house. Edina introduced her to this guy,

and although she did not like him at first sight, his insistence won Noma's heart and finally they got married.

Noma was not over the bereavement. As soon as she got married, she fell pregnant. Unfortunately, she lost a baby boy at seven months owing to a miscarriage. The miscarriage shattered her so much that she sunk into depression. It is worth mentioning that depression is a normal process that a bereaved person experiences. Van der Dyk (2012:316) adds that the person who has experienced a loss often goes through a stage of severe sadness and shows symptoms of depression, such as withdrawal, a depressed mood, loss of interest in sexual and other activities, apathy, tearfulness, irritability, lack of concentration and changes in eating and sleeping patterns. Noma recovered from this stage of her life and moved on. She fell pregnant again and one Sunday morning in 1985, on 16 June, she gave birth to a baby girl weighing 2.5 kg. However, her experience of losing two children already had affected her. She acknowledges (Manda 2013):

> My husband and I were so happy and I just wanted to watch this baby all the time. I was scared if I slept I would find her dead. (n.p.)

Her friend, Edina, sensed this fear and invited her to church, where the church gave God praise for the child. And so the child lived. Eight years later, on 16 May 1993, Noma gave birth to another baby girl. She says (Manda 2013:n.p.), 'when I looked at my child I thanked God for his mercy'.

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

Meeting HIV

Noma tested HIV-positive in 2003. She fell ill, and she did not know what was wrong. She says, 'I kept [on] going to [see] a doctor who worked in Pietermaritzburg. I went there because I did not want to hear about HIV' (Manda 2013:n.p.).

However, her friend, Khosi, asked her to take a test. Noma did not like her friend's piece of advice. She confesses, 'I got very upset, saying "Where can I get HIV because I am married?" Then one day I collapsed and fainted in my house' (Manda 2013:n.p.).

When she regained her consciousness, she knew that she needed to do something. Running short of options, she went to test for HIV. Describing the events of the day, she says (Manda 2013):

> They called my sister-in-law to assist. We went into the counsellors' rooms. I was so sick I did not care what they said. The counsellor took blood and she asked, 'Can I tell you the results in front of your sister-in-law?' (n.p.)

'Yes, let them hear what is wrong with me', she responded (Manda 2013:n.p.). The results were shared with the people who were in the room, her husband and sister-in-law. Thereafter, they went home. She says, '[b]efore I did anything else, I sat my kids down and just told them that I was HIV positive' (Manda 2013:n.p.).

Noma's case is unique because, for many people who find out that they are HIV-positive, it is difficult for them to disclose to their family members. Van der Dyk (2012:298) concurs that the decision whether or not to disclose one's HIV-positive status is difficult because disclosure (or non-disclosure) may have major and life-changing consequences. Van der Dyk (2012:301) argues that not divulging the HIV status of a parent is an injustice to any child. Besides, Noma thought she was going to die soon, as she weighed less than 45 kg.

Noma did not comment on the reaction of her children after disclosure; however, a study by Rosenheim and Reicher (1985:995–998; Kheswa 2014) shows that children who were informed of their parents' terminal illness showed significantly less anxiety than children who were not informed. In the Clinical Stage 2 of HIV infection, Van der Dyk (2012:66) says minor and early symptoms of HIV infection usually begin to manifest, one of which is 'moderate, unexplained weight loss (up to 10% of presumed or measured body weight)'. Van der Dyk (2012:72)

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

Irrational behaviour

Noma's HIV test results forced her to make some irrational decisions. While HIV infection continued its assault on Noma's physical health, her psychological domain was not spared either. She says (Manda 2013:n.p.), 'I sold my business thinking I don't want my kids when I am gone fighting with each other about the money. I sold and shared the money equally'.

Such irrational behaviour is common among people who have just discovered that they are HIV-positive. However, Noma saw days come and pass and she was still alive. When she realised that she had distributed her wealth among her children but death refused to take her, she knew she had a life and future to live for. So in August 2004 she started taking antiretroviral (ARV) treatment. Her first experience of ARV was not very pleasant (Manda 2013):

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

There was more to life than the gloom that the illness had brought her. She says, 'my illness had brought me back to God' (Manda 2013:n.p.).

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

case, the traumatic illness brought her back to God. In his article 'Trauma, spirituality and recovery: Toward a spiritually-integrated psychotherapy', Meichenbaum (n.d.) concurs with Watts on the positive effect of trauma.

Meichenbaum (n.d.) says that the use of these spiritual forms of coping may prove most helpful for handling those aspects of stressful situations that cannot be personally controlled or changed and that are not amenable to direct-action problem-solving coping efforts (see www.melissainstitute.org).

Rebuilding broken walls

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

Worden (1982:16) calls this failure to complete this task 'the failure to love again', adding that choosing not to love makes happiness impossible. As such, Van der Dyk (2012:322) urges people infected by HIV to rediscover the ability to choose life despite

feeling disappointed in life or in God because of the perceived unfair treatment. She adds that the HIV-infected person must choose either immediate death-in-life or a life lived to the fullest, a purposeful and deliberate investment of emotional and psychic energy into life. Although it took some time for Noma from the day she discovered her HIV-positive status to start reinvesting in life, she refused to be subjected to, what Van der Dyk (2012:322) calls, 'sinking down into depression and psychological deterioration'. Instead, Noma says, '[e]ight years later I bought back the same business I had sold in 2004. I saw how God worked in my life' (Manda 2013:n.p.).

Joining the Trauma Healing Project

Noma began to flourish again in her business. She did not only begin reinvesting economically, but also in her emotional, psychological and spiritual well-being. She says (Manda 2013):

> In 2009 I started a journey of training in Stress and Trauma and through all this work, I have learnt to be with people who are passing through what I went through. I work in Springs of Hope, helping and teaching people about HIV and practising awareness so that they can know their status sooner and plan their lives well. (n.p.)

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

Sister's fatal accident

Noma lost her sister to a road accident in 2011. Although Noma reached a negotiated relationship with HIV, trauma did not give up following her. It was 28 December 2011, and it was like any other day; she went about her daily routine at the salon. To her shock, she received a call from an unknown number. She recounts (Manda 2013):

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

> what had happened. She answered that a car had hit my young sister. I rushed to Grey's Hospital where I found my mother sitting in the lobby of casualty. (n.p.)

Noma looked confused, and one of the many doctors directed her to her sister's bedside. She recollects seeing her sister covered in a foil, battling to breathe. For 45 minutes, the medical team tried to resuscitate her with machines but to no avail. She died right in front of Noma's eyes. She describes the extent of injury, '[h]er spine had been broken from her waist to her neck. Whenever I see or hear a truck, I still feel jumpy' (Manda 2013:n.p.).

Injury is one of the major sources of trauma in South Africa. In Chapter 3, I talked about the results of a study by the CVI Research Unit, which is co-directed by UNISA and the South African MRC. The study showed that currently between 60 000 and 70 000 deaths occur each year because of injury, making South Africa one of the highest-ranking countries in the world with respect to death owing to injury. Although the statistics talk about victims, it does not show the impact of such traumatic deaths on the loved ones of the deceased. Trauma has a devastating effect on one's personal well-being, that of their family, friends, surrounding community and the country as a whole. For example, Louw (2008) argues that 'the experience of trauma affects all the people involved, including their support systems'. According to a systemic model, the impact of trauma extends beyond the individual who was directly involved in the event.

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

(Manda 2013). Therefore, Edwards (2005) concludes that PTSD is a significant public health concern, based not only on the prolific occurrence of PTSD in South Africa but also on its debilitating effects that have a marked impact on different areas of human functioning.

Trauma and meaning

The death of her sister shattered Noma's sense of meaning. She says, 'I sat down trying to make sense of what has happened but it made no sense' (Manda 2013:n.p.).

She recollects the last time she was with her late sister and cannot understand the ordeal. She says (Manda 2013):

> On 22 December my sister came to my salon to help me work because of the festive season rush for hair treatments. We had a beautiful day together. But the following morning I went to the morgue to bath her. (n.p.)

I have discussed in detail in Chapter 3 about how trauma invades and destroys the meaning-making faculty of a human being. I have talked about the phrase *Assumptive World Theory* as understood by Janoff-Bulman (1992:5) in her book *Shattered Assumptions: Towards a New Psychology of Trauma*. Assumptive world refers to people's view of reality, a strongly held set of assumptions about the world and the self which is confidently maintained and used as a means of recognising, planning and acting. Assumptions such as these are learnt and confirmed through many years' of experience.

In her theory, Janoff-Bulman (1992:5) argues that traumatic events are psychologically distressing because they shatter some of the survivors' fundamental assumptions about the world. She (Janoff-Bulman 1992:n.p.) adds, 'sometimes assumptions or illusions about oneself, the world and others are shattered during traumatic experiences'. She further adds that our fundamental assumptions are the bedrock of our conceptual system; they are the assumptions that we are least aware of and least likely

to challenge. 'Most generally, at the core of our assumptive world are abstract beliefs about ourselves, the external world, and the relationship between the two' (Janoff-Bulman 1992:n.p.). In his article, 'A genealogy of suffering', Gilchrist (n.d.:1) concurs with Janoff-Bulman and says that when a traumatic event occurs, it serves to 'shatter' the victim's assumptive world, or to deliver 'profound invalidation' of that world. Gilchrist (n.d.) asserts that:

> [*T*]he traumatic event is unaccounted for in the collective body of assumptions about life, self, and the world that individuals hold. As it fails to make sense in terms of prior assumptions, it creates a 'crisis of meaning' in how victims are to understand a number of things. (n.p.)

We can see this 'profound invalidation' in Noma's experience when she says, 'I sat down trying to make sense of what has happened but it made no sense' (Manda 2013:n.p.).

Gilchrist (n.d.) continues that the sense of 'meaning' that victims either possess or are missing as they attempt to understand an event directly corresponds to the suffering they experience. As a result, victims not only struggle to understand and give meaning to the nature of the event but also the nature of a world where such things can occur and – more importantly– that world in relation to oneself.

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

Gilchrist (n.d.) adds:

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

By the time Noma lost her sister, she had already joined the Trauma Healing Project in October 2009. Describing the relationship and support she got from the Trauma Healing Project, she says (Manda 2013):

> When we started with stress and trauma we met with people from different places and each one of us had issues and slowly we became a family of stress and trauma from 2009. (n.p.)

A support system is very significant for a traumatised person to find healing or to recover. Trauma isolates victims from supportive systems, but the fact that Noma saw the trauma project members as family contributed significantly towards her own healing. In her own words, she says (Manda 2013):

> I was a lost angry soul and when I started with [*stress and trauma*] level one I became very angry and I opened all the old wounds, when level two came I started to heal a bit, as level three approached I would speak about my trauma without crying, the pain became bearable. (n.p.)

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

Noma's story is a case in point. During Stress and Trauma Level 1, the process triggered memories of sexual abuse and other forms of abuse she experienced at the hands of her cousin. She says (Manda 2013):

> My cousin who had traumatised me in my early years had died, I had wanted closure and to get answers from him, why he had done what he did and not protecting me from his wife when she beat me up,

> When I slept without food where was he? When I was sick sleeping in a dark room with no light clinging to the only bed linen I knew, where was he? (n.p.)

Noma is reflecting on very painful, repressed memories that she had experienced at the age of 10 – 12 years, and 35 years later she was confronted by them. That is why she says 'I was a lost angry soul and when I started with level one I became very angry and I opened all the old wounds' (Manda 2013:n.p.). The process was such that it triggers old memories so that we revisit them and reconstruct them into life-giving narratives. Upon the surfacing of these memories, Noma did not just sit at rock bottom raving mad at her deceased cousin, or nourishing old wounds; instead, she gathered herself with the love, care and support of significant others in her life and utilised the input she received during the 4 years of the Trauma Healing Project to find meaning and to recover from traumatic experiences. She notes a very significant finishing line in her story, '[t]his pain has brought me closer to God, as I have seen His hand on my life' (Manda 2013:n.p.).

For me, as a researcher, this is mission accomplished. The project aimed at helping research participants to re-author their life narratives, which were shattered by trauma. Another dimension was to find out what role spirituality played in the re-authoring of their narratives. For Noma, her pain had brought her closer to God as she had seen God's hand in her life. Not only has she found meaning but has also regained her humanity and is now using her experiences to support other people in need. She has also regained her relationship with God. Now she can invest in other persons to deal their own unfinished business of the past. She acknowledges (Manda 2013):

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

Gains in her life are evident. Although she had sold her business, thinking that she was going to die, after she realising that she

would have a long-term relationship with HIV she regained the businesses and is now using them to enhance her work. For example, she proudly asserts (Manda 2013):

> I am using the beauty hair salon for people to feel safe and speak openly about all issues regarding women and I do HIV awareness while they are having their hair done. They begin to share and some disclose, then I collect data and follow up with them. (n.p.)

Concerning the Trauma Healing Project, she says (Manda 2013):

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

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

Chapter 9

Murder of family members

The life narrative of Madondo

Madondo is a research participant who comes from Mpophomeni, one of the communities that were devastated by political violence from the 1980s to 1990s, and in particular the Seven-Day Civil War of March 1990. It would be fitting to say that she is a survivor of political violence because the killings spared no age. She can be likened to stones that have survived the fire. She was raised on a farm; Madondo and her four siblings relocated to KwaHhaza near Mpophomeni Township in 1999. Madondo was witness to the traumatic deaths of three family members; her mother died of natural causes, while both her brother and father were murdered. She talks about how hard it was to forgive the attackers, and how difficult it was to share such stories until a safe space was created for her during the Trauma Healing Project.

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Death of her mother

Madondo's visual narrative was quite heavy for the peer group to listen to. It was ridden with brutality and losses. To begin with, Madondo lost her mother to illness. Her mother was admitted at Edendale Regional Hospital; although she was released from Edendale Hospital, she was still weak, and as a result, she never worked again. So, she went to stay with her children at KwaHhaza. She died on a Thursday morning in July 2001, at around four in the morning, and she was laid to rest the following Sunday.

However, this was not the only bond that death was going to sever. Bowlby (1969:194) defines attachment as a 'lasting psychological connectedness between human beings'. Madondo painfully learnt of another death.

Breaking news 1: Murder of a brother

Madondo's brother was brutally murdered in 2008 at KwaHhaza. Brutalisation and the culture of violence are worrisome in South Africa. In its report 'Why does South Africa have such high rates of violent crime?', The Centre for the Study of Violence and Reconciliation (CSVR 2009) points out that South Africa has been distinguished by high levels of violence for most of the last century. For instance, Kynoch (2006) has compared written reports on African cities over the last century and has indicated that from as early as the 1920s, South Africa (Johannesburg) appears to have been affected by a serious problem of violent crime (2009:5). This violence was not limited to cities but was prevalent in rural areas and townships as well. Among other causal factors for violent crime, the CSVR cites the liberty in the township areas under the apartheid government as a major factor. The CSVR argues that under apartheid, the criminal justice system primarily focussed on protecting white South Africans against crime, whereas in relation to black South Africans the major focus was on the enforcement of apartheid laws. A major focus of policing was also on suppressing resistance to the apartheid government. As such, investment in addressing crime

in township areas was minimal, contributing to the reliance in township areas on informal mechanisms of justice, although these too were not effective in preventing crime. As a result, criminal groups and a criminal culture were entrenched in some township areas (CSVR 2009:7). Although democratic governments have been in power since 1994, the levels of violent crime have not reduced. We must admit that there have been significant changes in South Africa brought about by the process of democratisation, but there are also distinctive challenges that reinforce the legacy of apartheid in contributing to violence (CSVR 2009). Madondo's brother's brutal murder is a case in point. Although the motivation for the murder is not known until today, the criminals were not apprehended, despite the police receiving a tipoff from the community. Crime of a violent nature and the availability of guns can be blamed on the above-mentioned factors.

Describing the death of her brother, Madondo says one morning, around 5:30, she heard a woman screaming and shouting. She woke up and opened the door to check if she could see anybody outside because her house was surrounded by the houses of her relatives. She did not see anything, so she went back to sleep. A few minutes later, she heard a knock on the dining room door. A young man stood there, knocking. Her father opened the door and the young man, Madondo's cousin, was crying and asked her father to come with him. Madondo (2013) states:

> My father went with him. Thirty minutes later he came back and woke us all up. 'Your brother has been stabbed several times. He is dead'. I could not believe my ears. I went to his room but he was not there. The woman I heard screaming was my aunt. I went to the scene. The body was facing south. He had wounds all over his body including both hands. (n.p.)

The scene attracted people, and others were crying bitterly. Madondo (2013) describes her reaction to the traumatic scene:

> I cried and shook at the thought of my brother. He was the only boy in between four girls. He was funny, loved his family and was protective towards us. I could not believe my eyes. Part of me was so sure that my brother was still in his room sleeping with his girlfriend. (n.p.)

This was the denial stage for Madondo. Switzer (1989:143) is right that the operation of the mechanisms of denial and the repression of affect, and even the memory surrounding the death of a person with whom one has been closely attached emotionally, has been experienced by almost every person who is frequently involved with the bereaved. For example, McCall (2004:48) states that the first thoughts after learning of a loss are also somewhat predictable and automatic. The purpose of these thoughts is to protect the newly grieving person from the impact of the loss. In a sense, the person takes a momentary flight from the loss. This modulation of feelings and thoughts, argues McCall, is essential for defending the self from that which can otherwise threaten to be overwhelming. McCall adds that more subtle forms of denial are often found intermittently throughout the grieving process. In fact, it is common for some aspect of denial to occur during each of the consequent stages. However, the function of denial in any stage is the same – to protect the person and gain time and temporary distance. McCall's description of denial fits Madondo's experience when she heard the news. While she saw her brother lying dead, the pain was too much for her psyche and person to take in. Thus, to protect herself from excessive trauma, she was fluctuating between acceptance and denial. She was telling herself that her brother was in his room, sleeping with his girlfriend.

Community reaction

In a systemic model, the impact of trauma extends beyond the individual who was directly involved in the event. When something bad happens, our family, friends, neighbourhoods, communities and even society at large may be affected (Meintjies n.d.:12). To demonstrate how they were affected, the marching of some of Madondo's extended family, in anger and intent on violence, to the murderer's house carrying 20 litres of petrol can be detailed. Their aim was to burn the house down. But when they reached the house, they met an old woman who lived there and were stunned to realise that they could have burnt the house down with an innocent woman inside. The two culprits were

long gone. Nobody knew where they had fled and they have never been apprehended. Madondo (2013:n.p.) comments, 'it was hard for my family to accept the death'.

They, as well as the community members, were shocked. Some of them blamed themselves, for my brother had died among neighbours, many of whom were our relatives. They had heard people shouting at each other, but they just closed their doors because they had thought that they were drunks fighting.

Meintjes (n.d.) points out that when a family has been involved in a trauma together, it may complicate their feelings towards one another. For example, they may blame one another for what happened. Children may feel devastated that their parents were also helpless and did not manage to protect them from the traumatic event. All of those involved are likely to feel an intense guilt that they did not manage to protect their family members. These feelings are normal. McCall (2004:49) says that often feelings of guilt and fear may underlie feelings of frustration, anger and even sadness and regret. Madondo attests to the fact that the community regretted not intervening when they heard people shouting.

For Madondo (2013):

> The painful part, which kept me from healing and forgiving, was that the murderers ran away and did not apologise. They had done this on purpose. They were known in the community, yet the police did not arrest them even though people gave them the names of the murderers who had stabbed my brother and they were told where they lived. I feared that this could also happen to others because the murderers were still out there, and free. My brother left a girlfriend who was two months pregnant. (n.p.)

After all necessary preparations were done, the mortal remains of Madondo's brother were finally laid to rest. Support continued to pour in from relatives and the community. Among members of the community that Madondo mentions are Christians. She says the Christians were in and out of the house during the week to support the family, praying for the family to be strong. The funeral took place on Saturday at her home and family, friends and

neighbours came to pay their last respects to her brother. As painful as it was, it was a powerful service. Collins (1988:348) on the role of religion in grief recovery says that many people who are grieving have pointed to the sustaining power of religious beliefs. He says there may be periods of doubt, confusion and even anger with God, but in time the healing power of one's faith becomes evident. He asserts that religion gives support, meaning and hope for the future. Christians believe, in addition to hope, that the Holy Spirit who lives in each believer gives supernatural comfort and peace in times of mourning. Thus, the family was surrounded and supported by Christians and even non-Christians. Even their expression of anger when wanting to set the perpetrators' house on fire was a demonstration of solidarity with the family.

Breaking news 2: Father's murder

Madondo experienced another violent death in the family. She experienced multiple traumas. The term 'multiple trauma' is used when the same person has been exposed to several traumatic experiences (Menjties n.d:11). For example, Madondo first lost her mother to natural causes, then her brother was murdered by criminals who were never apprehended, and now it was her father who had been murdered. Describing how the events turned out, she states that one cousin was like a brother to her, a close member of the family, helping with whatever they needed. So close was he that when he needed a cigarette he asked her father for one, and in return he shared whatever he had with Madondo's father.

Madondo (2013) remembers:

> One day my cousin came around at 6:30 in the evening. He was drunk. I was in the kitchen cooking supper and had lit candles in all the rooms. We had no electricity on that day. My cousin came into the kitchen to greet me. As we spoke he walked up and down the kitchen, talking away. Then he asked permission to check the electricity for us. I turned down his offer as he was too drunk to fiddle with the wires in the dark. (n.p.)

Then, he did a strange thing. He entered one of the bedrooms and stole a globe, putting it in his pocket. When Madondo (2013:n.p.) confronted him, he shouted, 'what can you do if I don't bring the globe back? Leave me alone'.

He swore and screamed at her. Her father, who was sleeping, woke up and came into the kitchen. He (Madondo 2013:n.p.) told him, '"leave the house. Go and sleep at your place". My drunken cousin replied, "I won't go. I am not afraid of you. I will leave when I like"'.

Madondo's father grabbed him as they stumbled outside the kitchen. He tried to chase him out. She says (Madondo 2013):

> It did not cross my mind that they were going to fight or that someone might be injured. They were like father and son. I called my cousin's brother. 'Your brother is swearing. He has stolen a globe. Come and take him home'. (n.p.)

There was silence for five minutes. After that, she heard her cousin's older sister shouting and calling Madondo and her sister, 'call the police and an ambulance. Your father has been hurt and my brother has run away' (Madondo 2013:n.p.).

Madondo (2013) says:

> I opened the door to find my father lying down. His face was covered with blood. I was shocked. I never thought that my cousin would attack my father. (n.p.)

Another cousin, who owned a car, took him to the clinic. The staff nurse assured the family that (Madondo 2013):

> Your father is not seriously injured. It's not that bad. He's drunk that's why he collapsed. I'll call an ambulance to take him to the hospital so the doctor can check him out. (n.p.)

Two hours later, the ambulance finally arrived. Madondo accompanied her father. The doctor took him for tests, and when they brought him back he asked her some questions. They were trying to figure out what her cousin had hit him with. Unlike the staff nurse, the doctor told Madondo, 'this is serious. He has a clot in his head. I am admitting him because I need to run more tests tomorrow' (Madondo 2013:n.p.).

Madondo went home hoping she would hear good news the following day. She (Madondo 2013) says:

> My father was the only parent we had. The next day my younger sister went to see my father. She told me, 'He does not move. He is not talking, just lying in bed but still breathing. We must put our trust in God's promises to do His miracles so that our father will wake up'. (n.p.)

Overwhelmed by the trauma and the state of their father's health, they prayed and trusted that God would raise their father from the sick if not the death bed. The motionlessness of their father further traumatised them as they feared for his life. However, what they feared the most happened. Two weeks later, on Wednesday 23 April, her father died. Madondo was at work in Mpophomeni. It was midday when the hospital called. The sister (nurse) spoke about her father's condition and then asked Madondo (2013:n.p.), 'have you heard the news?' Madondo replied, 'what news?' and the sister (nurse) said, 'your father has passed away. I am sorry about your father. You need to collect his clothes' (Madondo 2013:n.p.).

This was very devastating for Madondo and her siblings. She laments (Madondo 2013):

> I so hoped my father would wake up so that we could be together again at home as a family. When I got that call, my colleagues supported me in every way you can imagine. They were the ones who made phone calls to the members of my family. They comforted me through the day. The family members from my father's side were angry. They asked the police to track down my cousin as he had disappeared. (n.p.)

The news shocked the community. 'A son has killed his father in his own home. What had got into this boy's head?' (Madondo 2013:n.p.).

Within two to three days of her father's death, her cousin was arrested. Madondo feared that the arrest would spoil the relations between her family and that of her cousin. Luckily, nothing of that sort happened. The families understood the situation and

reasoned that he should not have killed his uncle. They had nothing to do with the incident. Her grandmother arrived later that day. It was decided to do away with the normal period of mourning, and to bury her father earlier than usual, so that her grandmother would not have any health-related complications because of sitting for long hours in the mourning house. During this brief interlude, Madondo and her sisters, supported by community members, planned to have the funeral the following Saturday.

She (Madondo 2013) acknowledges:

> The community supported us as we made the funeral arrangements. I experienced things that I never thought I would. Since there were no men at home, we women performed the tasks that are culturally set aside for men, such as identifying and fetching the body of the deceased from the mortuary. These are the tasks I took on. I believe this was another way of growing. That was the end of my father's life and we laid him to rest that Saturday. (n.p.)

A safe space

It was necessary for Madondo to seek help after all the traumatic experiences in her life. Kaminer and Eagle (2010:57) point out that because increased trauma exposure among South Africans is strongly related to an increase in levels of general distress, it is likely that many trauma survivors in South Africa experience psychiatric symptoms that are, in fact, sub-clinical or below the threshold for diagnosis. They add that these sub-clinical symptoms may nonetheless reduce the quality of life of trauma survivors in numerous ways. It is with this awareness that I initiated the Trauma Healing Project not only as a project for my doctoral studies but also as a beneficiary programme for a group of trauma survivors living in Pietermaritzburg. Madondo finally found a shoulder to cry on. Like other participants, Madondo brought her traumatic losses to the Trauma Healing Project. The main aim of the project was to allow expression of the traumatic experience and related feelings and to do this in a manageable

way, within a safe relationship with someone who is in control of the process. She (Madondo 2013) says:

> Every time I tried to talk to my family about what happened I cried. I could not tell or talk to anyone until I got an invitation by PACSA to attend a Stress and Trauma Healing Workshop held at Kenosis Retreat in Pietermaritzburg. I did both levels one and two of stress and trauma. (n.p.)

She (Madondo 2013) describes the process:

> During session time, every participant was given a safe space to share their traumatic experiences. I was a shy person who was afraid to share my stories, even the happy ones. During the facilitation session [...] One of the tasks we had to do was to draw our traumatic stories on a flip chart using crayons. I divided mine into four periods: my childhood, adolescence, young adulthood and adulthood. This task brought back memories, and the things that I thought were over came back as if they happened yesterday. I thought the past was over, but I was lying to myself. (n.p.)

Mentjies (n.d.) points out that re-experiencing the trauma is extremely frightening and painful for the survivor. This is because talking about it or even thinking about it is like going back to that event and living through it all over again. But guided by experienced facilitators, trauma survivors felt safe or contained while talking about what happened. Facilitators divided participants into small groups of four or five where they shared their stories using the visual narratives they had made. Madondo (2013) concludes:

> This was the first time in my life I shared my stories with people I did not know, and the group that I was part of really helped me because people were open and shared all their stories. Every one of my group was crying during storytelling. (n.p.)

She (Madondo 2013) adds:

> I felt comfortable being part of that group, and I asked myself, 'Why not share mine?' Although I felt pain, this helped me. I learnt that talking or sharing traumatic experiences with others is an important medicine to cure myself... These workshops helped me to find a new family where we heal each other through the grace of God. I moved away from being a victim to wounded healer. I am now a stress and trauma facilitator because I want to help other people who are victims of stress and trauma. (n.p.)

Part 3

Interdisciplinary approach

Chapter 10

A holistic narrative model of care

We have seen that the biopsychosocial approach to understanding and treating the needs of traumatised people is limited in scope, as it does not address factors outside the range of biological, psychological and social aspects of the trauma survivor. In this chapter, we discuss the moral and spiritual aspects of trauma impact as they emerged during the Trauma Healing Research Project. As participants had to share their traumatic experiences in group therapy settings, some expressed their difficulty in coming to terms with traumatic experiences transgressing or violating the moral and spiritual boundaries. These violations were outside the range of biopsychosocial practice and we had to turn to spiritual resources for relief and healing. I present several cases in this chapter to show that trauma not only wreaks havoc on the biopsychosocial aspects of a person but also on the moral and spiritual aspects. Since the biopsychosocial model of care has been found wanting, we strove towards a spiritual narrative model of care to reach a holistic model of assessing and treating individuals and communities that were exposed to trauma. A spiritual narrative

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model of care seeks to integrate an understanding of, and respect for, the many forms of religion and spirituality that people who are exposed to trauma might have. The holistic narrative model not only brings a spiritual perspective to the psychotherapeutic dialogue but also assists in dealing with the different demands of pastoral ministry as related to the clinical and post-traumatic setting. The model integrates 'psychotherapy, counselling and faith practices' to guide clients who have remained captive in past trauma 'and consequently in an immature faith towards spiritual maturity, mental health' and well-being (Landman 2007:56). You may ask how a spiritual narrative model of care can be utilised to assess and treat trauma survivors. The model is not very different from the narrative model of care, which is often used in treating trauma, except that it incorporates moral and spiritual aspects of trauma survivors. In other words, when narrating trauma, the client or trauma survivor is asked what effect has the traumatic experience had on the moral and spiritual aspects of their lives. And what spiritual resources did the trauma survivor use to cope with or find relief from the traumatic stress. Like in narrative therapy, research participants were also asked as to how trauma affected the various domains of their lives. The five life narratives in Chapter 6 to Chapter 9 bear testimony to the effect of trauma on their spirituality. We examine what role spiritual resources played to exacerbate or alleviate trauma symptoms.

In my article, entitled 'Coping with the trauma of civil war and political violence through spiritual methods' (Manda 2016), I adapted a definition of spirituality from the Centre for PTSD-USA, in an attempt to seek meaning, purpose and a direction of life in relation to a higher power, universal spirit or God. This means that spirituality reflects a search for the sacred and for meaning, regardless of religious affiliation (Manda 2016). Nelson-Pechota (2004, cited in Manda 2015a) maintains that:

> [*E*]xposure to traumatic [...] experiences often leads to a search for meaning and purpose within a personal and collective sense – seeking the answers to a myriad of questions about the painful realities of [*war,*] the value of personal existence, and the value of

> the human race. [*Nelson-Pechota argues*] that [*the faith that*] God is constantly available to respond to one's hopes, fears, anxieties and tragedies can be shattered when [*people are exposed to war*]. (p. 6)

Kaminer and Eagle (2010:60) support Nelson-Pechota's view and adds that trauma presents an enormous challenge to our belief and meaning systems and that survivors of trauma often struggle to develop an understanding of why the trauma happened – and why it happened to them and not to others. Kaminer and Eagle (2010:60) add that 'faced with this existential crisis, trauma survivors try to construct explanations for the traumatic event and generate meanings that will allow them to make sense of their world in future'. She points out that these explanations and meanings that are generated enable the survivor to re-establish a sense of trust, control and purpose. However, in other cases, the explanations and meanings that are developed serve to maintain or even exacerbate the survivor's feelings of distrust, lack of control and despair (Kaminer & Eagle 2010:60). According to Buckenham (1999:7–8), these feelings of 'distrust, lack of control and despair' develop because 'trauma wreaks its toll in the life of a person emotionally, psychologically, spiritually, in our relationships with ourselves, others and with God'. Janoff-Bulman (1992:5) concurs with Buckenham and adds that 'when confronted by events of seismic proportions, human beings are psychologically distressed because traumatic events shatter some of the survivors' fundamental assumptions about the world'. For example, the faith that God is constantly available to respond to one's hopes, fears, anxieties and tragedies can be shattered (Wilson & Moran 1998:168–188). Individuals who are unable to resolve challenges to their moral and spiritual beliefs might find themselves in a state of spiritual alienation, which can take many forms (Nelson-Pechota 2004). For example, a person may feel abandoned by God, and he or she may reject God, feeling that God was powerless to help and therefore unavailable. When the traumatic memory is not processed, Kaplan and Wang (2004:5) allege that it becomes a debilitating memory, and it places excessive demands on people's existing coping strategies. It severely disrupts many aspects of the psychological functioning and well-being of a survivor (Manda 2016:4).

Impact of trauma on belief systems

We start by examining how our belief system is formed and how it gets affected when we are confronted with an event of enormous proportions. Janoff-Bulman (1992:5) in her *Assumptive World Theory* argues that traumatic events are psychologically distressing because they shatter some of the survivors' fundamental assumptions about the world. She (Janoff-Bulman 1992:5) says, 'sometimes assumptions or illusions about oneself, the world and others are shattered during traumatic experiences'. She (Janoff-Bulman 1992) adds that our fundamental assumptions are the bedrock of our conceptual system; they are the assumptions that we are least aware of and least likely to challenge. 'Most generally, at the core of our assumptive world are abstract beliefs about ourselves, the external world, and the relationship between the two' (Janoff-Bulman 1992:n.p.). Gilchrist (n.d.:1) in his article, 'a genealogy of suffering', points out that when a traumatic event occurs, the effect is to 'shatter' the victim's assumptive world, or to deliver 'profound invalidation' of that world. Parkes (1975:132) defines 'assumptive world' as a 'strongly held set of assumptions about the world and the self which is confidently maintained and used as a means of recognising, planning and acting'. According to Janoff-Bulman, there are generally three fundamental assumptions that people hold. The first one is that the world is benevolent; the second is that the world is meaningful; and the third is that the self is worthy. She sees the assumptive world as a cognitive schema. Commenting on cognitive schema, Kaler (2009) writes:

> As with other cognitive schemas, the assumptive world is developed and modified gradually in accord with lived experience. Once these cognitive schemas are established, however, it is thought to be held on such a basic and generally unquestioned level that it is only upon confrontation with a stimulus of seismic proportions, such as a traumatic event, that the assumptive world's veracity is called into question. (pp. 1–2)

Trauma destroys the belief that we are in control of our lives, leaving us shattered and powerless. Although we are talking

about cognitive schemas here, the belief systems are not just limited to cognition but also include spiritual belief systems that people hold.

The case of Vash

I remember having a conversation with a woman named Vash (name has been changed), whose son was killed in a car accident. She told me that her husband, her daughter, son and herself were very committed Christians. They believed in the teachings of the Bible and that nothing would hurt them as long as they were in God. On one fateful day, their son was driving and was unfortunately involved in a fatal car accident. The remaining members of the family were in a state of shock as they believed that God would not allow this to happen. The effect of the incident, as Gilchrist puts it, was to 'shatter' their assumptive world, or to deliver 'profound invalidation' of that world. All that they believed about God was shattered. They were so deeply disappointed by a God in whose hands they had entrusted their safety and lives that they collected all the bibles they had and gave them away. They never read the Bible, never went to church or prayed for the next two years. By the time I had this conversation with the mother, two years later, she had started attending church, but not her husband and daughter. In the section on 'Spiritual Effects' within Chapter 10, I give another example of a woman whose assumptive world was deeply shattered by the traumatic death of her fiancé. Thus, although the biopsychosocial approach to understanding and treating trauma excludes the spiritual aspects, evidence suggests that the spiritual aspect of a trauma survivor is also affected.

The experience of trauma can violate the very moral and spiritual values and long-held beliefs of the survivor. As Martz and Lindy have rightly said (in Manda 2015a:5), 'in trauma, the horrific moment arrives with such world-shattering force that it scrambles the brain's function, and the victim is unable to process the experience in a normal way'. It is not only the brain's function

that is scrambled, but the moral and spiritual foundations as well. In this chapter, we explore the moral and spiritual injuries that victims of trauma sustain during and in the aftermath of the traumatic incident. The chapter also shows how spiritual resources can be applied in the re-authoring of life narratives shattered by trauma.

Moral injury

The experience of trauma can lead to moral injury. Litz et al. (2009) define moral injury as:

> Potentially morally injurious events, such as perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs, and expectations may be deleterious in the long term, emotionally, psychologically, behaviourally, spiritually, and socially. (p. 695)

For example (Manda 2015a):

> Talking about the experiences of war veterans in the United States of America in their book *Soul repair: Recovering from moral injury after war*, Nakashima and Lettini (2012) point out that the consequences of violating one's conscience, even if the act was unavoidable or seemed right at the time, can be devastating, and responses can include overwhelming depression, guilt and self-medication through alcohol or drugs. They contend that moral injury can lead victims to feelings of worthlessness, remorse and despair. As memory and reflection deepen, negative self-judgement can torment a soul for a lifetime. Thus moral injury destroys meaning and forsakes a noble cause. The consequences of these feelings become overwhelming, and the only relief a person may find is to commit suicide. Although none of the research participants [*in my study*] committed suicide, few of them shared information about their attempts.
>
> Litz et al. (2009:699) [*acknowledge*] that the majority of individuals have a strong moral code that they use to effectively navigate their lives. Morals are the personal and shared familial, cultural, societal and legal rules for social behaviour, either tacit or explicit. Morals are fundamental assumptions about how things should work and how one should behave in the world. However, when these morals are breached, a person may experience moral injury. (pp. 5, 6)

Litz et al. (2009) add that moral injury involves an act of transgression that creates dissonance and conflict because it

violates assumptions and beliefs about right and wrong and personal goodness. How this dissonance or conflict is reconciled is one of the key determinants of injury. For example, if individuals are unable to assimilate or accommodate (integrate) the event within their existing self and relational schemas, they will experience guilt, shame and anxiety about the potential dire personal consequences (e.g. ostracisation). A practical example is a story I heard in Arizona, United States. I travelled there to facilitate healing workshops with war veterans. One vet told the group I was part of that her father was a sniper in Germany during World War II. Whenever he shot a German soldier, he knelt down and asked God for forgiveness. Then he stood up and watched for the next target. After he shot down another victim, he again knelt down and asked God for forgiveness. This is what Litz et al. (2009) mean when they talk about dissonance that moral injury involves an act of transgression that creates dissonance and conflict because it violates assumptions and beliefs about right and wrong and personal goodness. The dissonance came about because, morally, he might have been told not to kill, and yet his duty forced him to violate the very values that were instilled in him. And each time he killed a German soldier, he felt guilty and asked for forgiveness. Litz et al. (2009) add that poor integration leads to lingering psychological distress owing to frequent intrusions.

Talking about shame, Lewis (1971) is adamant that shame involves a global evaluation of the self (Litz et al. 2009):

> [*A*]long with [*behavioural*] tendencies to avoid and withdraw. [*Shame results*] in more toxic interpersonal difficulties such as anger and decreased empathy for others, and these experiences can, in turn, lead to devastating life changes. (p. 699)

'Generally, research has shown that shame is more damaging to emotional and mental health than guilt' (Litz et al. 2009:699; Tangney, Stuewig & Mashek 2007). Thus, 'shame may be a more integral part of moral injury' (Litz et al. 2009:699).

Bartsch and Bartsch (1996:37) argue that sometimes after trauma people lose their sense of right and wrong. They kill and

steal as if their conscience is dead. Their inner person (comprising faith, meaning and purpose) would have been deeply affected. One can see losing a 'sense of right and wrong' or what other people call 'a moral compass'. A violation of morals causes feelings of guilt, shame and regret. Litz et al. (2009:699) define guilt as a painful and motivating cognitive and emotional experience tied to specific acts of transgression of a personal or shared moral code or expectation. They (Litz et al. 2009:699) argue, 'guilt, unlike shame, is associated with a decreased likelihood of participating in risky or illegal behaviour and often results in the making of amends'.

Moral injury was a common experience among research participants as you will note in part 2 of this book, where they tell their stories. Some of the stories are loaded with shame, guilt and regret for the things that they had done, that was done to them and what they failed to do (Lapsley & Karakashian 2012). The following case shows moral injury owing to the trauma of sexual abuse.

A case of incest

Several research participants shared their experiences of moral injury. For example, Noma sustained moral injury when she was repeatedly violated sexually by her cousin. She lost her father at the age of 10. The relatives shared the children to raise them and Noma was taken by her male cousin. When she turned 11, he started molesting her and it went on for a year.

Noma says (in Manda 2015a):

> Time went by so quickly. One year had passed and I had matured. I was doing almost everything myself. One night Daniel came into my room and said, 'It's cold so we are going to sleep in the same bed to keep each other warm'. He slept in my bed, held me and said, 'Do not tell your teacher that we slept in the same bed'. Some nights he slept in his room and on other nights he slept in my bed. I did not see anything wrong, until one night he started to touch me. It was not right for my brother to touch my breast and my private parts. He was my brother; in the African culture your cousin is like your brother. I started to cry, and in his words he said, 'I love you and care

> about you'. Slowly I became scared of my cousin and I didn't want to talk to anybody because I was warned not to tell. (p. 5)

The incest affected other areas of her life, 'I didn't want to go to school, my marks started going down and slowly I went into a shell' (in Manda 2015a:5).

Although just 11 at the time, Noma knew that the moral code in the African culture does not provide for sex between relatives and she started to cry. But her crying did not stop her cousin. With both words of love and threats not to tell anyone, typical language of an abuser, the sexual abuse went on for a year. She was morally injured because she was forced to commit indecent acts that transgressed or violated her deeply held assumptions and beliefs about morality. She says (in Manda 2015a:5), 'it was not right for my brother to touch my breast and my private parts. He was my brother; in African culture your cousin is like your brother'.

However, her freedom to choose to do what is morally right was taken away. Thus, she suffered physical, social or economic consequences if she resisted sexual abuse (PATH 2005). Her cousin wielded totalitarian control (Herman 1992:120–121) and disregarded her will, which was tantamount to moral injury. Noma had nowhere to hide. She could not seek help even when she needed it the most. She says (in Manda 2015a:5), 'slowly I became scared of my cousin and I did not want to talk to anybody because I was warned not to tell'.

She suffered complex trauma. Herman (1992:120–121) states that a person experiences complex trauma syndrome when there is a history of subjection to totalitarian control over a prolonged period (months to years). Examples include being subjected to totalitarian systems in sexual and domestic life, including survivors of domestic battering, childhood physical or sexual abuse and organised sexual exploitation (Herman 1992:120–121). Noma was subjected to sexual abuse for a year.

During the storytelling process, Noma expressed shame, guilt and much anger towards her cousin for the incest and maltreatment she received. Earlier in the chapter I cited Litz et al. (2009:699),

who stated that shame results in more toxic interpersonal difficulties such as anger and decreased empathy for others, and these experiences can, in turn, lead to devastating life changes. This explains why Noma expressed much anger during the Level 1 storytelling sessions. A more elaborate story of Noma is told in part 2 of this book, which explains more ramifications of the sexual abuse, including rebellion against her mother at the age of 14 and falling pregnant out of wedlock at the age of 15.

■ Spiritual injury

When people are caught up in terrible situations, 'depression and loneliness can lead to feelings of abandonment and loss of faith in [one's] God' (Manda 2016:12). Before we proceed with the impact of trauma on spirituality, let us explore the term spirituality. There are many definitions of spirituality, but I do not intend to exhaust them all. However, the following definitions give the reader an understanding of what I am referring to each time the word spirituality is used. For example, the National Centre for PTSD-USA (in Manda 2016:1) defines spirituality as:

> [*A*]n inner belief system providing an individual with meaning and purpose in life, a sense of the sacredness of life, and a vision for the betterment of the world. Other definitions emphasise 'a connection to that which transcends the self'. (p. 1)

'The connection might be to God, a higher power, a universal energy, the sacred, or to nature' (Manda 2016:1). Meichenbaum (n.d.) defines *spirituality* as 'an attempt to seek meaning, purpose and a direction of life in relation to a higher power, universal spirit or God. Spirituality reflects a search for the sacred'. The word spirituality is derived from the Latin word *spirale*, which means 'to blow or to breathe'. The Hebrew word *Ruach* and the Greek word *Pneuma* convey a similar meaning. Thus, spirituality denotes giving breath and hope to individuals, families and communities. Decker (1993:34) concurs with Meichenbaum in his understanding of *spirituality* as a search for purpose and meaning and adds that it involves both the transcendent (the experience of existence beyond the physical/psychological) and the immanent

(the discovery of the transcendent in the physical/psychological), regardless of religious affiliation.

The term *religious* denotes the part of the process where spiritual impulses are formally organised into a social or political structure designed to facilitate and interpret the spiritual search (Decker 1993:34). Religion reflects a broader cosmology, or a way of knowing that guides the values, beliefs, morals and actions of cultural members as compared to the dominant biomedical model (Yehya & Mohan 2010:846). Although there is a difference between spirituality and religion, religiosity and spirituality integrate into the way people come to make sense of their health and well-being. Despite being two separate constructs, religiosity and spirituality are connected with overlapping dimensions that relate to beliefs and practices (Thoresen & Harris 2002). While spirituality may be seen as the private, individual pursuit of meaning outside the world of immediate experience (Corrigan, McCorkle & Kidder 2003:488), religiosity is the collective and public engagement in a concerted belief system. Thus, religiousness is commonly viewed as society-based participation in an institutionalised doctrine that relates to a higher power (Corrigan et al. 2003; Thoresen & Harris 2001), compared to the more personal and individual constructions of values reflected in spirituality (Decker 1993). For example, major world religions like Judaism, Christianity, Islam, etc., have institutionalised doctrines with their own sets of beliefs, practices and values. However, people of the same religion may have different spiritualties depending on their devotion to the higher power, experiences or belief system. Louw explains why different spiritualties develop, which clarify the link between trauma and spirituality.

Post-traumatic spirituality

I define post-traumatic spirituality in my doctoral thesis as the theologies and spiritual values that develop in the aftermath of a traumatic experience (Manda 2013). Before the experience of trauma, people may have a certain organised form of religion or spirituality that gives meaning and hope to their lives.

However, when a traumatic incident strikes, their spirituality, or what Janoff-Bulman (1992) calls the assumptive world, gets shattered. As it crumbles, so does the meaning of life.

I present several cases in this chapter that demonstrate the spiritual injuries that survivors of trauma can sustain and the post-traumatic spirituality that follows in the aftermath of the traumatic event.

The evidence from literature and the research participants' own narratives on the Trauma Healing Project show that trauma can cause spiritual injury. 'Trauma can produce both very positive and negative effects on the spiritual experiences and perceptions of individuals' (Manda 2016:12) exposed to it. When people are caught up in terrible situations, 'depression and loneliness can lead to feelings of abandonment and loss of faith in [one's] God' (Manda 2016:12). It is possible that such 'effects may change as time passes and a person moves further away from the acute phase of trauma recovery' (Manda 2016:12). Viewed positively, 'some individuals [may] experience increased appreciation of life, greater closeness to God [and an] increased sense of purpose in life' (Manda 2016). For example, the results of a national survey conducted in the United States by Schuster, Stein and Jaycon (2001, cited in Magezi & Manda 2016) reveal that:

> [*A*]fter the terrorist attacks of 11 September 2001, 90% of Americans reported that they turned to prayer, religion or some form of spiritual activity with loved ones in an effort to cope. (p. 8)

Another study by Meichenbaum (n.d.) after Hurricane Katrina reveals that 92% of those who survived and who were evacuated to shelters in Houston said that their faith had played an important role in helping them get through.

In my article, 'coping with the trauma of civil war and political violence through spiritual methods', I analysed the interview transcripts of five Christian women who passed through what Hobhouse (1923:5) calls, 'the fire, the torture, the cruelty, the horror and the squalor' of political violence and civil war that raged in KwaZulu-Natal between the African National Congress (ANC)

and the Inkatha Freedom Party (IFP). Sinomlando Centre for Oral History and Memory Work in Africa, an institute of oral history which is attached to the University of KwaZulu-Natal in Pietermaritzburg (Manda 2016:2), interviewed Christian women who survived the violence from both warring parties. I accessed these transcripts from the Alan Paton Centre and Struggle Archives at the University of KwaZulu-Natal, Pietermaritzburg.

The Sinomlando study was conducted in the Vulindlela area of Pietermaritzburg, KwaZulu-Natal province, South Africa. This area had experienced political violence in the 1980s and 1990s, culminating in a civil war between the ANC and the IFP. According to a press release by the South African TRC on 13 November 1996, the 'war' – subsequently dubbed the 'Seven-Day War', lasted from 25 to 31 March 1990 (Levine 1999). Although many isolated incidents took place during the time of political unrest in the 1980s and 1990s, the Seven-Day War remains an event of enormous significance. It left more than 200 people dead, hundreds of homes gutted and looted, and countless orphans. The violence internally displaced approximately 20 000 people, and they became refugees in their own communities (Levine 1999:12). They experienced losses, and many suffered multiple traumatic experiences. For those who were internally displaced, separation from their family members and neighbours was common. Many families abandoned their homes as they were scared of rebuilding in the same area (Levine 1999:12). Besides the damage to infrastructure and the physical injuries survivors were living with, Kerchhoff (2002) alleges that families were anxious about the whereabouts of their family members. This caused very much pain and fear, anger, bitterness and frustration. Levine (1999:12) adds that, even after the establishment of a democratic government in 1994, some people have not returned to their original homes for fear of victimisation.

I read and analysed the transcripts of these five Christian women to explore the experiences of women with regard to political violence and civil war, and also to explore what or whether any resources were available for them to cope with

and find resilience in the traumatic situations they faced. In particular, the study investigated how or whether spiritual resources were used as a factor of coping and resilience building in the traumatic situations of the early post-apartheid era.

In order to achieve the desired purpose, the analysis of the five interview transcripts was guided mainly by the following three research questions:

- What spiritual or psychosocial support systems were available for victims of war to cope with trauma?
- What spiritual methods of survival did Christian women engage in to develop resilience and post-traumatic growth during the time of political violence and civil war?
- What theologies or spiritualties emerged in the midst and aftermath of political violence and war?

Cases of spiritual injury

For details about the experiences of the five Christian women whose transcripts I analysed, please refer to my article. However, I present one case in this book to express the traumatic incidents that survivors of war had to face.

Case one: Sebenzile Gwala

Gwala was born on 10 October 1952. She is from the Mthoqotho community in the Vulindlela area and is a member of Umanyano (women's guild) in the KwaNxamalala Zionist Church. She belongs to the ANC. She had four children, three girls and one boy; her husband died a natural death in 1984. She counts family members lost to violence (Manda 2016):

> Oh, my Lord! Violence did affect and abuse me in that firstly, I lost my half-brother one from underneath here kwa-Hlengwa and I was disturbed. Shortly after that another brother of mine died, that was further disturbance in my life. Then it was my own son in January 1990 and that was a killer in me. In 1991, I lost another [*brother*] and we watched while they killed him. (n.p.)

Describing how her 16-year-old son died, she says (Manda 2016):

> My son went to visit a friend as he was not working [...] On his way back my son did not know that the fighting had begun as nobody could predict when it would [...] They [*IFP supporters*] took him off the bus, attacked, and killed him; but one who was with him managed to run and inform us that they have killed my son, and the undertaker picked him and came to confirm whether it was he. (n.p.)

Then, her brother, a truck driver, was shot at close range in 1991, while Gwala and others watched. Later in the year 2000, Gwala's daughter died, apparently because of a headache. How did Gwala cope with such traumatic experiences? Van der Kolk, McFarlane and Weisaeth (1996:3) point out that, 'throughout evolution humans have been exposed to terrible events, yet most people who are exposed to dreadful experiences survive without developing psychiatric disorders'. Van der Kolk et al. (1996:3) add that, 'throughout history, some people have adapted to terrible life events with flexibility and creativity', while others have become fixated on the trauma and gone on to lead miserable lives. Gwala utilised spiritual methods to cope with complicated grief. She says (Manda 2016):

> Heyi! My life was changed especially because my husband had also died, my life was affected. However, I stayed as close as possible to God [...] I trust in God, and I can attest to His wonderful works. (p. 6)

However, Gwala struggled to forgive the woman who cheered when her brother, the truck driver, was killed. She even refused to acknowledge the woman's greeting when she met her for the first time. But, Gwala realised that her bitterness was hindering her prayers (Manda 2016):

> In fact, the consciousness of the Lord's Prayer, especially where it says, 'forgive us our trespasses as we forgive those that trespass against us' [...] I would keep quiet when it comes to, 'forgive us our trespasses as we forgive those that trespass against us...' as I did not want to lie to God. (n.p.)

However, her attitude towards the other woman changed with time as she was able to greet her. She says (Manda 2016):

> I urged myself to have empathy. I praise God, because I stopped having remembrances when I see her. I give thanks to God because

> now I do the Lord's Prayer in full. I do not have to keep quiet at some places. (n.p.)

She concludes her interview by saying (Manda 2016):

> All I can say is that I give thanks to God because I am unemployed and my kids and I survive just like other people do. I always put my trust in God. I know about my ancestors but God is more relevant to me. (n.p.)

Gwala used spiritual means of survival to rebuild her social world, something that 'requires both a renewed commitment to justice and specific acts of contrition, atonement and restitution' (Drozdek & Wilson 2007:vii).

The study revealed that Christian women engaged spiritual methods of survival in the midst of political violence and war in order to cope with and to develop resilience in their traumatic situations (Manda 2016:12). Their stories give a voice to those who have suffered trauma in the wider context. Spirituality can help people confronted by trauma, illness, death and other existential crises to develop resilience in traumatic or post-traumatic situations.

Thus, for many, trauma can lead to an enhanced spiritual well-being while, for many others, trauma can be linked with loss of faith and a highly reduced participation in religious or spiritual activities. Some may even opt to alter their beliefs, as feelings of abandonment by God lead to a devastating loss of meaning and purpose in life (Manda 2016:12).

Case two: The trial of God in Auschwitz

The Trial of God (as it was held on 25 February 1649, in Shamgorod) is a play by Elie Wiesel about a fictitious trial with God as the defendant. Though the setting itself is fictional, and the play's notes indicate that it 'should be performed as a tragic farce' (Wiesel 1979:xxv), the events that Wiesel has based the story on were witnessed first-hand by him as a teenager in Auschwitz. In his play, Wiesel grapples with the theodicy question, *where is*

God when innocent human beings suffer? The play is set in a Ukrainian village in the year 1649; this haunting play takes place in the aftermath of a pogrom. Only two Jews, Berish the innkeeper and his daughter Hannah, have survived the brutal Cossack raids. When three itinerant actors arrive in town to perform a Purim play, Berish demands that they stage a mock trial of God instead, indicting him for his silence in the face of evil. Berish, a latter-day Job, is ready to take on the role of the prosecutor. But who will defend God? A mysterious stranger named Sam, who seems oddly familiar to everyone present, shows up just in time to volunteer. Wiesel (1979; cf. Nolan & Allen 2008) says:

> Its genesis: inside the kingdom of night, I witnessed a strange trial. Three rabbis – all erudite and pious men – decided one winter evening to indict God for allowing his children to be massacred. I remember: I was there, and I felt like crying. But nobody cried. (p. xxv)

The trial lasted several nights. Witnesses were heard, evidence was gathered and conclusions were drawn, all of which issued finally in a unanimous verdict, 'the Lord God Almighty, Creator of Heaven and Earth, was found *guilty* of crimes against creation and humankind' (Wiesel 1979:n.p.). And then, after what Wiesel (1979:n.p.) describes as an 'infinity of silence', the Talmudic scholar looked at the sky and said 'it's time for evening prayers', and the members of the tribunal recited *Maariv*, the evening service. Although the trial itself reveals an awful truth about the classical Jewish concept 'we are punished because of our sins' (Horowitz 2006:81), a core concern in both *The Trial of God* and the *Book of Job* is the theodicy question, how (if at all) can people understand God to be just and good in the light of the innocent suffering that is pervasive in the world? Robert McAfee Brown (in Wiesel 1979) argues:

> Surely any God worthy of the name would not only refuse to condone such brutality but would expend all the divine effort necessary to bring the brutality to a halt, and initiate the work of passionate rebuilding. (p. viii)

Herman (1992, cited in Magezi & Manda 2016:7) argues that traumatic events 'destroy the victim's faith in a natural or divine

order and cast the victim into a state of existential crisis. This view is supported by Buckenham (1999:7–8) who argues that trauma wreaks' its toll in the life of a person emotionally, psychologically, spiritually, in our relationships with ourselves, others and with God. Herman (1992, cited in Magezi & Manda 2016) adds that:

> [*P*]rolonged, repeated trauma invades and systematically breaks down structures of the self – the image of the body, the internalised images of others, and the values and ideals that lend a person a sense of coherence and purpose. 'These profound alterations in the self and in relationships inevitably result in the questioning of basic tenets of faith'. (p. 7)

Herman (1992:n.p.) cites an example of some prisoners in the Nazi concentration camps who had 'strong and secure belief systems and could endure the ordeals of imprisonment and emerge with their faith intact or strengthened'. 'But these are the extraordinary few' (Herman 1992:n.p.). However, the majority of people experienced the bitterness of being forsaken by God. For example, Wiesel (1979), a holocaust survivor himself and the author of *The Trial of God*, expresses this bitterness in his book, *Night*:

> Never shall I forget those flames which consumed my faith forever. Never shall I forget that nocturnal silence which deprived me, for all eternity, of the desire to live. Never shall I forget those moments which murdered my God and my soul and turned my dreams to dust. Never shall I forget, even if I am condemned to live as long as God Himself. Never. (n.p.)

Wilson and Moran (1998, cited in Magezi & Manda 2016) point out that:

> [*T*]he faith that God is constantly available to respond to one's hopes, fears, anxieties, and tragedies can be shattered. When [*the*] faith is shattered, individuals who are unable to resolve challenges to their moral and spiritual beliefs might find themselves in a state of spiritual alienation (Nelson-Pechota 2004) or what Louw [*(2000) would call*] 'spiritual illness', [*which can take many forms*]. (n.p.)

For example, 'a person may feel abandoned by God, and in his or her response may reject God, feeling that God was powerless to help and therefore unavailable' (Manda 2015a:6). In other words,

the old God-images or assumptions about God get shattered. In order for trauma victims to heal and recover from the state of existential crisis, they have to reconcile their old set of assumptions (or God-images) with new modified assumptions (DePrince & Freyd 2002). Gilchrist (n.d.) further explains that in facing a traumatic event, victims enter a process that leads them, ideally, to rebuild their assumptions by incorporating a new understanding of the event. They may thus continue to live with the awareness that such events occur, yet without being overwhelmed by their existence. According to Wiesel, the holocaust was an event of such grave proportions that it murdered his God and turned his dreams to dust. Each one of us expects divine intervention in our predicament. However, when intervention does not come in time or not come at all, the silence of the divine may be construed as abandonment or lack of care by the divine or our object of worship.

Case three: The trial of God in Romania

Another trial of God was held in Romania in 2007. In a news article (Spiegel Online 2007), 'Satan made me do it: Romanian convict sues God for breaking baptismal contract', a Romanian convict arrested on a murder charge tried to sue God for breaking the alleged contract he had entered into with God during his baptism, as he believed that God did not offer him enough protection against Satan:

> Pavel Mircea, who was serving a 20-year sentence for murder, filed a lawsuit in the western Romanian town of Timisoara against God for not protecting him from the Devil. He claimed that he had [*made*] a contract with God at baptism but God had not kept his side of the bargain. 'He was supposed to protect me from all evils and instead he gave me to Satan who encouraged me to kill', he claimed.
>
> In the written lawsuit, reported the Romanian daily *Evenimentul Zilei*, the convict had put 'God, resident in heaven, represented in Romania by the Orthodox Church' as the defendant. (n.p.)

The article (Spiegel Online 2007) adds that:

> The plaintiff cited five paragraphs from the Romanian criminal code describing the crimes which God had allegedly committed,

> including fraud, breach of trust, abuse of a position of authority and misappropriation of goods. God had not fulfilled his side of the contract, Mircea claimed, because he had accepted prayers and sacrificial offerings without providing any kind of services in exchange.
>
> The public prosecutor's office in Timisoara turned down the case, and argued that God is not a person in the eyes of the law and does not have a legal residence. (n.p.)

Obviously, Mircea was disappointed with the court ruling, and one wonders how his post-court spirituality was affected.

Mircea is one of the many people who feel disappointed by God or the divine, although not everyone would go to the extreme of laying charges against their deity, but they may abandon their love for spirituality. This may force them to reform or reconstruct their spirituality or what Louw calls God-images either for the better or the worse.

Trauma and its assault on God-images

In order for us to understand the link between trauma and spirituality, it is vital to understand Louw's theory of God-images. In his book, *A Pastoral Hermeneutics of Care and Encounter: A Theological Design for a Basic Theory, Anthropology, Method, and Therapy*, Louw (2000:329) grapples with the distinction between *God-concepts* and *God-images*. Cited in Louw (2000), Lawrence argues that God-concepts refer to an intellectual, mental dictionary-definition of the word 'God', whereas a God-image is a psychological working internal model of the sort of person that the individual imagines God to be. According to Mbiti (1970:xiii–xiv), concepts of God spring from reflection on God and is 'influenced naturally, by geographical, historical, cultural, and social-political factors'. 'However, Mbiti does not exclude the role religious and philosophical wisdom play in the development of concepts of God' (Magezi & Manda 2016:3). As these factors may 'parallel similar factors in other countries and continents', Mbiti argues that the concepts also 'parallel those of other societies' (Magezi & Manda 2016:3). He gives

an example of the biblical concepts of God, particularly those that are mentioned in the Old Testament. Although Louw (2000:329) argues that it is very 'difficult to distinguish between God-concepts and God-images' because they play a decisive role in both cognitive and affective components within contextual situations, 'he maintains that God-concepts refer to the more systematic interpretation of God (Dogmatics) and God-images to the more personal and individual experience of God' (Magezi & Manda 2016:3). While concepts of God may be similar in different societies, Louw argues (in Magezi & Manda 2016) that:

> God-images are not inherited, but [*they*] develop as individuals experience God in their various contexts. This makes the criteria for identifying and assessing God-images complex because over and above the factors that Mbiti mention, ecclesiastical confessions and dogmas, [*question*] philosophical and anthropological concepts, and contextual issues such as personal issues related to self-esteem and emotional experiences play a role. As such [*Louw*] argues that there is no 'pure' concept or image of God that exists [*which*] could communicate God credibly and meaningfully. [*Louw describes*] how God-images develop.
>
> [*Firstly,*] Louw (2000:329) points out that often the God-image is largely a projection of parent images or personal need expectations, [*favourable or unfavourable.*] It is important to note that God-images are not static; they can change over a [*period of*] time [*according to*] human developmental changes. A good example is children. Louw points out that children will often opt for an image which portrays God as a protective guardian and reflects their need for parental caring. He adds that God-images are often anthropomorphic, but become more refined and oriented to norms and values as one grows older and more mature. With old age, God-images are intertwined with wisdom and our human quest for meaning and within the experience of Christian faith; God-images are the fabric of a believer's life story. (p. 329)

Case four: When bad things happen to good people

Secondly, Louw (2000:330; in Magezi & Manda 2016) says that:

> God-images are linked to the individual's experiences of God within specific contexts. He cautions that God-images do not reflect the essence of God in terms of an ontological paradigm, but reflect God's

> actions and style (His mode) as experienced by believers according to real life events. A good illustration [*is the story*] of Kushner, a rabbi [*and author of*] the book: *When bad things happen to good people.* Kushner testifies his [*spiritual injury as he struggled*] to understand God when his son was diagnosed with progeria – a 'rapid ageing' disease. The helplessness to avert the situation provoked theodicy questions in Kushner which contested 'the stability of received knowledge' both as a religious Jew and as a rabbi. (p. 3)

He argued with God (Kushner 1981):

> I had been a good person. I had tried to do what was right in the sight of God. More than that, I was living a religiously committed life than most people I knew, people who had large, healthy families. I believed that I was following God's ways and doing his work. How could this be happening to my family? If God existed, how could he do this to me? (p. 4)

His son's illness shattered his God-images. He continues his arguments (Kushner 1981):

> Like most people, my wife and I had grown up with an image of God as an All-wise, All-powerful parent figure who would treat us as our earthly parents did, or even better [...] He would protect us from being hurt or from hurting ourselves, and would see to it that we got what we deserved in life. (pp. 5–6)

He reasoned (Kushner 1981):

> Tragedies like this were supposed to happen to selfish, dishonest people whom I, as a rabbi, would then try to comfort by assuring them of God's forgiving love. How could it be happening to me, to my son, if what I believed about this world was true? (pp. 5–6)

Kushner (1981) illustrates the point Louw is making. His experience of the silence or God's 'inability to protect his son from the rapid ageing disease, did not affect the ontology (being) of God' (Magezi & Manda 2016:3). It was his images of God, 'as an all-wise, all-powerful parent, protective figure, that were affected, and even shattered' (Magezi & Manda 2016:3).

Thirdly, Louw (2000:330) points out that 'God-images are also determined by hermeneutics: the understanding and reading of scriptural texts'. According to Magezi and Manda (2016):

> As people read scriptural or biblical texts about the ways and works of God and His interactions with human beings and nature, one picks

> up certain manifestations, images and conceptions of [*who*] God is. (p. 3)

For example, as a rabbi, having read and believed that God is a healing God, he argues his case before God (Kushner 1981):

> I had been a good person. I had tried to do what was right in the sight of God. More than that, I was living a religiously committed life [...] How could this be happening to my family? If God existed, how could he do this to me? (p. 4)

He kept his side of the promise (Magezi & Manda 2016:4), 'why then did God allow the rapid [ageing] disease to attack his son?' The God-images he 'adapted or incorporated did not match [the] experience [hence] his God-images were crushed' (Magezi & Manda 2016:4). As human beings encounter traumatic events or impending death, they raise meaning questions, and this is reflected in Kushner's story as well as the title of his book, *When Bad things Happen to Good People.*

Fourthly, Louw points out that God-images are a complex issue, within which important roles are played by cultural concepts, ecclesiastical confessions and dogmas, and questions about philosophical and anthropological concepts. According to Magezi and Manda (2016):

> He maintains that this complexity means that no 'pure' concept or image exists which could communicate God credibly and meaningfully. Mbiti (1970) conducted a study on concepts of God in Africa. He studied the traditional religious and philosophical wisdom, [*from*] over 270 different people (tribes). He came up with concepts [*of God*] that each tribe uses to describe God. These concepts are based on the nature, attributes, providence [*and*] sustenance, and [*the*] governing work of God. (p. 4)

Assault on meaning-making systems

Trauma defies the meaning-making system of a survivor. Nelson-Pechota (2004, cited in Manda 2015a) argues that:

> [*E*]xposure to traumatic experiences often leads to a search for meaning and purpose within a personal and collective sense – seeking the answers to a myriad of questions about the painful realities of crises, the value of personal existence, and the value of the human race. (p. 6)

Kaminer and Eagle (2010:60) support Nelson-Pechota's view and add that trauma presents an enormous challenge to our belief and meaning systems and that survivors of trauma often struggle to understand why the trauma happened – and why it happened specifically to them and not to others. Kaminer and Eagle (2010:60) add that '[f]aced with this existential crisis, trauma survivors try to construct explanations for the traumatic event and generate meanings that will allow them to make sense of their world in future'. These explanations and meanings enable them to re-establish a sense of trust, control and purpose. However, in other cases, the explanations and meanings that are developed serve to maintain or even exacerbate survivors' 'feelings of distrust, lack of control and despair' (Kaminer & Eagle 2010:60). According to Buckenham (1999:7–8), these feelings of 'distrust, lack of control and despair' develop because 'Trauma wreaks its toll in the life of a person emotionally, psychologically, spiritually, in our relationships with ourselves, others and with God'.

Janoff-Bulman (1992:5) concurs with Buckenham and asserts that '[w]hen confronted by events of seismic proportions, [human beings are] psychologically distressed because traumatic events shatter some of [the survivors'] fundamental assumptions about the world'. For example, 'the faith that God is constantly available to respond to one's hopes, fears, anxieties, and tragedies can be shattered' (Wilson & Moran 1998:168–188). Individuals who are unable to resolve challenges to their moral and spiritual beliefs might find themselves in a state of spiritual alienation, which can take many forms (Nelson-Pechota 2004). For example, a person may feel abandoned by God, and in his or her response may reject God, feeling that God was powerless to help and therefore unavailable.

Case five: Agnes Mbambo

A practical example is that of Agnes Mbambo (in Manda 2016), one of the five women whose transcripts I analysed; a civil war

survivor in KwaZulu-Natal and member of IFP and the Roman Catholic Church. She (in Manda 2016) says:

> I trusted in God given the way things were happening. I had to hold on to God [...] even though I had painful, hard and traumatic experiences in my life. (p. 9)

Mbambo was born on 15 March 1950 in KwaNxamalala, Vulindlela, KwaZulu-Natal, South Africa. She married Bhekimpi Mbambo from Nxamalala in 1973 and gave birth to six children – three boys and three girls. She started experiencing traumatic losses from an early age. Her father was killed by a neighbour in Nxamalala long before the political violence started. This traumatic loss was followed by her husband's killing, who was fatally shot in 1990, by people who disguised themselves as police. Mbambo describes the experience of that fateful night. She says the assailants disguised themselves as police, knocked at the door and demanded that Mr Mbambo open the door. They said they had come to inspect his house for weapons. Although Mr Mbambo told them he had no gun, they demanded that he open the door (Manda 2016):

> By the time he pulled the bolt he did not know that the gun was already pointed at the door. As the door swung open and Mbambo moved to one side [...] the only thing said by the man holding the gun was: 'Do you know this?' Mr Mbambo saw the gun and though he tried to evade it by shielding himself with the wall it was a bit too little too late – he was shot! (n.p.)

Mrs Mbambo recalls (Manda 2016):

> I stood there, and all my children were by now watching this unpleasant incident through the curtains [...] my husband gunned down, all the blood in my house, his brains strewn around, I see all this! (n.p.)

During the interview with the Sinomlando research assistant, 14 years later, she was still traumatised by the brutal murder in 1990. Asked whether she felt any animosity towards the murderer, Mbambo responded (Manda 2016):

> It does not go away! For me it is even more difficult [...] it was too traumatic because it all happened right in front of me, I will never

> forget that pain. This always comes back to haunt me even when I am relaxing with my children trying to be joyful. (n.p.)

Although Mbambo does not mention for how long she stayed away from the church, her disengagement from the church community gives an impression that she was disappointed by God for not protecting her husband. However, Mbambo demonstrates that the images and conceptions of God are not a static process. There is always a shifting of God-images as we are confronted by trauma, death, illness and other existential crises. For example, although disappointed by God as a protector, Mbambo trusted God as a provider. She says (Manda 2016):

> I like to say I trusted in God given the way things were happening. I had to hold on to God, I could not depend on anybody else because people can do nothing for me. I trusted even though I had painful, hard and traumatic experiences in my life. I had so many children to raise, I did not know what to do, how to raise them alone, but I said the Lord knows, I will take care of my children as the Lord provides. (n.p.)

Although she abandoned the church in 1990, after her husband's death, 14 years later she reveals in an interview that, 'I have begun attending church regularly only recently' (Manda 2016:9). She does not mention what changed, but it does show that her post-traumatic spirituality (Manda 2013) might have played a role in her return to church. She must have reconstructed or modified her God-images and found explanations and meaning to what she went through.

People who experience traumatic events in their lives often have symptoms and complications afterwards. Nelson-Pechota is right that no two people may react or respond to the same traumatic event in the same way. Carlson and Ruzek (n.d.) argue that the severity of the symptoms and problems depend on many things, including a person's life experiences before the trauma, a person's own natural ability to cope with stress, the seriousness of the trauma and the help and support a person receives from family, friends and professionals immediately after the trauma. They add that because most trauma survivors are not familiar

with how trauma affects people, they often have trouble understanding what is happening to them. They may think that the trauma is their fault and that they are going crazy, or that there is something wrong with them because other people who experienced the same trauma do not seem to have the same problems. Survivors may turn to drugs or alcohol to feel better. They may turn away from friends and family who do not seem to understand. They may not know what to do to get better (Carson et al. n.d.).

Trauma invades spirituality

Traumatic experiences can lead to spiritual injury. Stallinga (2013:20), in his article 'What spills blood wounds spirit', states that there are spiritual injuries that manifest in grief, loss, guilt, shame, lack of forgiveness, loss of meaning and purpose, loss of hope, loss of faith and a search for restoration and wholeness. Louw (2005:112) adds that 'a crisis affects the spiritual realm as well because it invades the spirituality due to the interconnectedness between self-understanding and different God-images'. Louw (2000) contends that:

> [*A*] tragic story can become problematic, especially when the victim's feelings of powerlessness and helplessness are projected onto God in such a way that He [*God*] is experienced as far away and disinterested. (p. 332)

These problematic feelings are demonstrated in this chapter through the experiences of Kushner, the rabbi, whose son was diagnosed with the rapid ageing disease; Wiesel, a holocaust survivor whose soul and God were murdered in the concentration camp; and also in the narrative of Chiya, who experiences the forsakenness and apathy of God in her plea for the healing of her fiancé.

Manda (2015a:6) citing Drescher and Foy (1995) states 'that traumatic events often lead to dramatic changes in survivors' worldviews so that fundamental assumptions about meaningfulness, goodness and safety shift negatively'. Drescher and

Foy (1995:n.p.) add that '[f]or those whose core values are theologically founded, traumatic events often give rise to questions about the fundamental nature of the relationship between creator and humankind'. Grant (1999) elaborates that:

> Traumatic experiences force victims to face issues lying outside the boundaries of personal and collective frames of reference. As a result, they are forced to confront psychological and spiritual challenges that are unfamiliar to the average person. (n.p.)

Thus, Manda (2015a) argues:

> [*T*]raumatic events call into question basic human relationships; breach attachments of family, friendship, love and community; shatter the construction of the self that is formed and sustained in relations to others and undermine the belief systems that give meaning to human experiences. (p. 6)

Case six: Chiya's complicated grief

I use the case study of Chiya, a trauma survivor and research participant in the Trauma Healing Project, to illustrate how complicated grief or 'traumatic grief' can lead to spiritual illness. Born and raised at kwaMpumuza location in Phayiphini, a rural area under Chief NsikayezweZondi, Pietermaritzburg, South Africa, Chiya is the eldest of six children, three girls and three boys. She was born on Sunday, 16 August 1970, at Edendale Hospital.

She grew up in an extended family home on her maternal side. The death of her grandfather in 1987 removed a very significant attachment in Chiya's life. McCall (2004:34) states that everyone has numerous attachments that make up the web of real life. These attachments, connections and relationships help to define and shape who we are. When any of these positive or needed attachments, connections or relationships is threatened, or becomes separated, or unattached, we experience loss. And our response is grieving. Collins (1988:345) acknowledges that this grieving is never easy. As mentioned by Magezi and Manda (2016):

> We may try to soften the trauma by dressing up the corpse, surrounding the body with flowers or soft lights, and using [*words*]

> like 'pass away' or 'departed' instead of 'died', [*but*] we cannot make death into something beautiful. (p. 5)

Although Chiya's many loved ones died over a period of time in 2001, including her two fiancés, she sustained complicated grief when she lost her third fiancé.

Complicated grief

The Centre for Complicated Grief at Columbia University (n.d.) defines complicated grief as an intense and long-lasting form of grief that takes over a person's life. It is natural to experience acute grief after someone close dies, but complicated grief is different. Complicated grief is a form of grief that takes hold of a person's mind and would not let go. People with complicated grief often say that they feel 'stuck'. According to the Centre, the term 'complicated' refers to factors that interfere with the natural healing process. These factors might be related to the characteristics of the bereaved person, to the nature of the relationship with the deceased person, the circumstances of the death or to things that occurred after the death.

The Centre points out that for most people, grief never completely goes away but recedes into the background. Over time, healing diminishes the pain of a loss. Thoughts and memories of loved ones are deeply interwoven in a person's mind, defining their history and colouring their view of the world. Missing deceased loved ones may be an ongoing part of the lives of bereaved people, but it does not interrupt life unless a person is suffering from complicated grief. For people with complicated grief, grief dominates their life rather than it receding into the background.

Louw (2007:n.p.) says that 'the bereaved remain static in a certain phase', and he speaks of the experience Chiya had when she lost her fiancé. She (Louw 2007) says:

> Things went smoothly between me and his father until 2001 when he passed away. I lost my fiancé after a long illness that put my life on hold. He was my pillar of strength and I relied on him for everything. (p. 520)

What Louw calls 'remain static', Chiya says that the death of her fiancé '[...] put my life on hold'. As such, there must have been an increased possibility for dysfunction to intensify in the form of health problems, disease and other destructive processes and behaviour (McCall 2004:xiii). McCall is right; one of the behaviours that changed was her tendency to go to church. She was a church person who was taught from when she was a child to love God and go to church. But when this major loss happened, she was overwhelmed, and that complication became an obstacle and eventually barrier for her to go to church. She says (Magezi & Manda 2016):

> On 1 April 2001 his body was laid to rest in Howick Cemetery, the saddest day of my life. I told myself that God did not love me so I broke away from church for almost two years. I did not pray and if anyone mentioned God, I swore. (p. 4)

Chiya's case highlights the link between complicated or traumatic grief and spirituality.

Spiritual effects

Besides biopsychosocial aspects, complicated grief also has spiritual effects on the survivor. For example, Chiya's spiritual practices came to a halt and 'remained static' (Louw 2007:520) owing to overwhelming traumatic grief as a result of the loss of her fiancé. I concur with McCall (2004:xiii) that many of the complications that can occur are spiritually based issues. She points out that grief work is spiritual work because significant loss challenges an individual's core understanding of the meaning of life. She adds that when people access spiritual resources in ways that are negative rather than positive, the entire grief process may become dysfunctional. According to Jeffreys (2005:264), the signs and symptoms, which he calls 'danger signals' for complicated grief, include emotional, cognitive, behavioural and physical signals.

Jefferys (2005:51) says that the human grief response is typically bound up with spiritual considerations. For example, many people suffering from loss will turn to their belief system for help with death-related rituals, prayer support, comfort, and for

advice on placing the loss within a greater spiritual context. Although others may reject any notion of God, or rather a higher power, because they see their tragedy as incompatible with such a concept, many ultimately reconnect with their faith system, but some never do so. Jeffreys (2005:52) has also observed that there are some people with no particular faith system who seek comfort and answers in non-theological, humanistic, secular philosophies of life. Collins (1989:349) points out that often the people who have gone through grief and have written books describe the turmoil and deep pain involved in grieving, but many also point to the sustaining power of religious beliefs.

There may be periods of doubt, confusion and even anger with God, but in time the healing power of one's faith becomes evident. However, Collins asserts that when a griever has no religious beliefs or refuses to consider the claims about Christ, there is no hope. As a result, the pain is greater, the grieving may be more difficult, and, presumably, there is greater potential for pathological grief. McCall (2004:xiii) clarifies that it is not the spirit that is dysfunctional, but a person's inner and outer expressions of spirituality.

This is true with Chiya's expression of traumatic grief. Chiya abandoned her inner and outward expressions of her spirituality. She stopped praying and abandoned church for two years. The God-images and conceptions that had sustained her over the years were shattered.

She says her grandmother instilled in her the faith in God, while she was growing up. Chiya's grandmother taught her that God is always there and you need to believe that God will always answer your prayers. There is nothing that can help except prayer. She demonstrated this by prayer, and rituals like praying for water, contrary to other people who believed in the works of the *sangomas* [traditional healers]. She was taught that (Chiya 2013):

> If you pray and it doesn't happen don't lose heart because it's not only you who is praying, other people are praying too and everybody has their turn. I mustn't move from my position because my turn will come. It will be embarrassing to God if you go to *sangomas* and when He comes with your blessings you have moved. (n.p.)

She adds (Chiya 2013):

> This influenced my life in that if I break up with a boyfriend I will not lose [*heart*]. I never touched *muthi* to get him back [*muthi is traditional medicine*]. Grandmother had no specific time to pray. Before going to sleep the whole house prayed, midnight she would wake up alone to pray; at 4 am she woke us up to pray. We got used that we could even join her at midnight prayer. She was like a born-again. When she told us stories they were stories from the Word of God. (n.p.)

She learnt spiritual discipline as well as to pray at different times of the night. This belief and spiritual discipline carried Chiya through difficult times like when she lost some loved ones, friends and even boyfriends. She lost two fiancés to death, but this did not crush her God-images. While some people drift away from God because of tragic losses of even one person, Chiya's losses brought her closer to God.

She writes (Chiya 2013):

> I saw God as the creator who needs to be praised all the time and that everything happens for a reason. There is scripture in the bible that says: 'I knew you when you were still in your mother's womb and I counted your days'. Who am I to question Him? I love God more than anything and know that through Him everything is possible. (n.p.)

But, like many believers in God when tested, Chiya's turn was coming. She finally got a third fiancé and she hoped to start a family with him. She became pregnant before marriage and gave birth to a baby boy in 1994. However, her fiancé fell sick in 1999. Talking about the progression of the illness, she says (Chiya 2013):

> Then in 1999 he became sick. We thought it was flu so Dr Tutu, his practitioner, tried to help him. In 2000 the doctor called my mum and said that my fiancé was in a poor condition [...] On 22 March 2001 he was admitted to St Aidan's Hospital. He was on a drip because he had a running stomach and was dehydrated. (n.p.)

His condition took a toll on Chiya's faith in God, as she pleaded with God for her fiancé to recover. She says (Chiya 2013):

> I stayed with him morning till night. Whenever I tried to pray my sorrows were flooded in tears. I asked God, '*Ukuthi,* why *mina*?' [*Saying, Why me?*] When will I find happiness in my life? (n.p.)

On Tuesday, 27 March 2001, she received a voice message from the hospital that her fiancé had passed away. His death was the last straw that broke the camel's back. She says (Chiya 2013):

> His death put my life on hold. On 1 April 2001 his body was laid to rest in Howick Cemetery, the saddest day of my life. I told myself that God did not love me so I broke away from church for almost two years. I did not pray and if anyone mentioned God, I swore. (n.p.)

The forsakenness of God

Chiya sustained spiritual injury because of the traumatic loss. Louw (2000:397) states that 'intense pain creates the impression that God is absent'. Three fiancés dying in a row could crush anyone's spirit, let alone God-images. For example, Wiesel (1979) felt the forsakenness of God in the Holocaust or Jesus Christ who cried on the cross in a loud voice, *Eloi, Eloi, lama sabachthani?*, which means, 'My God, my God, why have you forsaken me?' (Matt 27:46 NIV). 'Chiya felt the bitterness of being forsaken by God' (Magezi & Manda 2016:5). The anthropomorphic God-images (Louw 2000:329–330) that God is an all-powerful God, all things are possible with God, the answering God, who answered her grandmother's prayers, 'were shattered when God did not heal her fiancé' (Magezi & Manda 2016:5). Chiya was furious with God, to the extent that she told herself that 'God did not love me so I broke away from church for almost two years' (Magezi & Manda 2016:5). As if this was not enough, she stopped praying, and if anyone mentioned God in her presence, she swore. She would say, 'God is a fool; He doesn't think straight [...]' (Magezi & Manda 2016).

She adds (Magezi & Manda 2016; Chiya 2013):

> I used to deny [*that*] God is there – if He was alive my fiancé wouldn't die. Every Sunday I didn't move I didn't go to church, if you wanted to pray I used to say go and pray outside. (n.p.)

Regardless of her reaction to the things of God, her grandmother persisted in praying for her. She says (Chiya 2013):

> When I missed church she was not happy and used to say this is not the end of the world you have to come to church. She did not lose hope in me she had trust that one day I will go back to church.

> She believed and told me the story of a prodigal son. I am glad that you are not doing bad things, I will pray for you and one day you will repent. Remember one good thing that God did for you. (n.p.)

Chiya, who refused to remember, says, 'I said nothing'. Unrelenting, her grandmother reminded her (Chiya 2013):

> When you were pregnant you delivered healthy baby, no disability, your children have shelter, food, no disability. (n.p.)

Even though Chiya's grandmother focussed on unique things that God did for Chiya, they meant nothing to Chiya as she was going through complicated grief. I call this the wilderness experience. Chiya developed antisocial, disruptive behaviour following her fiancé's death. She says (Chiya 2013):

> When granny was praying I would go and do something to distract her prayer. I would do funny things like washing dishes inside the house [*she normally washed dishes outside the house*] instead of outside just to make noise. I could drop pots just to disturb her but she continued praying. I stopped going to church because at church they preach about God. I can't even listen to radio when they talked about God. I used to say they were following a God who is so damn. I was like a vulture when you came I could scratch. [...]
>
> If I can die now I have made peace with him [...] (n.p.)

When asked for the most painful thing that pushed her 'to forsake God and spiritual support systems' (Magezi & Manda 2016) like the church, Chiya revealed that what was very painful about the loss was that the things they shared one-on-one cannot be shared with anyone else.

And, with her friend's death recently, she had no one to share with. Lamenting about her fiancé, Chiya says (Magezi & Manda 2016):

> I could sit and relax knowing [*that*] he listens to me, defend me even if I did wrong, then later he could tell me where I was wrong, he came to my level not as someone who is better than me, he was encouraging me how to be sustainable, allowing to be my own, building my career and suddenly he is gone. It's like all my dreams were shattered, everything just went blank. (p. 5)

She raises some biopsychosocial effects of the traumatic death of her fiancé. She says (Magezi & Manda 2016):

> I would go to bed without praying, I didn't know what type of a person I was without prayer. It was like it was not myself [/]. But when I came back I started feeling that the real person had come back. The real me went out, I was irritable. After fasting the real Manakhe [*one of her names*] came back.
>
> I lost a sense of being a good person, good mother, who loves her family. If one did something bad I said bad things to hurt the other. I wasn't myself. *Thanks* God that I didn't drink or smoke. But I know the prayers of my grandmother helped to get me back. (p. 6)

She adds (Magezi & Manda 2016):

> I had no manner of talking to people. I used to be myself no friends; if you don't have love you don't have [*anything.*] I didn't care about anyone. If I heard that someone died, I didn't sympathise with anyone I didn't care. I don't remember smiling even when someone cracked a joke. It's like I was victim and people were gossiping about me. (p. 6)

Magezi and Manda (2016) add to this by mentioning how:

> Although Chiya's problem was [*a*] result of shattered God-images, the impact of [*it*] affected [*the*] other domains of her life. She became anti-social, irritable, and aggressive and [*really she*] did not care or have compassion [*on*] other people [*or*] their feelings. The woman who once comforted those who lost their loved ones, [*but now she*] did not care. Thus, her vertical relationship with God affected her horizontal relationships with other people. Support systems are very significant in the recovery from trauma and yet she shut herself [*out. But she was not going to*] stay in this state forever. Like the estranged prodigal son [(*Luke*] 15), came back home from the wilderness, [*she also*] returned to God in a very dramatic way. (p. 6)

Return from the wilderness

Chiya states that although she was bitter at God, some unique outcomes had to be acknowledged as acts of God. One of the things she was bitter about was that her 'fiancé was the only breadwinner at home and his passing meant' (Magezi & Manda 2016:6) taking away her means of sustenance. However, after a few months had

passed, she found a job at Northway Spar Shop in Northdale, Pietermaritzburg. She was invited for an interview, but 'instead of being interviewed, she was asked to start working that morning' (Magezi & Manda 2016:6). She says (Magezi & Manda 2016):

> 27 March 2001 my fiancé passed away, and *gogo* (grandmother) challenged me that 'you see what God has given you. You have a job and whatever he [*late fiancé*] was providing for you the job is providing. Don't you think that God has answered your prayer?' I said no it just to be [*happened*]. Gogo argued, 'who made it to be?' So I concluded that God was there. (p. 6)

'Then one Sunday her cousin invited her to attend church' (Magezi & Manda 2016:6). The strange part was that she accepted, even though all along when her grandmother tried to convince her about God she had refused to listen (Magezi & Manda 2016):

> So I went but refused to wear my church uniform. As I heard the Word of God, there was an inner argument inside me. The preacher's words were true but I struggled to accept them. On that day I came to my senses. I made peace in my heart and returned to church. (p. 6)

Wondering what the preacher said, she says (Magezi & Manda 2016):

> 'If it doesn't happen to you, who else? It was meant to happen to you at a particular time'. He said 'before you were born God had planned everything about your life so what you are experiencing now was planned'. Then I came to my senses that while I was in my mother's womb God planned and so what is happening to me now is a proof of God's plan. I started thinking that if the things I plan don't succeed it means God didn't plan for me. (p. 6)

For Chiya, this was a revelation because she had not thought of this before. It was the first time she had heard a sermon like this, and it was all new to her.

To break the standoff between her and God, Chiya performed some religious rituals in an attempt to reconnect with God (Magezi & Manda 2016):

> I asked my cousin if we can have a dry fast for a week because I have wronged God for so long. I want to repent and tell God that I was a fool though I thought that you [*God*] were a fool – can you please

> hold me in your hands. I made a decision, vow: I will pray [*to*] God until I die, nothing will ever distract me from praying to God even if I lose my child or whatever, I won't stand back. (p. 6)

She and her cousin fasted, and they went to church to pray twice a day – morning and evening. Then she got the news that she could go to work for two weeks, but ended up working for six years. She says (Magezi & Manda 2016:6), 'for me this was God magic'.

Strangely enough, when Chiya returned to God and got restored to the spiritual support system, the other symptoms of trauma and complicated grief disappeared. She did not seek the services of psychology or psychiatry or social work. She repented, prayed, fasted and reconnected to the church. Herman (1992:133) maintains that 'the core experiences of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based upon the empowerment of the survivor and the creation of new connections'. Herman (1992) adds that:

> Having come to terms with the traumatic past, the survivor faces the task of creating a future. She has mourned the old self that the trauma destroyed; now she must develop a new self. Her relationships have been tested and forever changed by the trauma; now she must develop new relationships. (p. 196)

Chiya is a case in point, as she reconnected herself to the religious support system; she recovered from the biopsychosocial and spiritual effects of the traumatic death of her fiancé.

The study also established that exposure to trauma invokes meaning questions. For example, based on his studies among war veterans in the United States, Nelson-Pechota (2004) argues that exposure to traumatic combat experiences often leads to a search for meaning and purpose within a personal and collective sense – seeking answers to a myriad of questions about the painful realities of warfare, the value of personal existence and the value of the human race. The faith that God is constantly available to respond to one's hopes, fears, anxieties and tragedies can be shattered. When this happens, individuals who are unable to resolve

challenges to their moral and spiritual beliefs might find themselves in a state of spiritual alienation, which can take many forms. For example, a person may feel abandoned by God and, in his or her response, may reject God, feeling that God was powerless to help and therefore unavailable. Perhaps, a good example is that of Chiya (2013:107–118), who felt that God was not interested in her happiness. For her, happiness meant God healing her fiancé. She had already lost two fiancés and she could not afford to lose the third one. That is why she travails and wrestles with God to rescue her fiancé from the jaws of death. When the rescue mission is not accomplished, she turns against the all-powerful God for whom nothing is believed to be impossible according to her old God-image. This is evident in how she swears whenever there is a mention of God during conversations with friends or during family prayers. As a woman who knew the power of prayer, she believed that nothing is impossible if you believe in God. This belief was shattered when it seemed that it was impossible for God to heal her fiancé. Her coming back to God and spiritual support systems meant re-modifying the old set of beliefs to embrace the future.

Chiya's experience is a perfect example of how trauma assaults spirituality, leading to what Louw (2000:n.p.) calls, 'dysfunctional or pathological faith behaviour' as a consequence of spiritual injury. Louw adds that intense pain creates the impression that God is absent. Chiya (2013:117) asked God, '"*ukuthi"* why *mina*?' [saying, why me?] 'when will I find happiness in my life?' She did not desire an answer. She experienced the absence of God.

Louw (2000:397) clarifies that God's involvement with suffering becomes intensely problematic, especially when the believer confesses God's omnipotence. Chiya's (2013:118) God-image and belief that '[*n*]othing is impossible if you believe in God' was shattered. As a result, she abandoned God and anything to do with God for the next 2 years. So deep was her spiritual injury that she says, 'I did not pray and if anyone mentioned God, I swore' (Chiya 2013:n.p.).

The case of Chiya shows that trauma not only alienates its victims from friends and family but also shatters God-images,

thereby alienating its victims from God or their object of devotion. The results also show that reconnection with spiritual support systems brings recovery and resilience for trauma victims. These findings are consistent with Herman's stage three of trauma recovery. Herman (1992:196–197) says that 'helplessness and isolation are the core experiences of psychological trauma'. She (Herman 1992:196–197) adds, 'empowerment and reconnection are the core experiences of recovery'. Herman maintains that having come to terms with the traumatic past, the survivor faces the task of creating a future. After mourning the old self that was destroyed by trauma, now the survivor must develop a new self. His or her relationships having been tested and forever changed by the trauma, the survivor must now develop new relationships. 'The old beliefs or God-images that gave meaning to her or his life have been challenged; now he or she must find anew a sustaining faith' (Herman 1992:n.p.). We see this in Chiya's case when she returns to church. She is aware of how the old beliefs did not sustain her in her complicated grief. However, when she returns to the spiritual support system and performs necessary rituals like fellowship with fellow church members, participating in prayers, fasting and wearing church uniform, a new belief, new God-images, as refined by fire, emerges. She says, 'God is loving, caring, still cares for me; whatever happens it was supposed to happen [...] I don't want to hold myself back anymore' (Chiya 2013:107–118).

Spiritual resources in coping with trauma

Post-traumatic spirituality

The second dimension of this study was to find out how trauma affects the spirituality of the trauma survivors and whether spirituality can be used as a resource to heal or cope with trauma. Although social and spiritual support systems are not categorised as approaches or models to treating trauma, they remain viable means to reduce the trauma symptoms and ensure recovery of the trauma survivor. The trauma literature generally supports a

holistic approach to healing trauma, which includes the notion that spiritual or religious perspectives are helpful in recovery from trauma sequelae (see Decker 2007; Pargament 2011; Solomon 2004). For example, in studies among war veterans, Fontana and Rosenheck (2004) argue that most recently, research has indicated that the greater the loss of meaning (defined as the loss of predictability and control), the more the help sought from both clergy and mental health professionals (Decker 2007). However, some researchers like Falsetti, Resick and Davis (2003) argue that the relationship between post-trauma recovery and having spiritual beliefs is complex and not always positive (Decker 2007).

Herman (1992) maintains that 'helplessness and isolation are the core experiences of psychological trauma'. As such, 'empowerment and reconnection are the core experiences of recovery' (Herman 1992). Trauma isolates the survivor from support systems that are meaningful for the survivor. For example, in Chapter 9 I mentioned a family that abandoned the religious support system and gave away spiritual resources like the Bible because they were upset by the perceived absence of God as a consequence of which their son was killed in a road accident. Another example is that of Chiya, who abandoned church and spiritual rituals that made meaning in her life because she was upset that God did not heal her fiancé. Examples are endless.

Research in the field of trauma shows that experiencing a traumatic event does not necessarily mean that one will be traumatised. There are other internal and external factors that play a role for the survivor of a traumatic event to be traumatised. There are protective and stress factors (SAITS 2009). *Protective factors* are those that protect the person from being traumatised. In other words, they reduce the survivor's stress and improve coping, for example, safety, security, coping abilities, personal resources, family strength and support, social network, future possibilities and ideological/political/religious consciousness (SAITS 2009:21). *Stress factors* are those that may contribute to

traumatising a person or making it difficult for a survivor to deal with the traumatic event, for example, poverty, socio-economic hardships, major changes (e.g. house being burnt down), chronic distress, prior exposure to trauma, illness, childhood adversity and poor social support. Social support is critical in assisting the individual to cope post-trauma. It may be necessary to identify potential sources of support and facilitate support from others (e.g. partners, family, friends, work colleagues and work supervisors).

Another form of support is the religious community that a trauma survivor may belong to. Landman (2007:57) cautions that there are certain harmful religious discourses in counselling that can hinder the patient's or client's 'life development and make the patient dysfunctional in other areas of his/her life'; nevertheless, Eugene (1995, cited in Landman 2007:57) argues that there are also healthy religious discourses that enhance a 'believer's life development, promoting personal and social well-being by assisting a believer in overcoming emotional distress, and allowing a believer to be functional in all areas of life'. Religion may provide a framework by which survivors of trauma construct a meaningful account of their experience, and may be a useful focus for intervention with trauma survivors. The terms 'religious' and 'spiritual' are both used in the clinical literature to refer to beliefs and practices, which individuals may turn to for support following a traumatic event. Some researchers have attempted to differentiate between organised practices such as 'attendance at services and other activities' and non-organised practices, including 'prayer and importance of religious and spiritual beliefs' (Strawbridge, Shema & Cohen 1998:n.p.). Because the terms are so closely related, and because researchers in this area have not consistently differentiated between the two concepts, in the following discussion I refer to religion or spirituality in the general sense and not in any specific terms. It is interesting to note that SAITS includes religious consciousness or spirituality rather as a protective factor. There is a large body of anecdotal literature documenting the propensity of individuals to seek religious or spiritual comfort following a traumatic event.

Religion seeking is an observed post-traumatic phenomenon. For example, the terrorist attacks of 11 September 2001 provided a recent instance of this phenomenon. Meisenhelder and Chandler (2002) note:

> [*T*]he events of September 11, 2001 triggered a widespread national response that was two-fold: a post-traumatic stress reaction and an increase in attendance at religious services and practices immediately following the tragic events. (n.p.)

Schuster, Stein and Jaycon (2001) performed a nationwide phone survey of 569 adults within a week of the event and found that 90% of the respondents throughout the country who reported stress syndromes coped by turning to religion.

Studies demonstrate the benefits of turning to religious or spiritual care in times of traumatic events. For example, Baldacchino and Draper (2001) conducted a literature review of 187 articles on spirituality and health, published between 1975 and 2001. They found that while most of the studies presented only anecdotal evidence, five studies did focus on spiritual coping strategies used in various illnesses. They (Baldacchino & Draper 2001) conclude, 'research suggests that spiritual coping strategies, involving a relationship with self, others, ultimate other/God or nature were found to help individuals to cope with their ailments'. They (Baldacchino & Draper 2001) add, 'this may be because of finding meaning, purpose and hope, which may nurture individuals in their suffering'. They further conclude (Baldacchino & Draper 2001):

> The onset of illness may render the individual, being a believer or non-believer to realise the lack of control over his/her life. However, the use of spiritual coping strategies may enhance self-empowerment, leading to finding meaning and purpose in illness. (n.p.)

While these studies did not specifically address PTSD, Baldacchino and Draper (2001) say that this condition is often characterised by a feeling of a lack of control, and thus spirituality may be seen to be an appropriate control-seeking response. Another study was conducted by VA/DoD (2004):

> Humphreys et al. (2001) [*who*] surveyed a convenience sample of 50 women in a battered women's shelter; 39 of whom had been

> diagnosed with PTSD. They report 'when we [*analysed bio-psychosocial*] variables, we saw beneficial effects of support (financial, social, [*and*] spiritual). These findings reinforce the need to enhance the resources of battered women, to help them identify existing opportunities, and to fortify self-caring strategies that give them strength'.
>
> Calhoun, Light and Infeld (2000) designed a study to examine 'the degree to which event related rumination, a quest orientation to religion, and religious involvement is related to post-traumatic growth'. In this descriptive study of 54 young adults who had experienced a traumatic event, [*Calhoun found that*] 'the degree of rumination soon after the event and the degree of openness to religious change were significantly related to post-traumatic growth'. [*Calhoun adds, that*] congruent with theoretical predictions, more rumination soon after the event, and greater openness to religious change were related to more post-traumatic growth.
>
> Nixon, Schorr and Boudreaux (1999) conducted a descriptive study of 325 Oklahoma City [*fire fighters*] following the bombing of the Alfred P. Murrah Federal Building. They [*reported that*] 'of particular importance in this analysis was the finding that support from "faith" was a primary predictor of positive outcome and positive attitude over the one year period'. They did find, however, that the helpful effect of faith was more pronounced among younger [*fire fighters*]. Thus, it remains to be seen whether religious/spiritual [*counselling*] is equally effective for all age groups.
>
> [*However,*] not all researchers have found religiosity/spirituality to be helpful in stressful situations. [*For example,*] Strawbridge et al. (1998) and his colleagues used a large public health survey to investigate 'associations between two forms of religiosity and depression as well as the extent to which religiosity buffers relationships between stressors and depression'. (n.p.)

Strawbridge et al. (1998) found that 'non-organisational religiosity' was not helpful in easing depression, and it exacerbated associations with depression for child problems. 'Organisational religiosity' had a weak association with worsened depression, and it too exacerbated family-related problems. The authors conclude that 'religiosity may help those experiencing non-family stressors, but may worsen matters for those facing family crises' (Strawbridge et al. 1998:n.p.). In its conclusion, VA/DoD (2004:43) cautions that it should be noted that none of the studies above provide direct evidence for religious or spiritual practices in reducing PTSD symptoms. The studies do, however, suggest that patients may

find comfort and a sense of control from religion/spirituality, and this may lead to an eventual reduction in PTSD symptoms.

Although the biopsychosocial perspectivists argue that trauma affects the biological, psychological and social aspects of a trauma survivor, the narratives presented in this book demonstrate that the spiritual aspect is also affected. Trauma disrupts not only relationships between human beings but also between human beings and God or the spiritual realm. Louw (2005:112) argues that, 'a crisis affects the spiritual realm as well. It invades spirituality owing to the interconnectedness between self-understanding and different God-images'. The study shows that some research participants experienced the absence of God during their traumatic experience. The God they believed in, who used to participate in their daily life events, was absent, or they did not experience his presence as life became disrupted. 'When God became a remote God, man [*sic*] was left alone with his disputes and chores' (Kanyike 2003:23). God and the spiritual world participate invisibly in the physical and the social world. Human beings participate physically in the social world and ritually in the spiritual world. Kanyike (2003:23) argues that when human beings want the spiritual world to intervene directly in the socio-physical one, when problems caused by the retreating God overwhelm them, they recreate the original link between them and God. Religion finds its meaning here. He adds that human beings also have a way of calling back the original condition when there was no gap between them and God, and between them and nature. Although some research participants experienced the retreating of God and asked theodicy questions at some stages in their lives, their life narratives demonstrate how they worked their way back to God.

This restoration of relationship with God brings meaning, purpose, hope and faith. Thus, they finally found that the God who they thought was absent was actually present. By discovering meaning in their suffering, as Louw calls it, trauma survivors re-authored their narratives. They found healing from trauma.

Gravett (2008:303) points out that in seeking and experiencing the presence of God in our lives, the fruitfulness and the losses we endure can be reimagined in a different way to counteract the silence, passivity and inadequate life-diminishing descriptions within which our lives are often contained and restricted. Re-imagining takes place when we focus on the unique outcomes, the things that God has accomplished for us despite the challenges or pain. By re-imagining, we create an alternative storyline, a story of gratitude and not of guilt, shame and self-blame.

Although as a researcher I did not force research participants to talk about their experiences of God during their traumatic events, nevertheless, the issues of spirituality oozed naturally from their narratives. They talked about the presence or the absence of God during their predicament. Thus, besides the biopsychosocial perspective of trauma, the study shows that a person's spirituality gets affected during and post-trauma. For example, Victor Frankl (1984:47), talking about his experiences in the concentration camp in his book, *Man's Search for Meaning, An Introduction to Logotherapy*, says, 'in spite of all the enforced physical and mental primitiveness of the life in a concentration camp, it was possible for spiritual life to deepen.' He (Frankl 1984:47) adds, 'so when stripped of everything and made into subhuman numbered tools, this human/spiritual fact still remained alive'. Frankl (1984:72–74) concludes his observations, in a parenthetical thought, stating, 'the consciousness of one's inner value is anchored in higher, more spiritual things, and cannot be shaken by camp life'. He believed that there is always a choice of action, even when all circumstances governing our life or even whether we have a life seem to be or actually are in the hands of others. A 'vestige of spiritual freedom', an 'independence of mind', can be preserved against all odds. According to Frankl (1984:75–76), this is 'a genuine inner achievement. It is this spiritual freedom – which cannot be taken away – that makes life meaningful and purposeful'. Frankl tapped into his spiritual resources or reserves to deal with the traumatic situation he

found himself in. Where biopsychosocial resources were depleted, he tapped into spiritual resources to find meaning. This is what a spiritual narrative model of care is all about.

Frankl recounts his encounter with the divine in the most life-threatening of environments. Although Frankl's post-traumatic spirituality was deeper than prior to exposure to the camp fire, not everyone's faith survives such traumatic experiences. We saw how Wiesel's faith and dreams turned into dust as his God was murdered in the concentration camp. Many people expect the divine or God to intervene by reversing the circumstances when their wits or faith has reached a dead-end. We saw how Madondo (2013) and her siblings encouraged each other to trust in God for their father's recovery from fatal wounds inflicted on him by a cousin of hers:

> My father was the only parent we had. The next day my younger sister went to see my father. She told me, 'He does not move. He is not talking, just lying in bed but still breathing. We must put our trust in God's promises to do His miracles so that our father will wake up'. (n.p.)

Depending on whether God intervenes or not in our situations, we acquire new lenses through which we see God, ourselves, others and even the world. What Frankl calls 'spiritual vestige' in the aftermath of trauma is what I call 'post-traumatic spirituality'. Although Madondo's father never made it, they did not abandon God like Chiya did. The support from community, church and workplace brought comfort to the family. They were able to cope with the compounded trauma of losing their mother, brother and father. I am using the words cope and comfort carefully so as to avoid stating that they were healed by the community's support, because Madondo has alluded to the fact that she was still traumatised when she joined the Trauma Healing Project. Although research participants were at different wavelengths with regard to their post-traumatic spirituality, all narratives demonstrated the role spirituality played in re-authoring their narratives as they turned to spiritual resources for answers and recovery from trauma.

Traumatic experiences can deepen the survivor's spirituality. For example, in his article, 'Trauma may open a door to spirituality',

Scheinin (1998–1999) tells a story of a psychologist by the name of Robert Grant, a student of war and its casualties. He says that Grant visited Papua New Guinea and almost routinely met men and women bearing bullet wounds from years of civil conflict. Grant went to the bush and listened to survivors tell stories about 'rebels coming in and burning a whole village down, loved ones being raped and shot in front of them' (Scheinin 1998–1999:n.p.). Then he (Grant) conveyed this message: Traumatic experience can break a person, destroying trust in God and the world. Or it can provide a spiritual opening – a crack that opens the way to a deeper sense of life's meaning (Scheinin 1998–1999:n.p.).

Although the biopsychosocial perspective to trauma does not acknowledge the spiritual aspect, this study argues that holistic intervention to post-traumatic recovery of a survivor has to include spiritual aspects. Janoff-Bulman (1992) is clear on the impact of trauma on an assumptive world; therefore, we cannot treat trauma biopsychosocially only. Decker (2007:34) argues that Western culture emphasises a materialism that no longer suffices to provide meaning to many trauma survivors. Giving an example of war veterans, he (Decker 2007) says:

> The lack of meaning in material life forces them to face their existential limits, and religion may provide a balm for them resulting in anxiety. Fundamentalists of all religions have discovered that if one believes in something literally, then existential limits, at least temporarily, diminish. Many veterans have found a greater sense of peace after the adoption of a literal, fundamentalist religious perspective. (p. 34)

Several major meta-analytic reviews have been conducted that demonstrate that individuals who use religious and spiritual coping efforts demonstrate greater physical and emotional well-being (Ano & Vasconcelles 2005; Pargament 2011). Meichenbaum (n.d.:6) asserts that religious coping has been found to have a significant association with a variety of adjustment indicators, including lower levels of depression and alcohol consumption, fewer somatic complaints, fewer interpersonal problems, lower mortality and greater levels of life satisfaction, increased use of social supports and overall improved coping ability.

Research shows that spirituality can be a resource for people to cope effectively in traumatic situations. For example, a national survey conducted by Schuster et al. (2001:1505–1512) found that after the terrorist attacks of 11 September 2001, 90% of Americans reported that they turned to prayer, religion or some form of spiritual activity with loved ones in an effort to cope. Another study following Hurricane Katrina revealed that 92% of those who survived and who were evacuated to shelters in Houston said that their faith played an important role in helping them get through (Meichenbaum n.d.:6).

A most poignant account is offered by Pargament (2011) who describes how prisoners in concentration camps secretly continued engaging in religious activities. In Chapter 3, I talked about the trial of God in a concentration camp by the rabbis. Although it is a play written by Wiesel (1961) in his book, *Night*, and though the setting itself is fictional, the events that Wiesel based the story on were witnessed first-hand by him as a teenager in Auschwitz. In the play, Wiesel grapples with the theodicy question, where is God when innocent human beings suffer? Although the jury found the Lord God Almighty, Creator of Heaven and Earth, guilty of crimes against creation and humankind, after what Wiesel describes as an 'infinity of silence', the Talmudic scholar looked at the sky and said, 'it's time for evening prayers', and the members of the tribunal recited Maariv, the evening service (Brown 1979: vii; Hester 2005:40–41).

The above trial by a Jewish rabbi reveals something important – that trauma can destroy beliefs and assumptions not only about the world and people as Janoff-Bulman has put it but also about the spiritual realm. Watts (2007) notes that:

> Severe stress can push people to extremes in their view of religion as a way of coping. Some people who are not normally religious turn to religion under severe stress to cope. Other people, under severe stress may abandon or turn against religious beliefs and forsake their spirituality. (p. 507)

In his prologue, Meichenbaum (n.d.:3) writing about Americans says, the major way that folks in North America cope with trauma is by means of turning to prayer and religion. For many, their spirituality

and faith are central to their personal and group identity, and they influence the ways in which they cope with traumatic events.

What the Trauma Research Project established is that spiritual support is one of the most effective ways to heal survivors from post-traumatic injury. Strawbridge et al. (1998) argue that religion may provide a framework by which survivors of trauma construct a meaningful account of their experience, and may be a useful focus for intervention with trauma survivors. In the current study, all research participants acknowledged that their spirituality played a major role in their recovery from trauma. For example, Kitengie (2013), after encountering hostile villagers and threat of lions in the Congo Rain Forests, says:

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

Kitengie implies that he was not going to die by any means other than what God had willed for him. This confession gave him courage in the midst of trauma and after walking for 13 days and 13 nights in the Congo forests, he and the rest of his group arrived at the Zambian border. He (Kitengie 2013) says:

> We entered Zambia at 7 o'clock in the evening. Once I crossed, I prayed 'God, thank you'. That's what I said, 'God thank you'. (n.p.)

Traumatic as his situation was, he acknowledged the role that God played in his safety and deliverance from hostile tribes and ferocious animals in the Congo forests by thanking God in prayer.

The second co-researcher is Noma. After an abusive past and the traumatic death of her son and miscarriage, Noma saw God, 'this pain has brought me closer to God, as I have seen his hand on my life' (Manda 2013).

For Noma, her pain brought her closer to God as she had seen God's hand in her life. Not only has she found meaning but has also regained her humanity and is now using her experiences to support other people in need. She has also regained her relationship with God.

The third co-researcher, whose story is not included in this book, is Zama[2]. Although she was injured spiritually and morally by rejection from her church because of her sexual involvement with the pastor of her church, she concludes her story (Manda 2013):

> I still hope and believe that Jesus is alive and he is the provider at all times. I believe that he will provide for my tertiary education. God has become my strength. I read the bible more and more; my faith has been rebuilt. I dedicated my life to God. (n.p.)

The fourth co-researcher is Chiya. She was spiritually injured by the traumatic losses of more than seven loved ones, and the death of her fiancé was a huge blow. She quit church for the next two years, and if anyone talked about God, she swore. After the research process, she says (Chiya 2013:n.p.), 'Unkulunkulu Emuhle, [God is good] I found another job. By that time my son was doing grade five and my daughter grade twelve'.

She acknowledges the goodness and providence of God in helping her find a job in a country like South Africa, where there is rampant unemployment. She was able to raise her children because of her job. She sees the acquisition of the job as God's intervention. Thus, in spite of her anger and turning away from God, she has re-authored her faith. Her post-traumatic spirituality accommodates the goodness of God.

Madondo, the fifth co-researcher, whose brother and father were murdered and whose mother died of natural causes, after a longitudinal study, had this to say (Madondo 2013):

> These workshops helped me to find a new family where we heal each other through the grace of God. I moved away from being a victim to wounded healer. I am now a stress and trauma facilitator because I want to help other people who are victims of stress and trauma. (n.p.)

Not only did she get healed 'through the grace of God', she also discovered her calling, to help other people who are victims of stress and trauma. This discovering of meaning and purpose in life is spiritual. Through the grace of God, she has, as Lapsley and

2. Zama is not her real name. The name is used to preserve her anonymity.

Karakashian (2012) say, 'redeemed life out of death and good out of evil'.

Even in my case as a researcher, my post-traumatic spirituality was enriched in so many ways. My faith in God was refined after the xenophobic attacks on foreign nationals in South Africa. Although traumatised by xenophobia, with my absolute faith in God's protection shipwrecked, by the grace of God and through the healing project, I took all the pieces and reconstructed a 'mosaic' out of it (re-authored life and beauty). Today, I facilitate healing in other people's lives nationally and internationally.

The above stories show the role spirituality has played in healing trauma survivors and reveals post-traumatic spirituality of each one of them. Louw is correct that God-images are not static; they are dynamic. We have just witnessed what Louw calls a paradigm switch in God-images. Therefore, I agree with Frankl (1984:58) that in the midst of traumatic experience like in the concentration camp, spiritual life can deepen. The spirituality of the researcher and research participants deepened and was refined like gold through fire. Their God-images have been re-authored or modified. So now we live with the knowledge that such traumatic experiences exist, but they cannot undermine our faith.

The management of the post-traumatic stress working group (n.d.) says that religion seeking is an observed post-traumatic phenomenon. There is a large body of anecdotal literature documenting the propensity of individuals to seek religious/spiritual comfort following a traumatic event. For example, the terrorist attacks of 11 September 2001 provide a recent instance of this phenomenon. Meisenhelder (2002) notes:

> The events of September 11, 2001 triggered a widespread national response that was two-fold: a post-traumatic stress reaction and an increase in attendance in religious services and practices immediately following the tragic events. (n.p.)

The studies have shown that trauma survivors may find comfort and a sense of control resulting from religion/spirituality, and this

may lead to an eventual reduction in PTSD symptoms. This study provides evidence that religious/spiritual resources coupled with the care and love from support systems will help in reducing PTSD symptoms and re-authoring post-traumatic spirituality.

Pastoral care

There are several spiritual resources that a person can utilise to cope with or to be healed of trauma. One is the use of pastoral care. Lartey (2003:55–59) in his book, *In Living Color*, sees pastoral care as therapy, ministry, social action, empowerment and personal interaction. He (Lartey 2003:62–68) adds that any pastoral care must have the following functions:

- healing
- sustaining
- guiding
- reconciling
- nurturing
- liberating
- empowering.

Pastoral care, like other psychotherapy practices, employ communication skills, but also engages the use of sacramental rites to foster well-being, growth and spiritual advancement for individuals and groups such as communities of faith seeking spiritual direction. We should be imbued by now with Herman's assertion that healing from trauma entails empowerment and reconnection. As Lartey has rightly argued, pastoral care is about the empowerment of the individual who seeks help. There is more to pastoral care than preaching and teaching the Word; pastoral care is a service to individuals and the communities it serves. For example, it involves activities like giving alms to the poor and the needy, and visiting people who are alone or lonely for whatever reasons, those who are sick, bereaved, marginalised or stigmatised or discriminated against or traumatised by the harsh realities of life and tragic losses. For instance, I remember in 2010, Sister Buhle and I, then members of the Maritzburg Christian Church ministry team, paid a visit to one

brother in the church who had lost his wife in a road accident. We visited him a week after the burial of his loved one who left him with a baby. As he narrated how his wife was killed and how the car was written off, he expressed much anger towards God, asking where was God; why did God not protect his wife? His eyes kept ranging between myself and Buhle as if he wanted answers from us. He might have expected answers indeed as we represented the church. Also, according to Paul's theology, Christians are the ambassadors of Christ (2 Cor 2:18). And a series of questions kept firing as tears rolled down his cheeks. Buhle, an experienced social worker, and I, an experienced clinical pastoral counsellor, had a choice to answer the questions on behalf of God or to just listen to his ramblings. A tape of scriptures was streaming in my head that I could preach to him to defend or explain the absence or forsakenness of God that he felt. Many Christians in such moments of despair would be tempted to preach or rush for prayer. Buhle and I did neither of the above. Lartey (2003:63) is adamant that the task of pastoral caregivers is openness and attentiveness to the present. He adds that the pastoral healers listen deeply to the sighs and groans of human beings in distress. They listen for, and are sensitive and open to, the transcendence in whatever form or shape, knowing that transcendence mediates love, support and help. We understood our roles as pastoral caregivers at that time, whose responsibility was to accompany those who are bereaved or facing existential crises. We chose to listen. After his ramblings, he put a full stop and gave a sigh of relief. We had an opportunity, after listening to his sighs and groans, to talk about how his life has been since the tragic loss of his wife; we encouraged him with a few scriptures and we prayed together. Later, he sent word to the church of how helpful our visit was and how that averted certain drastic decisions he wanted to take. So pastoral was, is and will remain the greatest resource for healing, support and comfort for people who are experiencing pain, crises of faith and crises of meaning in life. While trauma shatters the meaning-making system, pastoral care, when properly administered, has the potential to restore people. We are constantly exposed to situations that leave us 'broken and bruised

in many ways' (Lartey 2003:62). As such, time and time again, we find ourselves in need of physical, emotional, psychological and spiritual restoration. Pastoral care facilitates the restoration that broken and bruised people seek for (Lartey 2003:62).

Fellowship (*Diakonia*)

Another spiritual resource that Lartey (2003:57) talks about is fellowship or *Diakonia* in Greek. According to Lartey, fellowship has to do with the provision of opportunities for social interaction within communities. Such communal activities may include, but are not limited to, sharing meals, playing or watching games together, celebrating or commemorating certain significant dates or events together. Here the social nature of human existence is recognised and affirmed (Lartey 2003:57). In the work of trauma healing, we must always remember the potential of trauma to alienate or isolate people from their support system. Nouwen (1979:82–83) rightly says, 'when we talk about our wounds, words such as alienation, separation, isolation, and loneliness have been used as the names of our wounded conditions'. Therefore, fellowship seeks to include or invite those who are isolated for whatever reasons because the church is an inclusive community. If you recall the case of Chiya, you will remember that she was so bitter with God that she stopped going to church for two years. What brought her back was a visit by church members and an invitation that she should join them the following Sunday because there was a guest preacher coming. When people are visited or invited into your circle, or club, they feel recognised and honoured and seldom do they turn down the invitation. Chiya attended the church that Sunday and that marked her return from the wilderness signified by loneliness and alienation. She was included in the community again. Although we may not preach or teach the Word of God, in fellowship, says Lartey, healers or caregivers seek that their presence, words and activities become channels through which the love, support and help immanent in transcendence are mediated. When we are open to people, we respect the mystery and awesomeness of the divine. And when we are attentive,

we may focus and direct ourselves and those who seek healing to the presence of the divine that is so often in unexpected places.

Perhaps one of the main things that excelled in the Trauma Healing Project was this fact of fellowship. You will note, later in this book, the fellowship of people with similar (though not identical) woundedness in their quest for healing. We bonded so well that we wanted to see each other on every possible occasion. Thus, wherever there was an event, whether directly related to addressing our wounds or just community activism, we were there, not because of the event but the opportunity to meet. No wonder some research participants have described the Trauma Healing Project as a place where they met their family. This is more than just a support group, but fellowship.

Spontaneous remissions

Spontaneous remissions is the medical term given to healing in terms of miracles. This is when healing is thought of in religious terms or when an 'out of the ordinary event', one that is explainable, defies the laws of nature or else is supernatural in some sense. The understanding of spontaneous remission or healing is often one that in which a force, or power extrinsic to the world, intervenes to change things in the world. This is common in many religious or faith-healing practices where different rituals and practices are conducted to facilitate the healing or restoration of the person seeking help. Some of the resources here may include prayer, where a pastoral carer or someone else prays for the patient or survivor to find relief from the ailment. The person then may be encouraged by scripture, like Buhle and I did with the brother who was traumatised by the tragic death of his wife, and they may experience relief because of their faith that the supernatural or their object of devotion has responded, or because the ones who have prayed used their faith to heal them. The person may then be encouraged by the Word of God, other people's

testimonies who were in the same or similar predicament before God intervened on their behalf. Because of the alienating nature of trauma, the person may feel encouraged by the testimony of another and find strength or meaning in their predicament. Usually, we may not have explanations for the tragedies that humanity experiences. They baffle our minds and pierce deep in our spirit. And because they cannot be explained naturally, human beings seek transcendence for answers or protection from future pain. This is when people seek religious answers or practices to respond to what is beyond their understanding.

Bibliotherapy

Literary narratives can facilitate healing from trauma. Although this section discusses spiritual resources, we need to understand that Scriptures or the Word of God falls in the category of literary narratives. Literary narratives have been found to be facilitators of healing. For example, Van der Merwe and Gobodo-Madikizela (2008:58) argue that in dealing with trauma, writers can, vicariously, express what other trauma victims find impossible to tell. They add that readers, in the reading and interpretation of literary narratives, can in a way become creative writers as well, by 're-creating' the narratives in their own minds – organising the elements of the story into a coherent whole, internalising it and applying it to their own situation. Thus, in a way, literary narratives can assist a person who has been exposed to trauma to confront suppressed feelings. Van der Merwe and Gobodo-Madikizela (2008:58) add that when those who have survived traumatic experience 'find it too hard to confront their [own] trauma directly and to talk openly about it, then literature can provide a way of facing the trauma indirectly'. In this way, victims partly acknowledge and partly disguise their trauma. So by discussing the literary narrative, they actually indirectly talk about their trauma.

One of the oldest sources of literary narratives is the Bible, also known as the Holy Scripture, or the Word of God, in

different traditions. When faced with adversity, trauma, death, crisis of meaning or other existential crises, for example, the traumatised person finds text in the Bible that addresses a crisis similar to what they are facing at present, and they get to see how the character or victim in the story fared in their predicament and how God intervened on their behalf. This does give comfort or hope to the trauma survivor that just as God sustained the Bible character, God can sustain them even in the present circumstances. For example, the story of Job is widely quoted in funerals when people are aggrieved by the loss of their loved one or in a pastoral counselling setting with a client or a group that is facing a similar loss or predicament. Then a preacher or pastoral caregiver would refer the participant or audience to the *Book of Job*. When they see the losses that Job experienced and yet he did not commit suicide, abandon his faith or live alone cursing God as advised by his wife, the trauma survivor reads his or her story alongside Job's and finds that Job endured more losses than they presently have now. The survivor finds some comfort or even healing through identification with the sufferings and losses endured by Job. As they read Job's story, they run their own stories alongside Job's, always comparing who suffered more between the Bible character (Job) and themselves.

Biblical narratives usually have a good ending as they tell about God's intervention or how the person believing in God stood put despite all the odds. For example, instead of cursing God, Job when talking about the traumatic deaths of his children and loss of wealth says, 'the Lord has given and the Lord has taken, may the name of the Lord be praised'. He remains positive during the whole ordeal and praises God for what is left and does not curse for what is lost. The attitude of gratitude in traumatic circumstances prevents Job from sinking into depression. In the literary narrative of Job, the reader finds a way of confronting his or her traumatic loss. The reader gets a deeper meaning in the literary narrative of Job to understand that some of the losses that we experience are as a result of the involvement or opposition of the spiritual world, the forces of

evil that militate against the goodness of God and those who believe in God. Job may not have understood what was happening the way we understand today, as is the case with most people who experience traumatic events, because the events shatter their meaning-making systems. He sought meaning in his trauma. Thus, Scripture, as a *genre* of literary narratives, may bring healing through identification as the reader identifies with some biblical characters.

Beyond identification is the hope that things will get better because God is aware of one's situation. Collins (1988:17) asserts that despite the variations in theology, most counsellors who call themselves Christian have or should have belief in the attributes of God, the nature of human beings, the authority of the Scripture, the reality of sin, the forgiveness of God and hope for the future. As such, counsellors seek to stimulate spiritual growth in those who come to seek their services to encourage confession of sin and the experience of divine forgiveness. Regret, self-blame and guilty feelings are by-products of trauma, as people reflect on what they have done or what has been done to them by others or what they have failed to do. These feelings can be very painful emotionally, psychologically and spiritually. Thus, tapping into the forgiveness God gives them and the grace to forgive themselves, they move on with their lives. As they reflect on the literary narratives of some biblical characters who have experienced that sort of forgiveness, like David after committing adultery and found to be an accomplice in the death of Uriah, they may be assured of God's forgiveness which is an antidote for self-blame and guilt feelings.

Scriptures as literary narratives may be read by a trauma survivor on their own or through a spiritual leader, such as a pastor, pastoral counsellor or caregiver or chaplain in the army, police, hospital or prison. They may choose a text to read and reflect together with the trauma survivor. By reflecting I mean applying it to their contemporary context. It is the reading of the text or meditation on scriptures that brought meaning to

holocaust survivors like Victor Frankl, who went on to found Logotherapy. Therefore, the scriptures as the story of God's people and their journeys of faith contain literary narratives of individuals and communities that become a major resource of inspiration for people to face and work through trauma.

Chapter 11

Interdisciplinary approach to trauma

This chapter appreciates the richness of the interdisciplinary approach in understanding and treating trauma. Using the case of Madondo, we see how different disciplines view the same traumatic event and how each one seeks to address the needs of individuals and communities that are exposed to trauma. Madondo's trauma narrative is a good example of the systemic model of trauma impact. We see different support systems being affected by the murders of Madondo's brother and father. For example, we see, in the story, the involvement of immediate and extended family, police, clinic or hospital and the community. Each support system is involved in one way or another and is expected to respond in a particular way in accordance with its role in the community. What further complicates the trauma is the fact that a family member, a cousin to Madondo, murdered his uncle. Just as the story is a typical example of a systemic model of trauma impact, it is also a good example of a systems approach to research and intervention in individual and community trauma.

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Within the paradigm of postfoundationalism, the researcher uses transversal rationality as a practical way of guiding the interdisciplinary discussion (Muller 2009:199).

Midali (2000:262) says that interdisciplinary work is complicated and difficult. This is because 'language, reasoning strategies, contexts, and ways of accounting for human experience differ greatly between the various disciplines'. Muller (2004:303) concurs with Midali and adds, 'therefore, a one-size-fits-all methodology cannot be applied'. Here, I attempt to integrate consultations with other theological disciplines and other sciences through the study of literature and interviews with scholars from other disciplines. To demonstrate the need for interdisciplinary research in dealing with individual and collective trauma, I engaged scholars from different disciplines to see what their concerns and approach to dealing with Madondo's traumatic experiences would be. Initially, six scholars from different disciplines, Education, Psychology, Social Work and Policy, were asked to respond to the story of Madondo. However, only three responded: one social worker, one educator (Master of Education student) and one policy analyst (PhD student). I acknowledge my own bias in selecting the respondents and in interpreting their remarks. But I reiterate that this was never meant to be an experiment. Neither did I try to prove anything. Rather I meant to demonstrate how transversal rationality works and how it can be used in any interdisciplinary discussion (Muller 2009:223). Using the practical guidelines created by Muller (2009:199) for an interdisciplinary process of transversal rationality, I reflect on three responses.

Postfoundationalist practical theology

'Postfoundationalist theology' is a viable third option of doing practical theological research beyond the extremes of foundationalism and non-foundationalism (Van Huyssteen 2006:14). Van Huyssteen argues that postfoundationalist theology, like science, relies on a community that not only converses with itself

but also seeks to engage in dialogue across the disciplines because of the rational resources we share. In developing his notion of postfoundationalist rationality, Van Huyssteen (2006:10) argues for the abandonment of modernist notions of rationality, typically rooted in foundationalism and in the quest for secure foundations for our various domains of knowledge. Instead, Van Huyssteen (2006) opts for a postfoundationalist rationality which:

> [*H*]elps us to acknowledge contextuality, the shaping role of tradition and of interpreted experience, while at the same time enabling us to reach out beyond our own groups, communities, and cultures, in plausible forms of inter-subjective, cross-contextual, and cross disciplinary conversations. (n.p.)

He adds that in this postfoundationalist view, embodied persons, and not abstract beliefs, should be seen as the locus of rationality.

Van Huyssteen (2006:10) believes that as human beings we are always socially and contextually embedded and as such we perform rationally by making informed and responsible judgements in very specific personal, communal and also disciplinary and interdisciplinary contexts. As human beings, we always interpret our experiences; our observations and perceptions are always theory-laden and they interact with our world(s) in terms of life views to which we are already committed (Van Huyssteen 2006:13). Therefore, we cannot but yield to a form of compelling knowledge that must seek to strike a balance between the way our beliefs are anchored in interpreted experience and the broader networks of beliefs in which our rationally compelling experiences are already embedded. As such, Van Huyssteen (2006:13) pressed for a public voice of theology in our complex, contemporary culture where theologians and scientists of various stripes, as he calls them, should be empowered not only to protect the rational integrity of their own disciplines but also at the same time to identify overlapping issues, shared problems and even parallel research trajectories as we cross disciplinary lines in multidisciplinary research. For example, although my doctoral research was located in the discipline of practical theology, it transverses across the disciplines of theology, psychology, psychiatry, social work and policy.

Although Van Huyssteen advocates that a theologian may join forces with the critical scientist in drawing the boundaries *vis-a-vis* all forms of scientism, Van Huyssteen (2006:14) asserts that a theologian has a moral obligation to resist all forms of theological imperialism and scientism, which have the potential to destroy interdisciplinary dialogue. The result is a convincing argument that only a truly accessible and philosophically credible notion of interdisciplinarity will be able to pave the way for a plausible public theology that can play an important intellectual role in our fragmented culture today. Muller (2009:206) adds that theology shares the interdisciplinary standards of rationality, which will not be hopelessly culture and context bound, but will always be contextually and socially shaped. In this interdisciplinary conversation with other sciences, theology will act as an equal partner with an authentic voice in a postmodern context.

Transversal rationality and the Madondo story

Muller (2009:206) stated that postfoundationalism implies a form of transversal rationality, as opposed to both universal and multiversal rationality. In the following section, using the transversal rationality concept, as described by Muller (2009:206), I have tried to enrich my research with an interdisciplinary movement. As was said above, this approach forces us to first listen to the stories of people in real-life situations. In this case, we are confronted with the story of Madondo.

In an effort to use the Madondo story for this interdisciplinary process, I have used four questions that were formulated by Muller (2009:207) on the basis of his understanding of the theories of transversal rationality. These questions were put forth to the participants. These participants are actively involved in their different disciplines and expressed a willingness to be part of the interdisciplinary study. The participants are listed in Table 11.1.

TABLE 11.1: Interdisciplinary professionals.

Professionals	Respondent code
Solange Mukamana: Social worker and researcher for Tearfund South Africa	R1
Chrispin Kampala: Policy analyst and doctoral student, University of KwaZulu-Natal	R2
Mutinta Cheelo: Educator and Master of Education student, University of KwaZulu-Natal	R3

The story of Madondo was sent to each one of them to read. Then, each one of them was asked to respond to the following questions according to their specific discipline:

1. When reading the story of Madondo, what are your *concerns*?
2. What do you think is your discipline's *unique perspective* on this story?
3. Why do you think your perspective will be *understood and appreciated* by people from other disciplines?
4. What would your major concern be if the perspective of your discipline *might not be taken seriously*?

The process of transversal rationality as demonstrated in the responses

This section does not aim at reaching conclusions about the understanding of the Madondo story. It demonstrates how interdisciplinary research using transversal rationality is conducted as being part of a research paradigm, namely, postfoundational theology. The story of Madondo has been used as a case in point, and the different responses to the story are used to reflect on the process of transversal rationality and not on the content as such (Muller n.d.:207). The respondents' complete texts, without any editing, are quoted. It is systematised under four questions that were asked. At the end of each section, I have formulated some reflections (Muller n.d.:207).

As I read through the responses, it is clear that there are indeed unique perspectives and that the different disciplines provide us with enriching, but alternative, understandings (Muller 2009:215).

When reading the narrative, what are your concerns?

Social worker

Some concerns highlighted in Madondo's narrative, according to a social worker's viewpoint, include:

- Madondo and siblings did not have enough supervision from their parents as they were living apart.
- Madondo had to carry family responsibilities while she was still not mature enough to do so.
- Madondo and siblings did not enjoy their childhood as they suffered from the absence of their father while he was still alive.
- The effects of the multiple trauma on Madondo's emotional, affection and cognitive abilities.
- Poverty is a factor that hinders development in many families in South Africa.
- A lower level of education in society brings all kinds of dependency in the lives of many people, which is the source of all crimes.

Policy analyst

As an individual who has studied policy, the first thing that comes to my mind is the role of government policies in communities. What role do government policies play in our communities? When bad policies are implemented or when good policies are implemented poorly, the possibility of having community problems is high. In the case of this narrative, an important question a policy analyst should ask is whether or not social policy influences many South African communities entangled in the circle of violence.

Social factors that influence the circle of violence in South Africa are sometimes linked to the bad policies of the apartheid government. Their effects have continued to have an impact on the current state of affairs. Bad policies that were implemented during the apartheid era denied access to and

separated black communities from the mainstream of disciplinary institutions. This continues to affect most communities, as reflected in this narrative. Value for life and respect for others is not upheld. I am concerned with what people have inherited from the past and the failure to break that cycle.

Secondly, a policy analyst should be able to ask whether or not good policies meant to enhance the well-being of communities through (social policies) are being implemented well. A sad reality is that violence has continued in most communities in spite of the government coming up with good policies to deal with or curb the violence. Good social policies and good laws do not automatically translate to healthier communities if their implementation is erroneous. My concerns here are:

- What is the role of the police in this community?
- What has been done to bring justice to those who killed Madondo's brother?
- Are they not a threat to Madondo?
- What do family policies say in South Africa?

Healthy families produce communities, but as there is no proper fatherhood in most communities, the children raised may end up living a bad life. It is much easier to bring up children to be strong individuals than to repair broken people.

☐ Educator

My concern is the ineffectiveness of the police. The police affected the healing process negatively as they showed no concern. The loss to the family was huge, but the police behaved as if nothing had happened. So, for the family, it was a double blow because the people who were supposed to help them were the ones who were doing the least in terms of comforting the affected.

My concern is also with regard to the healing of the community. There must be a process to heal the community because when the community is healed, the chances of repetition of such events are reduced.

My reflection on their concerns

Social work: It is interesting to note how different disciplines focus on different concerns in the Madondo story. For example, the social worker's concern is the effects of the multiple trauma on Madondo's emotional, affection and cognitive abilities. She is also concerned with the causes of crime, that is, 'poverty and lower level of education in the society brings all kinds of dependency in the lives of many people; therefore, the source of crime' (Madondo 2013:n.p.).

Policy: The policy analyst is concerned with social factors that influence the cycle of violence in South Africa. He believes that there is a link between crime and violence in South Africa, which is the result of bad policies of the apartheid government. For example (Manda 2013):

> Bad policies that were implemented during that era denied and separated black communities from the mainstream of disciplinary institutions. This continues to affect most communities as reflected in this narrative. (n.p.)

Education: While the educator is concerned with the safety and healing of the Madondo's community, she does not consider the police to be effective. She says, 'the police affected the healing negatively in the sense that they showed no concern' (Madondo 2013:n.p.).

However, although the three respondents are concerned with particular existential issues in the Madondo narrative, their main concerns converge on crime, bad policies and poor policing, which expose people to crime.

What do you think is your discipline's unique perspective on this narrative?

Social worker

In social work, the unique perspective on this narrative would be the biopsychosocial theory or perspective. This perspective is unique

because it focusses on the holistic assessment of individuals' needs and the use of all available resources (strengths) in their surroundings. Thus, it works in response to the biological needs of Madondo, as well as her mental, social and economic needs. It covers the inputs from other perspectives as well (the cognitive theory, the ecosystem perspective, strengths perspective and many others).

☐ Policy analyst

Policy's unique perspective on this narrative is mainly concerned with the broader view of issues in this community than analysing this story at an individual level. It is better to look at issues that lead to this cycle of violence at a family level, community level and perhaps at the municipal or the district level, if need be. The role of policy in this context is to explore various policies, such as health policies, security policies, and family and community policies that can guide decisions and ensure a rational thinking in solving community challenges such as Madondo's. This narrative presents us with challenges that might be occurring in other families in this community or municipality. Therefore, policy analysts should also be concerned with performing a retrospective analysis of how past policies have contributed to the current situation.

☐ Educator

This discipline's unique perspective is concerned with the lessons learnt by both the community and Madondo's family apart from grieving the events that took place leading to the tragedies, especially with regard to the ones who were murdered. These are important to prevent further loss of life and to investigate the backgrounds of the perpetrators and to gauge if there is any link to this behaviour. This can provide some sort of healing for Madondo's family.

The community's response to the situation was also not very helpful to the family. Instead of pushing the police to act, they tried to attack the perpetrators, and when they did find the

perpetrators, they did not pursue the case. It would have been better if the community had pushed the police because they are more equipped to deal with the situation. The police only needed a push by a bigger group.

My reflections on their unique perspectives

- *Social work:* It is interesting to note that while the social work discipline focusses on individuals' needs, it must address their biological, mental, social and economic needs as well.
- *Policy:* The policy discipline looks at the community level. Policy's unique perspective on this narrative is mainly concerned with the broader view of issues in this community than analysing this story at an individual level and, therefore, it calls for policy analysts to do a retrospective analysis of how past policies have contributed to the current situation.
- *Education:* The educator is concerned with the lessons learnt by both the community and Madondo's family apart from grieving. She is analysing the response of the community as 'not good' by trying to attack the perpetrators. On the contrary, a positive approach would have been pressure from the community on the reluctant police to act with purpose.

Why do you think your perspective will be understood and appreciated by people from other disciplines?

Social worker

The biopsychosocial perspective is the best perspective to provide holistic intervention in the life of Madondo.

Policy analyst

Diversity in approaching issues is important. Individuals from other disciplines may approach this story differently. However, it is important for different disciplines to comprehend as to whether or not to approach the story from different angles; the

most significant thing is to ensure that Madondo is assisted and that the other community members do not face similar calamities. Policy's perspective will be appreciated and understood by other disciplines because of its broader approach in understanding and solving community challenges. Although it does not necessarily focus on the individual needs and challenges, it solves challenges that affect individuals by addressing community challenges. In addition, it also has a multidimensional approach.

☐ Educator

I think the educator's perspective would be accepted because it is concerned not only with the victims but also the perpetrators, as a detailed background check of both the perpetrators and the victims involved would help understand what could have led to this tragic event.

☐ My reflections on why we must appreciate different perspectives

It is amazing how different disciplines look at the same traumatic event with different pairs of spectacles, and each one comes up with a solution.

Social work: The social worker still concentrates on the individual and believes a biopsychosocial approach will solve the problems Madondo is experiencing.

Policy: The policy analyst thinks Madondo's traumatic events need a multidimensional approach. Solving individual problems without addressing macro issues will not be effective. He says, although policy does not necessarily focus on the individual needs and challenges, ultimately, it solves challenges that affect individuals by addressing community challenges.

Education: The educator argues that unless we understand the backgrounds of both the perpetrators and the victims, we may not be able to address the trauma.

What would your major concern be if the perspective of your discipline might not be taken seriously?

Social worker

The major concern would be the failure in terms of addressing imbalances in Madondo's life. If one relies on another single theory wanting to help in the life of Madondo, he or she can achieve little or more concerning one area of life, but not holistic achievement.

Policy analyst

This narrative might be a reflection of problems at a deeper level, or the community as a whole. If this perspective is ignored or not taken seriously, this community would be subjected to bigger challenges than that of Madondo's life. The community and other individuals interested in assisting can also lose focus on the dimensions of the reality of community problems, such as the causes of violence, how to solve and reduce the cycle of violence, the security measures that can be applied to such communities and many more.

Educator

The educator would try to find out as to why her views have not been taken seriously, and whether her perspective matches people's expectations.

My reflection on concerns if particular perspectives are ignored

Social work: If a biopsychosocial approach is ignored, there could be a failure to address the imbalances in Madondo's life.

Policy: The policy analyst is of the opinion that incidents in Madondo's life might be a reflection of problems at a deeper

level, or the community as a whole. Therefore, any attempts to ignore the policy can have serious repercussions, that is, if this perspective is ignored or not taken seriously; this community is subjected to bigger challenges than this one.

Education: The educator is still seeking reasons as to why the crime was not taken seriously by the police and the community never pushed the police to act.

Learnings

This chapter demonstrated that a postfoundationalist notion of reality enables us to communicate across boundaries and move transversally from context to context, from one tradition to another and from one discipline to another (Van Huyssteen 2006:148). The responses in this chapter from the social worker, policy analyst and educator have strengthened my impression that transversal rationality is possible on the basis of concern and compassion and that through transversal rationality this safe, fragile space can be created for a communal understanding (Muller 2009:213). For example, as a theologian, I was concerned about the spiritual aspect of trauma, how it affects the God-images of a trauma survivor, and what the post-traumatic spirituality of a trauma survivor looks like. I would have missed out on the knowledge from the responses of the social worker, policy analyst and educator. Their perspectives have been very informative and enriching as they give a holistic understanding of Madondo's story.

While I only focussed on Madondo as a research participant and had no concern for other family members, the social worker's concern was for the whole family. She talked about how Madondo and her siblings did not have enough supervision from their parents as they were living apart. Besides trauma, the social worker also highlighted other burdens Madondo had to deal with, such as family responsibilities while she was still not mature enough to do so.

While the social worker was concerned with the circumstances surrounding Madondo's family, the policy analyst went beyond

the individual. The policy analyst looked at social policy factors that influence the cycle of violence in South Africa. He thinks the cycle of violence was the result of bad policies of the apartheid government, which denied and separated black communities from the mainstream of disciplinary institutions. Therefore, the sense of lawlessness continues to affect most communities as reflected in this narrative. He argues that new policies need to be formulated if communities are to be safe from criminals.

The educator's concern is the effectiveness of the police. The police affected the healing negatively in the sense that they showed no concern. The loss to the family was huge, but the police behaved as if nothing had happened. The lack of a safe environment affects the learning environment and even the safety of the educators. Where there is no safety, crime flourishes, and there is an increase in traumatic incidents.

As such, the educator is adamant that there must be a process to heal the community because when the community is healed, the chances of events like this repeating are reduced. Thus, the perspective of concern provided common ground to the respondents. The process described in this chapter illustrated and embodied the statement by Van Huyssteen (2006: 211), that 'human rationality [...] always grows out of social, political, and historical contexts, yet always again surfaces in diverse yet overlapping modes of knowledge'. Van Huyssteen (2006) points out that:

> Each of our domains of understanding may indeed have its own logic of behaviour, as well as an understanding unique to the particular domain, but in each the rich resources of human rationality remain. (p. 239)

He adds that when we discover the shared richness of the resources of rationality without attempting to subsume all discourses and all communities under one universal reason, we have discovered the richness of a postfoundationalist notion of rationality.

Madondo's story illustrates the usability and effectiveness of the postfoundationalist approach, and more specifically the

implementation of the concept of transversal rationality (Muller 2009:221). 'The process started and developed out of a real, local, and contextualised narrative. The question about concerns provided a platform for transversal understanding between the different disciplines' (Muller 2009:221). All respondents were concerned about Madondo, although from different angles. In responding to all four questions, the respondents were able to formulate their own concerns and the perspectives of their disciplines in such a way that it provided a unique contribution, but was communicable to the others (Muller 2009:221).

Although they brought into the narrative different contributions, it was also evident that there were similarities. Thus, the process illustrated that a universal truth about Madondo does not exist. However, the process also illustrated that the 'truth' about Madondo is not so diversified that communication was impossible. Transversal communication was possible (Muller 2009:221). Through interdisciplinary research, I learnt that it is important to keep Madondo in the story of research instead of just reflecting on her story.

Looking back

The five stories narrated in this book symbolise pain, resilience and endurance of many more survivors of abuse, stressful and traumatic experiences, and HIV/AIDS throughout the KwaZulu-Natal province of South Africa, and the African continent as such. Lapsley (2012:V) states that when a person is abused in their private space, especially sexually abused, of which some of the research participants were victims, it can become a guilty secret within the family. He adds that there is knowledge that abuse is going on, but there is no acknowledgement of it. This is true not only in families but also in the wider canvas of communities and nations. As time passes, the victims carry within their souls the scars of what has been done to them. That is why it is important for the wider community to not only acknowledge the wrong that was done but also to have the knowledge about the pain

that was inflicted, if true healing and reconciliation is to take place. This is exactly why this study sought to not just contribute to the healing of individuals but also to help break the cycle that often turns victims into victimisers. As we read the narratives in this book, we are encouraged and inspired by these heroic individuals who are no longer victims or even survivors but have become victors and signs of hope for one and all (Lapsley 2011:vi).

Betancourt (2010:13) points out that when you live through the trauma of having your most basic rights violated, the experience becomes ingrained in your genetic makeup. What you lived, and how you lived it, is your new identity. Betancourt acknowledges that remembering is painful and telling your story involves submerging yourself deeply and intensely in your own past, bringing forth a flood of uncontrolled emotion. One becomes conscious of his or her most glaring vulnerabilities. However, Betancourt (2010) asserts:

> But sharing is also your way out. Every time you tell your story, you can distance yourself from it, take a step back and you learn to remember without reliving, and begin to recover (p.14)

The narrators in this book have also experienced stressful and traumatic situations, but from their immeasurable loss, suffering and multiple-woundedness, 'a beautiful, human fortitude has emerged' (Betancourt 2012:14). They consented to share their narratives with us because they felt there is no better way to heal the individual and collective wounds than for them to receive the recognition of equals, to have their neighbours, their employers, their friends and their families understand what happened. When I informed them that their narratives would be used as data for my study, they were willing to let me share them so that people they may never meet, including political leaders, policy-makers and even citizens outside the borders of South Africa, are being informed of not only how they have suffered but also how they have recovered their dignity and humanity once taken away by trauma, guilt and shame.

When the research participants permitted their stories to be published in the thesis and be disseminated to a wider community

of scholars and those working in the field of traumatic stress studies and healing, 'they were not begging for economic support or looking for a hand-out' (Betancourt 2012:15). Instead, they were seeking to transform their ordeal into social wisdom. Thus, they offer the intimacy of their pain to enrich our lives and to make us reflect. The men and women who tell their narratives in this study are helping us to become what Betancourt (2012:15) calls, 'better humans in a world that lacks humanity'. They stand as tall as monuments of survival, perseverance and courage and should be admired and respected. They are the true heroes and heroines of our times, and this book offers them the recognition they rightfully deserve.

As a researcher, I feel honoured to have had the privilege to interview, listen to and facilitate the documentation of the life narratives of trauma survivors and be welcomed into their lives and private spaces.

The benefits of participating in the study

Participation of individuals in this study became a source of care, support and healing for research participants. Participation implies that research participants were integrated into the research process, from its outset and throughout most or all of its phases (Babbie & Mouton 2001:315). Thus, in its broadest sense, participation means bringing together diverse participants to work together on issues. This transformed the research into what Fals-Borda and Rahman (1991:150) call an interactive 'communal enterprise'.

As a participatory action researcher, my role was facilitative and supportive in nature, which means that I did not direct or dominate but was willing to relinquish the unilateral control that a professional researcher would traditionally exercise over the research process. Although I fulfilled a catalytic role by being an active partaker in, and at times the initiator of, dialogue, I embraced a genuine commitment to work with democratic

values to bring about a more democratic atmosphere with the participants concerned (Babbie et al. 2001:317). While some researchers may have a preconceived idea of what they want to investigate, as a narrative researcher, I was patient, interested and curious. I took a not-knowing position. I did not know beforehand what the solutions would or should be (Muller 2004:13). Muller (2004:13) points out that a narrative researcher has patience and waits for the research plot to develop. It was like being an assistant to someone who is writing an autobiography, and in order to do that, I had to listen to my 'characters' and I had to have compassion for them. The better I knew them, the better I was able to see things from their perspective. As a social constructionist and a narrative researcher, I set the scene in motion and waited anxiously for the climax to develop. Muller (2004:14) is correct in saying that the way towards climax is not an easy one. He sees research as a process of observing people suffer and finding meaning therein. In this study, I did not intend to manipulate the climax but allowed it to unfold through the process of action–background–development. The result was the establishment of relations with participants who were characterised by mutual trust.

Because of the trust the research participants had in the researcher and in each other, a safe and sacred space was created for the participants to narrate their trauma.

The benefits of narrating our trauma

In spite of the change of government from an apartheid regime to a democratic government, South Africa continues to experience multiple-woundedness through domestic and gender-based violence, injury, sexual abuse, disease, HIV and AIDS, xenophobia and violent crimes. Some participants on this research project have been the victims of some or all of the above-mentioned negative aspects. Denis, Houser and Ntsimane (2011:2) state that the effects of this multiple-woundedness can be seen everywhere in South Africa. I concur with his argument that true political and

economic development is hampered by the pain so many people have to live with, which prevents them from making a significant contribution to their communities. Therefore, this project sought to create a safe and sacred public space where trauma survivors could share their experiences in a respectful and non-judgemental manner. The goal was to restore people's dignity and humanity and to help them start their personal journeys towards healing and reconciliation, thereby enabling them to develop attitudes and actions that support a just and peaceful society (Denis et al. 2011:3).

The methodology of storytelling was used to collect data. Denis et al. (2011:5) argue that the telling of one's story of woundedness to a person in a safe environment who cares may facilitate healing, which in turn would lead to a better life. He acknowledges that it would not annihilate the painful experiences of those wounded, but it would enable them to take control of their bad memories so that although the past remains, it would cease to haunt them. Emotional wounds need to heal, otherwise they can be disturbing. The wound can create distress, kill motivation and leave us with the impression that we are unable to control our lives. Denis et al. (2011:5) add that emotionally wounded people can act in strange ways. For example, some people refuse to eat and isolate themselves from their peers. Others start drinking and turn to drugs. They become so irritable that they turn violent. They may no longer be able to control their anger and some may find their pain so unbearable that they commit suicide. However, it is helpful to note that the majority of wounded people live functional lives, go to work and relate reasonably well with their family, friends, workmates and so on, but they carry a load which refuses to go. They do not know how to deal with their 'unfinished business of the past'. The problem with unfinished business is that these painful memories do not disappear when our brain blocks them out or when we keep silent about them. If anything, they create uneasiness and confusion. Therefore, initiatives aiming at providing healing through storytelling are very important.

Ackerman (2006:231) adds that storytelling is inherent in professing one's identity and, subsequently, to finding impulses of hope. She states that one characteristic of storytelling is that it attempts to make sense. Hoffman concurs with Ackerman and argues that a researcher should encourage a plurality of stories, and associative formats, for example, stories, ideas, images and dreams in order to keep meanings fixed.

Storytelling provided relief for the research participants, and at the same time initiated a collective healing process among the participants. Telling one's story in a face-to-face scenario helps those wounded to elaborate their stories (Denis et al. 2011:11). As they speak, their narrative takes place. When somebody tells a story, the incoherent succession of events, perceptions and feelings that characterised the event is reorganised into a coherent narrative. This, what Denis calls 'reorganise', is what I call 're-authoring' a narrative. Narratives in this book are true examples of reorganised, coherent narratives or re-authored narratives. The researcher and research participants moved from a story of problems to a story of hope. Before the intervention, research participants saw themselves as victims, overpowered by pain, confusion and guilt. Now they have begun to construct another story of their lives (Denis et al. 2011:13). The research project has shown that participating in group therapy brings healing to research participants as opposed to being an observer or spectator; reconnecting with other people who have undergone similar experiences brings healing and ensures the emergence of an *Ubuntu* community; and post-traumatic spirituality plays a very significant role in the re-authoring of life narratives shattered by trauma.

■ Processes of trauma healing

Four main processes facilitated the healing from trauma and re-authoring of narratives shattered by trauma.

Firstly, it was the art of storytelling. Denis et al. (2011:17) point out that storytelling will contribute to healing when it is shared in the right environment and with the right people. Although each

and every participant had experienced trauma, no one had such severe trauma that they were dysfunctional. However, they lived normal lives, albeit tempered in functioning in one way or another by the traumatic experiences they have had in the past.

The art of narrating our trauma helped us to articulate our memories, to structure them in our minds in such a way that they could be explained. In doing so, we gained control over our painful experiences. Although the past remained and nothing could be done to change the past, our engagement with our narratives changed our present and future. The past became less threatening (Denis et al. 2011:16). Because each one told his or her story to an empathetic audience, we experienced relief. What mainly healed us was the fact that one's story was recognised, reverenced and acknowledged by a third party. This played a major role in the healing process (Denis et al. 2011:17).

Secondly, the experience of safe and sacred space created through the care, support and love from the team of researcher and research participants caused participants to break the silence and unveil pre-narratives that kept them captives of pain for ages. The tension between silence and disclosure was evident among research participants at the beginning of the longitudinal study. Nevertheless, the creation of a caring, supportive and safe space made them feel safe enough to start talking about their experiences (Manda 2017). Denis et al. (2011:17) state, 'wounded people experience loneliness and isolation. They live in confusion. They do not know if they can trust their memories'. Establishing a listening community brought to an end a feeling of 'being alone'. The space became a confluence in which research participants found connection beyond the boundaries of their own comfort. In this way, they kept re-forming and informing themselves in their relationships with others (Seedat 2001:116). Seedat is adamant that healing happens when the crisis of our living finds safe places to occur. Voices declaring the unspeakable within, in the safety of connection, brought healing to all of us involved (Seedat 2001:108). When people say 'I cannot explain it', and we observers say 'it is unspeakable', it means precisely that:

it is something for which we cannot find language because it is overwhelming, so unreal, as if it had not happened. You cannot believe it, even as it is happening to you (Van der Merwe & Gobodo-Madikizela 2008:26–27). Van der Merwe and Gobodo-Madikizela (2008:25) concur with Seedat and point out that extreme trauma is 'unspeakable' precisely because of the inadequacy of language to fully convey a victim's experiences. This is why trauma survivors struggle with transforming their experiences into a narrative. In spite of this limitation, speech is necessary not only to recapture the traumatic event but also to restore the victim's sense of self and to help him or her regain control over a self shattered by the trauma.

Under normal circumstances, we know who we are and in what capacity we have to respond to experiences. However, when overwhelmed by trauma, we lose this capacity to engage and to interact. Thus, trauma results in a loss of control, a loss of understanding and a loss of identity.

The Trauma Healing Project gave trauma survivors a safe space to reconstruct the trauma into a narrative so that they could shift their identity from a victim identity to a victor identity. Van der Merwe argues that reconstructing the trauma into a narrative form is one of the most crucial processes in the journey towards the healing of the victim. The reconstruction happens when we feel listened to. Van der Merwe and Gobodo-Madikizela (2008:27) argue that the significance of an empathic listener for the trauma narrative is the possibility for the victim of trauma to externalise the traumatic event. We felt listened to and supported during the trauma project. When we came together to narrate our traumatic experiences, we invited others not only to listen to what we have to say but also to journey with us as we 're-find' ourselves and re-find the language that has been lost. So the journey of narrating, of being in dialogue concerning our experiences, is a very important one, because we need an audience – a person, or people, who will listen with compassion and with a desire to understand what has happened to us (Van der Merwe & Gobodo-Madikizela 2008:27). As we narrate our

traumas to each other, the process provides us with footholds, so that in the words and gestures of those who were listening, we derive encouragement to re-find not only ourselves but also the language to talk about what has happened to us (Van der Merwe & Gobodo-Madikizela 2008:27).

Having somebody who can validate our experience of pain and woundedness is empowering. After the trauma has been dealt with through the sharing of stories, as a narrative researcher, we shift our focus from the dominant stories to alternative stories.

Thirdly, the inclusion of unique outcomes in weaving alternative stories helps trauma survivors to shift focus from their weaknesses to their strengths. They feel empowered when a community of witnesses acknowledges their different forms of resistance to the dominant or problem stories. This was our experience during the process of re-authoring our narratives. We had sessions that focussed on how we survived our stressful and traumatic experiences. We explored unique outcomes that made us survive and reinforced them. These unique outcomes became building blocks for an alternative story, or what I call 'building a mosaic'. A mosaic is a beautiful shape or picture that is made from broken or shattered pieces of pottery, tiles and glass. Figure 11.1 shows a mosaic in a cathedral in Berlin, Germany.

I visited one of the cathedrals in central Berlin, Germany. I was highly impressed by the mosaic floor of the cathedral not seen in many other cities I have visited. I stood in awe of the artist(s) who put together the broken pieces of material to create such a beautiful mosaic, with a new meaning. Each of the pieces had suffered brokenness and pain and yet, when chosen carefully, contributed to such a beautiful mosaic that gave each one of them a new meaning. Some pieces were preferred by the artist over and above the others, and they were incorporated into the mosaic. In our Trauma Healing Project, individuals could decide which events of their life were to be included in their life narratives. This was the individual's artwork, creating a mosaic of life narratives, weaving both the dominant stories and unique

Source: Manda (2013).
FIGURE 11.1: A mosaic in a cathedral in Berlin, Germany.

outcomes together. On the other hand, together as a team of researchers, each bringing their broken pieces or scraps of traumatic events, we also constructed a mosaic of an *Ubuntu* community, a community of wounded healers.

Although it may not return to the original form of a pot or tiles, the material that is built from shattered pieces has its own beauty and meaning.

The discovery of meaning, hope and faith through an alternative story gave researchers such a sense of purpose that they decided to write and publish life narratives. Thus, besides the art of storytelling and the care, love and support from the group members, the re-authoring of personal life narratives played a major role in healing. Hence, the trauma survivors

transformed their visual narratives to literary narratives. Van der Merwe and Gobodo-Madikizela (2008:ix) assert that the healing potential of literary narratives can be seen from the point of view of the writer, who could find a catharsis through the indirect expression of suppressed pain, or from the viewpoint of the reader, who could find some kind of healing through discovering points of identification in the narrative. Documenting literary narratives was another way of bringing healing to the research team. We identified with each other's stories and found solace and confidence to move on with life and make a meaningful contribution to the world we live in.

Thus, although the Trauma Healing Project did not take away the rape, abuse, HIV/AIDS, injuries and injustices, and losses the researcher and research participants experienced, the re-authored versions of their lives demonstrated the beauty of finding meaning, purpose and faith in suffering. This is what Van der Merwe and Gobodo-Madikizela (2008:viii) call healing, 'when the tragic loss caused is balanced by a gain in meaning'. Narratives in Chapter 6 and Chapter 9 are witnesses to the healing gained from psychosocial, moral and spiritual injuries.

Fourthly, the fact that everyone had space to participate made people feel acknowledged, respected and dignified. Trauma violates the borders of self-respect, self-esteem and dignity, rendering people helpless and out of control. However, the study invited survivors from isolation to the circle, from the periphery to the centre where they participated in their own healing and liberation. Being a participant in every activity or decision the research team undertook made research participants feel useful in this small community. Meintjes (n.d.) talks about how trauma disrupts the support system and re-integration into the system encourages one to discover a sense of purpose and meaning in his or her trauma. The research team focussed their energy on how they can contribute to the needs of others so that they themselves can heal and move on with their lives. This sense of responsibility for the other in the research team gave them meaning and a sense of purpose. It is no wonder that at the end

of every life narrative presented in Chapter 6 to Chapter 9, the participant is talking about how they are going to use their wounds to heal others in their communities.

Reconnection: Rebirth of the *Ubuntu* community

Going back to Herman, she argues that healing from trauma comes through empowerment of the trauma survivor and reconnection. While the Trauma Healing Project took research participants through different empowerment processes and activities, something that developed slowly was reconnection. It was reconnection with support systems that we were once alienated from that brought about healing. A practical example is how xenophobia had disconnected my relationships with South Africans. As we worked together in the project, our wounds found spaces to occur and reconnection took place. The reconnection gave birth to an *Ubuntu* community.

It was a surprise for me to see that what started as a study group ended up as an *Ubuntu* community. Narrating our traumas with each other transformed the group into a miniature community, which embodied *Ubuntu* values. *Ubuntu* is a metaphor that describes the significance of group solidarity, on survival issues, that is so central to the survival of African communities who, as a result of poverty and deprivation, have to survive through brotherly group care and not individually (Mbigi & Maree 1995:7). Mbigi argues that *Ubuntu* is a concept of brotherhood and collective unity for survival among the poor in every society. In other words, Mbigi does not buy the idea that *Ubuntu* is only related to Africans. Its cardinal belief is that a person can only be a person through others. In his book, titled *Ubuntu: The African Dream in Management*, Mbigi (1997:147) points out that as African people we have an unusual propensity towards collective solidarity and collective interdependence not regarding everything, but on selected survival issues, such as liberation, protest marches, strikes, mass action, rent and consumer

boycotts, marriage, funerals, worship, collective work, collective care and compassion. While Mbigi sees *Ubuntu* as a value pertinent to poor communities, Desmond Tutu disagrees. According to Tutu (2004), *Ubuntu* is the essence of being human; it is part of the gift that Africa is going to give to the world. Tutu adds that *Ubuntu* embraces hospitality, caring about others and being willing to go the extra mile for the sake of another. Africans believe that a person is a person through other persons, that my humanity is caught up, bound up and inextricably in yours. Tutu (2004:n.p.) further states that *Ubuntu* says, 'when I dehumanise you, I inexorably dehumanise myself'. Thus, the solitary human being is a contradiction of *Ubuntu* philosophy. As such, you seek to work for the common good because your humanity comes into its own in community, in belonging.

The essence of *Ubuntu* is further echoed by President Nelson Mandela (1994) in his inaugural speech on 10 April 1994:

> We can enter into the covenant that we shall build the society in which all South Africans, both black and white, will be able to walk tall without any fear in their inalienable right to human dignity [...] a rainbow nation at peace with itself and the world. (n.p.)

Trauma violates the values of *Ubuntu* by isolating the victim from support systems because of the shattering or crushing of the outer and inner person. The outer person comprises relationships with others, thoughts, actions, emotions and physical health. Self-image is also affected by trauma. Self-image is the sum of all the ways in which we think about ourselves, our private assumptions about whether we are strong or weak, pretty or not pretty, faithful or not reliable. Self-image is also our consistent way of thinking and feeling about ourselves in relation to the world around us (Bartsch & Bartsch 1996). Our self-image is formed over many years, beginning in early childhood.

Some of the building blocks for our self-image are culture, family and religion. For example, our culture strongly influences how we think about ourselves and how we think and feel about other people and the world around us. In the same way, the family we come from accounts for how we relate to other people and

how we think about ourselves. For Bartsch, self-image is like a road map or city map that shows us where we are in relation to other people, events and things. When trauma strikes, it shatters our self-image as well, mudding our relationship with self, others and the world around us. However, trauma does not leave any part of us untouched, even the spiritual aspect (the heart or inner person-faith, meaning and purpose) (Bartsch & Bartsch 2006:37, 42). This is our centre of knowing spiritual realities, of bonding with others, past and present. It is the area that directs the course of our lives. When affected by trauma, faith, hope, meaning in life gets affected as well.

Thus, when our outer person, self-image and inner person are affected by trauma, we may not 'be able to walk tall' as Mandela puts it. In fact, we walk bowed down on the inside, filled with fear of re-experiencing the event. Therefore, for us to fully realise the dream of Nelson Mandela, we need a process to heal from trauma, to conquer the fear, which Brison (2002:68) calls, 'the object or medium of perpetrator's speech'.

Through the process of telling and listening to each other's narratives, we give and receive our life experiences and thereby weave the human tapestry into a sense of community (B'Hahn 2002:18). This community accelerates transformation of the self and prevents the numbing pain of separation. Lapsley (2011:300) is correct that unless we bind up the wounds of the broken-hearted, we cannot hope to create a just and durable society where everyone has a place under the sun, for the victims of the past too easily become the victimisers of the future. By acknowledging and expressing our trauma, we connect with each other through pain. The acknowledgement of trauma is well established in psychoanalytic literature as an important vehicle for helping victims of trauma regain their sense of self in relation to others (Van der Merwe & Gobodo-Madikizela 2008:29). Thus, the act of bearing witness to the traumas of others facilitated the shift from being the object or medium of someone else's (the perpetrator's) speech to being the subject of one's own (Brison 2002:68).

Also, the act of sharing our narratives of trauma as a collective demonstrated the values of *Ubuntu*. When I decided to set up a Trauma Healing Project to facilitate the healing of trauma survivors, I was faced with several challenges:

The *first* challenge was how do we listen to each other and how do we navigate the path of telling our stories, so that we can hear, not only hear as in the organic process of hearing, but hear deeply, from a profound place, what each one is saying to the others. The *second* challenge was how we understand that we come from different paths, bringing our traumas and wanting to connect with each other through the stories. The *third* challenge was to be bound by human sharing, by human moments that connect us as human beings who have been hurt in different ways. I knew that when we began the process of sharing our traumas, we would come to the table with different kinds of traumas.

Therefore, I decided to employ a PAR design, which would allow me to become a participant observer. This brought us together and connected us. The process allowed us to listen to what others were saying and not to judge, but to observe with empathy pain in each other's hearts. And, as I participated over the course of 5 years in the longitudinal study, it was evident that our relationship was transformed from a researcher–research participant to that of an *Ubuntu* community where beside the pain connecting us, we developed values that mirror a miniature *Ubuntu* community.

The *fourth* challenge, which was also the main aim of the research, was how I would investigate the spiritual aspects of trauma. In other words, the biopsychosocial approach to trauma makes it clear that trauma affects the biological, psychological and social aspects of a person. However, as a practical theologian, who experienced a shattering of belief in God during the xenophobic attacks of 2008 in South Africa, I wondered how or whether trauma affected the spirituality of the research participants too. I reasoned, if it does then how

does post-traumatic spirituality affect the 're-authoring' of life narratives, what Brison (2002:71) calls 'a "remaking" of the self', or what narrative therapist Morgan (2000:59) calls 'the alternative story'.

For an alternative story to emerge, Morgan states that a therapist attempts to trace the history of the unique outcomes, firmly ground them, make them more visible and link them in some way with an emerging new story. She adds that as more and more unique outcomes are traced, grounded, linked and given meaning, a new plot emerges and an alternative story becomes more richly described. As each of the research participants, including myself, survived, I was interested in finding out how each one of us was affected by trauma and, more importantly, how we survived. I was convinced that by paying attention to the unique outcomes, I would be facilitating the placing of these events more in the foreground of people's consciousness or awareness (Morgan 2000:59). Attributing meaning to these events and linking them to other events in the past contributed powerfully to what Morgan (2000:59) calls co-authoring of a new story. Thus, re-authoring of life narratives, shattered by trauma, by focussing on people's skills, abilities, competencies and commitments helped a lot. Each research participant reconstructed a new narrative, a narrative that is not based on a dominant problem story but on an alternative story. Identifying these competencies was difficult during trauma because they were overshadowed by the dominant problem story, and the act of bringing them forward helped us in reconnecting with our preferences, hopes, dreams and ideas. In other words, the bringing of the alternative story brought forth and accessed people's skills and abilities.

Trauma affects the whole support system, and this study sought to find ways of bringing holistic healing to individuals and communities shattered or torn apart by trauma. Unlike the individual psychotherapy approaches that are used to heal individuals, this study sought to apply an *Ubuntu* philosophy as a way of restoring humanity through group participation.

Cunningham (1997) in his report, '"Ubuntu" urged for South Africa's constitution: First black woman in Constitutional Court advocates traditional social philosophy', states that the first black woman appointed to South Africa's Constitutional Court urged that the interpretation of the newly created South African Constitution should borrow from the traditional African social philosophy of *Ubuntu*. As *Ubuntu* grows out of a historical scarcity of resources, *Ubuntu* values family obligations and the pooling of community resources. Incidentally, the main aspect that emerged from all the narratives presented in this study was how individuals in the trauma project jelled together into a family like cords. For example, one research participant said (Kitengie 2013):

> I was very much afraid to socialise with unknown people due to my past life after being betrayed several times by my own people. The good news from the stress and trauma workshop is that, all participants became my family members whom my life experiences are shared openly and with encouragement, as I am not alone in the jungle or the only one having these kinds of situations in life. (n.p.)

Another research participant said (Manda 2013):

> The guys at the Stress and Trauma Project became my closest friends. They believed in me and encouraged me [...] My new friends or family from Stress and Trauma were the first ones to support my business [...] The Stress and Trauma Workshops helped me realise that I am unique and am to be listened to. I also found a new family where I am able to express my feelings and where I belong. It is true. Life goes on. I have come home. (n.p.)

The concept of family came out very strongly from all the research participants. Another one even wrote a poem at the end of the study, and these lines capture the relevance of *Ubuntu* in the study group, which was never there at the beginning of the Trauma Healing Project. The researcher and research participants have acknowledged their traumas. Initially, it was difficult for them to share their stories (Gravett 2008:303). For some, it was the first time they were speaking about it openly. Comments, such as 'this is my first time to tell my story, I have not told anyone else', were common. In the process of trying to narrate their traumatic

experiences, they surprised themselves when they found new language constructs that helped to reclaim their identities as persons who are not held back by trauma. Gravett (2008) states that telling your story can be risky in terms of yourself and others, and in terms of the journey you are on. It can reveal things about you that you do not want to know, things that would change forever who you are or who you prefer to be. That is what happened in this study; people were changed from victims of stressful and traumatic events to survivors, from survivors to wounded healers, from wounded healers to authors of their own autobiographies. They found a sense of meaning and purpose.

Chapter 12

Epilogue

This Trauma Healing Project began as a critique of the biopsychosocial approach to assessing and treating trauma survivors. The biopsychosocial approach recognises that trauma affects people on several dimensions – biological, social and psychological. The biological aspect is concerned with the physical effects and other somatic symptoms of trauma. The psychological aspect is concerned with the psychological responses to stress; what impact has the trauma had on the client? The social aspect is concerned with the impacts on the family, social functioning and work life (SAITS 2009:46). To critique the biopsychosocial approach, the study sought to investigate the spiritual aspect of trauma, how or whether trauma affected their spiritual aspects.

To accomplish the main aim of the research, I used quantitative methodology in the form of HTQ, to recruit research participants from Pietermaritzburg and its surrounding areas. These areas were greatly affected by political violence in the late 1980s and early 1990s, culminating in the Seven-Day War, which was fought in 1990 between the ANC and the IFP. Even after democratic elections

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of 1994, violence continued in some hot spots in the province. After getting volunteers who were willing to join the study, we proceeded with qualitative methods utilising a narrative approach or social constructionist approach. A PAR design was used to listen to personal narratives on various levels, with the aim of looking in depth at the effects of traumatic experiences on their lives and understanding the theologies or spiritual values that underlie these personal narratives. However, Muller (2004:303) warns researchers that reflection on the religious and spiritual aspects of the co-researchers, especially on God's presence, should not be forced by researchers, rather an honest effort to listen to and understand co-researchers' religious and spiritual understanding and experiences of God's presence should be made. As such, I did not consider it necessary to use a semi-structured interview or questionnaire to understand my co-researchers' post-traumatic spirituality; rather, I allowed the stories to emerge. Towards the end of the study, their oral narratives were documented and subjected to a close textual and scholarly interpretation to find clues as to whether they were talking about the presence of God or lack of it in their traumatic situations.

The findings show that the research participants sustained psychological, moral and spiritual injuries during and after traumatic experiences. The findings are consistent with those of Buckenham (1999:7–8), who argues that trauma wreaks havoc on the life of a person emotionally, psychologically and spiritually, as well as in their relationships with themselves, others and with God. Regardless of religious affiliation, research participants turned to spiritual resources for answers and deeper social redress in traumatic situations.

Therefore, this book argues that a biopsychosocial approach is limited in scope to form a holistic model of understanding the (untold) stories or pre-narratives of trauma survivors. The book recommends the integration of a spiritual perspective in the psychotherapeutic dialogue to better understand, assess and address the needs of patients or clients, across religious backgrounds, who have been exposed to trauma, suffering,

death and other existential crises. This calls for a need to foster an interdisciplinary approach to research in the fields of traumatic stress studies and pastoral counselling.

In the Trauma Healing Project, we applied the five stages of trauma and recovery that Herman has coined. According to Herman, traumatic events call into question basic friendships, love, family and community. As such, Herman argues that the first step towards healing from trauma is the empowerment of the trauma survivor and reconnection with other support systems. This project was a facilitator for the reconnection to the extent that as the project's lifespan was phasing out, a community, some called it family, of wounded healers and their families was created. Although I am reluctant to call it an *Ubuntu* community, probably because it could fall short of the description, nevertheless its values espouse those of an *Ubuntu* community. Although *Ubuntu* was not the focus of this study, personal narratives showed that *Ubuntu* values played a major role in the healing and restoration of human dignity among the traumatised research participants. It can be argued that perhaps an *Ubuntu* community emerged because the group therapy approach has the potential to create bonds or relational networks that are sustained outside the therapy. The other theory is that pain connects us regardless of the cause or source of pain or the type of traumatic experience one might have undergone. As we shared our pain with each other, we healed each other through identification. Almost every life narrative that was privileged to be included in this book and even those that were excluded talk about how they have found a family they feel a sense of belonging to. This finding strengthens Kaminer and Eagle's (2010:105) argument that the main benefits of group psychotherapy lie in the support that such groups can offer (beyond that of the therapist and existing networks) and the degree to which they aid in the reduction of stigma by facilitating the sharing of common experiences and reactions. This is true with relations that developed in the research team. Creating safe spaces for trauma survivors to name and mourn their losses was a bridge between suffering and hope.

Although this study was localised in the South African context, and the results cannot be generalised because of the case study methodology, the results have a much wider relevance in understanding the role of trauma survivors' post-traumatic spirituality in re-authoring life narratives shattered by trauma.

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The book argues that, from a holistic perspective, a bio-psychosocial approach to assessing and treating individuals and communities exposed to trauma, is limited. A spiritual narrative model of care which integrates an understanding of and respect for the many forms of religion and spirituality is presented. The holistic model enhances not only a spiritual perspective in the psychotherapeutic dialogue, but also deals with the different demands in pastoral ministry as related to a clinical and post-traumatic context. The combination of psychotherapy, counselling and faith practices provides a research resource from which specialists can infer theories and models to surpass outdated practices regarding spiritual maturity, mental health and well-being.

Prof. Andries G. van Aarde, Commissioning Editor, AOSIS Scholarly Books, Cape Town, South Africa

Re-Authoring Life Narratives After Trauma: A Holistic Narrative Model of Care is a significant scholarly work in the field of pastoral care and counselling. The research on the healing of trauma presents narratives of suffering on a grassroots level. The focus is the South African context. This book reflects on the quest for human well-being and spiritual healing, specifically for those who suffer because of the destructive impact of trauma on human dignity.

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