Fostering resilience in primary educators: resilient women and their ability to endure, recover and grow through trauma

by

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deur hierdie studie
my inspirasie,
my voorbidder,
my suster.

Dedicated to Es –
through this study
my inspiration,
my intercessor,
my sister.
My question

How do you do it?

How do you

spiral

away from being a victim

to being victorious?

How do you

outrun

the black dog haunting you?

How do you

reconstruct

the myriad pieces of shattered glass

that once was your life

to become

the transparent and flawless

window of your soul?
SUMMARY

Trauma can be described as the emotional shock response to a physical or emotional injury that is overwhelming and has a lasting effect on a person. Based on this definition, trauma can be considered an integral part of life in South Africa. The consequences and effects of trauma are severe, both on individual and society levels. Nobody escapes the effects of trauma, but women and children are particularly vulnerable. Unfortunately the vast majority of South Africans have little or no access to mental health services.

Some people, however, seem to be resilient in response to trauma and hardship. Although various definitions of resilience can be found in the literature, resilience is defined in this thesis as the ability and characteristics that enable a person to endure, recover from, and be strengthened to grow personally, regardless of exposure to traumatic life events.

Women are generally the primary educators of children in the South African society, whether it be their own children, grandchildren or others. If South African women were equipped with skills that could enable them to deal more effectively with trauma, they would – as primary educators – naturally transfer their skills and knowledge to the children in their care.

There exists a need for preventative interventions that may equip women to cope effectively with trauma. Certain educational interventions may provide avenues through which this may be achieved. Educational drama is one such avenue through which women of diverse educational, socio-economical, and cultural backgrounds may be reached in a comprehensible, accessible and non-discriminatory way.

In this study a number of issues pertaining to the prevalence of resilience in South African women have been explored and described. The purpose of this study was to create an interactive educational play aimed at facilitating mental health in women exposed to traumatic life events.

The research design consisted of three phases. In phase one multiple case studies by means of life history interviews were conducted with four resilient South African
women. The purpose of these case studies was to determine how these participants managed to endure, recover from, and were strengthened by the traumatic life events that they were exposed to. The results of these case studies were represented in a cross-validation report and compared to existing literature on the subject.

In phase two a conceptual framework consisting of the context, agents, procedure, dynamics and recipients of the interactive educational play was developed from the research findings. This conceptual framework formed the basis for phase three.

In phase three the guidelines for implementation of the contextually adaptable interactive educational play were developed and discussed, by means of certain strategies, processes, and elements of the play. The theory was applied in a discussion of the prototype plot against the background of specific educational outcomes.

The main contribution of this thesis can be summarised as follows:

1. This is the first study to describe and explore resilience in adult women who have been victims of trauma in South Africa, particularly within the Afrikaans community.
2. This is also the first study in which the findings from resilience research culminate in an interactive educational play aimed at fostering resilience and promoting mental health in a practical and accessible way.
OPSOMMING

Trauma kan beskryf word as die emosionele skokreaksie op ‘n fisieke of emosionele besering, wat oorweldigend is en ‘n blywende effek op ‘n persoon het. Gegrond op hierdie definisie kan trauma beskou word as ‘n integrale deel van lewe in Suid-Afrika. Die gevolge en implikasies van trauma is ernstig, beide vir die individu en die samelewing. Hoewel niemand die gevolge van trauma kan vryspring nie, is vroue en kinders veral kwesbaar. Ongelukkig het die oorgrote meerderheid Suid-Afrikaners min of geen toegang tot geestesgesondheidsdienste nie.

Sommige mense lê egter skynbaar meer innerlike veerkragtigheid – oftewel resilience – aan die dag in reaksie op trauma en swaarkry. Hoewel daar ‘n verskeidenheid definisies van die konsep resilience in die literatuur bestaan, word resilience in hierdie tesis gedefinieer as die vermoë en eienskappe wat ‘n persoon in staat stel om trauma te verduur, daarvan te herstel, asook daardeur versterk te word en persoonlik te groei, ongeag blootstelling aan traumatisie lewensgebeure.

Vroue is oor die algemeen die primêre opvoeders van kinders in die Suid-Afrikaanse samelewing, hetsy hulle eie kinders, hulle kleinkinders, of ander kinders. Indien Suid-Afrikaanse vroue toegerus sou wees met vaardighede wat hulle in staat stel om trauma meer effektief te hanteer, sou hulle – as primêre opvoeders – hulle vaardighede en kennis op natuurlike wyse aan die kinders in hulle sorg kon oordra.

Daar bestaan ‘n behoefte aan voorkomende maatreëls wat vroue kan toerus om trauma meer effektief te hanteer. Sekere opvoedkundige intervensions leen hulle by uitstek tot die bereiking van sodanige uitkomste. Opvoedkundige drama is een wyse waarop vroue uit diverse opvoedkundige, sosio-ekonomiese, en kulturele agtergronde bereik kan word op ‘n omvattende, toeganklike en nie-diskriminerende wyse.

In hierdie studie is verskeie sake wat verband hou met die voorkoms van resilience by Suid-Afrikaanse vroue verken en beskryf. Die doel van hierdie studie was om ‘n interaktiewe opvoedkundige toneelstuk tot stand te bring, gerig op die fasilitering van geestesgesondheid by vroue wat blootgestel is aan traumatisie lewensgebeure.
Die navorsingsontwerp het bestaan uit drie fases. Fase een het bestaan uit veelvuldige gevalstudies deur middel van lewensgeskiedenisonderhoude met vier *resilient* Suid-Afrikaanse vroue. Die doel van hierdie gevalstudies was om te bepaal hoe die navorsingsdeelnemers daarin geslaag het om trauma te verduur, daarvan te herstel, en versterk te word deur die traumatische lewensgebeure waaraan hulle brootgestel is. Die resultate van hierdie gevalstudies is vervat in ‘n kruisvalidasieverslag en is vergelyk met bestaande literatuur oor die onderwerp.

In fase twee is ‘n konseptuele raamwerk (bestaande uit die konteks, agente, prosedure, dinamiek, en ontvangers van die interaktiewe opvoedkundige toneelstuk) ontwikkel, vanuit die navorsingsbevindinge. Hierdie konseptuele raamwerk het die basis gevorm vir fase drie.

In fase drie is die riglyne vir implementering van die kontekstueel-aanpasbare interaktiewe opvoedkundige toneelstuk ontwikkel en bespreek. Dit het gebeur aan die hand van bepaalde strategieë, prosesse en elemente van die drama. Die teorie is toegepas in ‘n bespreking van die prototye-storielyn teen die agtergrond van spesifieke opvoedkundige uitkomste.

Die belangrikste bydrae van hierdie navorsing kan as volg saamgevat word:

1. Hierdie is die eerste verkennende en eksplorerende studie van *resilience* in volwasse vroueslagoffers van trauma in Suid-Afrika, spesifiek binne die Afrikaanse gemeenskap.

2. Hierdie is ook die eerste studie waarin die bevindinge van *resilience*-navorsing kulmineer in ‘n interaktiewe opvoedkundige toneelstuk wat gerig is op die aankweek van *resilience* en die bevordering van geestesgesondheid op ‘n praktiese en toeganklike wyse.
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CHAPTER 1: RATIONALE AND OVERVIEW

1.1 INTRODUCTION

Trauma, in various forms, is an undeniable and seemingly inevitable part of South African society in this first decade of the twenty-first century. Most South African households have been exposed to trauma in some form or another, be it as a result of crime, violence, HIV/AIDS, poverty or natural causes. The impact of trauma in South Africa is aggravated by the fact that potentially traumatic incidents seem to be on the increase when one considers the escalation in serious criminal offences, instances of domestic violence, and the rapid spread of HIV/AIDS.

Trauma can be described as the emotional shock response to a physical or emotional injury that is overwhelming and has a lasting effect on a person. It affects people of all ages, ethnic groups, genders and walks of life. One person may be the victim of more than one form of trauma, as is illustrated by the severe impact of HIV and AIDS on the lives of women and their significant others. A considerable number of women who have been infected with HIV through unprotected sexual intercourse are thought to have been the victims of sexual violence. This conclusion is based on evidence on gender and sexual inequality, as well as data on the distribution of HIV and the nature and scale of sexual violence (Gordon & Crehan, 2000).

Although trauma has different faces, the consequences of having been subjected to severe trauma can be significant and can impact people’s lives in various ways, affecting their emotions, thoughts, behaviour and perceptions. Individuals who experience repeated traumatic incidents or those who are subjected to traumatic circumstances for prolonged periods of time, tend to suffer more severe symptoms. Similarly, the earlier the trauma, the more severe the symptoms are likely to be (De Marco, 1999:1).

Traumatic events may occur in anyone’s life, but the consequences of trauma on women are particularly significant. When women become the victims of traumatic
life events, there is a detrimental effect on a circle of people much wider than the victims themselves, including their children, life partners, friends and relatives.

Despite the fact that the National Crime Prevention Strategy (NCPS) of 1996 established crimes of violence against women and children as a national priority (Vetten, 2005), gender-based violence – a particularly common human rights violation - against women and girls still occurs on a vast scale. The problem is complex, particularly because it is not only personal in nature. The various forms of societal and structural violence against women contribute to the context in which individual violence against women takes place (Donohoe, 2004:28). Violence against women remains largely unchallenged and is generally accepted as a way in which men have to assert their masculinity (Abrahams, 2004:4). At least one in five females worldwide has been physically or sexually abused at some time in their lives. In addition, violence is a greater cause of death in women of reproductive age internationally than traffic accidents and malaria combined (Gordon & Crehan, 2000).

In present day South Africa, alarming numbers of women are victimised through, amongst others, crime, violence and abuse. Victimisation of a woman can be defined as making a victim of a woman by exploiting, depriving, deceiving, ignoring/violating her rights, or causing/allowing harm to come to her (Snyman, 1992:304). The occurrence of sexual, physical and emotional abuse as forms of gender-based victimisation of women, seems to be on the increase at a steady pace in South Africa in particular. Often, however, the source of trauma is in the home, as is the case with various forms of abuse of women and/or children. Women are most likely to be assaulted in their own homes, and are more likely to be injured, raped or killed by a current or former intimate partner than by anyone else (Gordon & Crehan, 2000; CSIR Crimebrief, 2000).

Women are disempowered and retraumatised by the fact that offenders often remain unconvicted or receive insignificant punishment for their crimes, that is, if they are prosecuted at all (Jennings, 1994:374). Internationally, government tolerance and inaction is viewed as one of the main causes of violence against women, thus preventing women from full social and political participation (The preliminary report of
Rape as general form of gender-based violence against women has taken on epidemic proportions in South Africa, which officially has the highest rape rate in the world. A report by the Crime Prevention Research Resources Centre (CSIR Crimebrief, 2000) summarises the state of research knowledge of rape in South Africa, its causes, and problems faced by women who have been raped. According to this report, 244 incidents of rape and attempted rape of women per 100,000 women were reported to the police in 1997. (At the time of going to print more recent statistics have not yet been released.) The research conducted among women aged 18 - 49 in the Eastern Cape, Mpumalanga and the Northern Province indicated 2,070 incidents of rape and attempted rape of women per 100,000 women in 1996 in these provinces. Furthermore, the nationally representative South African Demographic and Health Survey indicates that girl child rape has doubled in recent years. One third of reported rapes of girl children under the age of 15 were perpetrated by school teachers.

Statistics in this regard do not indicate the full extent of the problem of rape in South Africa. This is emphasised by the fact that considerable under-reporting of rape (an estimated 1 in 35 rapes are reported (Donohoe, 2004:26)) and coerced sex to the police, particularly in intimate relationships, is highlighted in this report. What is alarming, however, is the finding that one out of five men who were interviewed as part of a survey in South Johannesburg, had had sex with a woman without her consent (CIETAfrica, 2000). Up to 40% of young adult males are HIV positive, contributing to rape victims' increased risk of contracting HIV/AIDS. In addition post-rape antiretroviral drugs are largely unavailable in government hospitals (Donohoe, 2004:26).

The shame and stigma associated with the experience of rape, as well as perceived or genuine obstacles in the judicial process, also contribute to the under-reporting of various forms of sexual violence. In addition, victims of such crimes may be made to
feel at least partly responsible for “provoking” the attack, and the charge of rape may cast doubt on a woman’s character (Gordon & Crehan, 2000).

There are various possible explanations for the increase in gender-based crimes such as rape and sexual coercion. This is at least partly the result of significant gender power inequalities in society (CSIR Crimebrief, 2000). Men often believe that they should control women and that they are entitled to have sexual access to women. South African society is characterised by a culture of violence in general, and against women in particular, as well as a climate of tolerance for rape. Furthermore, the extensive use of alcohol and drugs, as well as the implications of poverty (such as limited recreational opportunities, and daily activities of women that place them at risk) aggravate the problem.

This occurrence is rooted in an alarming notion which is deeply embedded in large parts of South African society. In a study conducted between 1997 and 2000 in South Johannesburg, it became clear that an underlying discourse exists which mandates the use of sexual violence when the perpetrator knows the victim (CIETafrica, 2000). These results indicate that as many as 32% of young men and 27% of young women believed that forcing sex with someone you know is not sexual violence.

Why is gender-based trauma and trauma in general such an issue, and what are the effects of trauma on a person and on society in general? While it is primarily the responsibility of the government to address these issues on a macro scale, it remains the dilemma of the individual to try to cope with the effects of the trauma on a day to day basis.

The long-term effects of trauma can impact a person’s life in various ways. Trauma firstly affects the person on an affective level, leading to depression, feelings of worthlessness, helplessness, hopelessness, too much or little emotion, shame, fear, anger, rage, grief, sadness, anxiety, or panic attacks. On an interpersonal level, trauma victims may lose the ability to engage in satisfying relationships with others, manifesting, for example, in an inability to trust, difficulty in being close to people,
problems in sexual relationships, fear of others, isolation and withdrawal. Trauma may also affect the victim’s physical well-being, manifesting, for example, in body memories and flashbacks, sleep problems and medical conditions such as infection with sexually transmitted diseases. Trauma may affect the victim’s cognitive functioning as well, giving rise to problems with attention, concentration and memory, confused thinking, and failure to extinguish negative imagery or thoughts that hinder daily activities. Finally, behaviour may also be affected in the form of self-injury, addictive behaviour or being abusive towards others (De Marco, 1999:1; Morrison, Elsberg & Bott, 2004:10,11; Jennings, 2004:374).

When the women of a community are traumatised, it has an effect on the entire community. Women have, throughout the centuries, played a central role in their communities, having significant influence on their partners, children, friends, families, as well as on the nature and institutions of the communities in which they live and work. Globally, women spontaneously take on the roles of councillors and educators in their families and communities. They are generally concerned with the welfare of the communities in which they live, and are often involved with issues such as the physical and emotional well-being of their society. The nurturing characteristics of women allow them to support victims of trauma and adversity within their families and communities.

When a woman has difficulty recovering from the impact of trauma, however, she cannot contribute in the usual way. Having experienced traumatic events often impedes a woman’s functioning and her ability to give of herself to those in her circle of influence. Her potential for caring, educating and supporting is inhibited, and she is unlikely to have the personal resources required to meet the emotional needs of others.

Not all trauma survivors recover readily from the effects of trauma. Some women have more difficulty recovering, in particular those who have had repeated traumatic experiences and those who do not have sufficient social support from friends and relatives. There seems to be an interaction between pre- and post-trauma variables that determines the individual’s response to a particular traumatic event. These
include individual variables such as personality; trauma variables such as the nature, duration and severity of the trauma; as well as environmental variables such as social support after the trauma (Allan & Stein, 1998:138).

There are, however, some women who seem to be more resilient when it comes to dealing with trauma and hardship. Even though subjected to similar trauma - many since childhood - they manage to bounce back after their ordeals, seemingly stronger than before. Circumstances that could have left them negative, embittered or cynical have had the adverse effect on these resilient women.

Resilience research has been largely informed by the work of Norman Garmezy, Emmy Werner and Ruth Smith (Johnson et al, 2004:657). Resilience refers to the ability and characteristics that enable a person to endure, recover from, and be strengthened to grow personally, regardless of traumatic life events. Resilient women are not easily overcome by hardship or difficulty. They possess unusual courage and inner strength that enable them to give meaning to negative experiences, and to move on in their lives in new and creative ways. They display positive, adaptable behaviour relevant to the immediate situation, and they persist in their relationships with themselves and others. These women manage to have meaningful and fulfilling lives by focussing on love, growth, commitment to community and the completion of the tasks with which they are confronted (Masten, 1997:2; Bobey, 2002:2; Benard, 1995:1). I believe that there is much to be learnt from this group of women and the skills, characteristics or strategies at work that enable them not only to survive but also to grow - in spite of, or even as a result of, their trauma.

Fullan (Benard & Marshall, 1997:1) describes resilience as an inside-out process that begins with one person’s beliefs and emanates outward to transform families, schools and communities. As a woman grows more resilient, her inner strength and coping ability have a ripple effect touching the lives of those in her circle of influence. Resilient women indeed have the ability to become “a protective shield” for the younger generations (Garmezy cited in Benard & Marshall, 1997:1).
Resilient women seem to make use of certain cognitive adaptive strategies as protective mechanisms, such as searching for support, disclosing and discussing the traumatic event/s, minimisation, positive reframing and giving meaning to the traumatic event/s, as well as a refusal to dwell on the experience (Dufour, Nadeau & Bertrand, 2000:781-797; Himelein & McElrath, 1996:747-758).

Since trauma and hardship is a seemingly inevitable part of life in South Africa, the way in which women respond to these events requires serious consideration. The following questions arise: How can women be better equipped to cope with the impact and implications of trauma when it becomes part of their lives? How can they be empowered to endure and withstand hardship more effectively? How can they be enabled to bounce back and repair themselves after trauma? How can they be encouraged to make sense of their trauma and utilise their experience/s to the benefit of themselves and their families and communities?

Knowledge in this regard might be beneficial to women who are still in traumatic circumstances, and women who have recently been faced with traumatic life events, but mostly as preventive knowledge for women in general. These women should have access to the information and support that could assist them in enduring hardship, persisting through the process of recovery, and growing in spite of their negative experiences. If a woman who survived a traumatic life has the skills and strategies to assist her in the process of recovery and coping, she may well be better equipped to resume her responsibilities in life, perhaps even sooner than would usually be expected.

Based on the interrelatedness of the individual woman with her family circle and her community, she should furthermore be able to pass on her newly acquired knowledge, skills and strategies, thus educating and empowering others to be more resistant to trauma. In an informal way she would, for example, be able to support her own children in dealing with recovering from exposure to violence or abuse. In a more formal, structured way the woman may be able to contribute to the well-being of other members of her community by forming part of a relevant support group. Women’s tendency to teach and learn from each other effortlessly could thus be
utilised effectively in minimising the effects of trauma on individuals, families and entire communities.

If women informally acquire skills to cope with trauma, however, this is usually the result of painful personal experience. Due to the fact that many traumatic events are not recognised and acknowledged as such by the broader community, women are frequently silenced by the underlying discourses in society. Female victims of traumatic life events often lack the necessary social support to help them deal with the effects of trauma. The recovery process can be a lonely experience, and it is up to the individual woman herself to attempt to regain control of all areas of her life.

1.2 PROBLEM STATEMENT

The need exists for preventative interventions that may equip women to cope more effectively when exposed to traumatic events. Such resources are not yet readily available to victims of trauma in South Africa. Mental health professionals usually do not cater for the majority of the population which consists of lower socio-economic groups who cannot afford private mental health services. In addition to this, recent health policy proposes the downscaling of psychiatric institutions and the development of community-based services (Lund & Flisher, 2006:587). Public mental health services, however, are often inadequate or inaccessible, abandoning many victims of trauma to their own devices.

Printed matter does not seem to be an effective option either. The Mental Health Information Centre of South Africa has a number of brochures and other publications available to the public, some for example on the topic of post-traumatic stress disorder (PTSD). This in itself is not enough. The problem is that if a person has not been diagnosed with PTSD or introduced to the disorder, they will be oblivious to the fact that they may find help from such sources. High illiteracy rates will also limit the potential effectiveness of self-help publications. Even popular psychology literature is of little or no use to the majority of people, mainly due to financial and language barriers, the large numbers of illiterate or semi-literate people in the country, and the fact that information in this form is mainly utilised by a literate minority.
Other educational interventions need to be explored to foster resilience in women who are exposed to traumatic life events and circumstances. Drama is one potentially preventative instrument for empowering women that may transcend the limitations of the current mental health scenario. Through theatre people of all educational, socio-economical and cultural backgrounds may be reached in a comprehensible, accessible and non-discriminatory way.

Very little research has been conducted in the South African context on the issue of resilience in the face of trauma. South Africa has a unique context in which research findings from elsewhere cannot simply be assumed to be relevant. Through my proposed research I would like to explore and describe a number of issues pertaining to the prevalence of resilience in South African women. I would like to gain some insight into the ways in which resilient women respond to traumatic life events. What are the characteristics, strategies or skills that contribute to resilience in trauma survivors? How do resilient women reach the point where they value themselves again, or perhaps even for the first time? How may women in general be empowered for resilience in the face of trauma?

1.3 PURPOSE OF STUDY

In view of this problem statement my intention is to explore and describe how resilient women manage to endure, recover from, and be strengthened emotionally and/or spiritually through exposure to trauma. The purpose of this study is to create an interactive educational play aimed at facilitating mental health in women exposed to traumatic life events. The objectives of the study are set out below.

- Phase 1 is to discuss and analyse the life histories of the research participants by means of multiple case studies.
- Phase 2 is to present a conceptual framework based on the research findings.
- Phase 3 is to create the outline of an interactive educational play.
1.4 PARADIGMATIC PERSPECTIVE

This research will be conducted within a particular interpretive framework as informed by my meta-theoretical, theoretical and methodological assumptions.

1.4.1 Meta-theoretical assumptions

My meta-theoretical assumptions have their origin in the Bible and in my personal frame of reference regarding humankind and its world. I strongly associate these experiences and observations with my career and academic path, although I have learnt much from simply being with people throughout my life.

At the start of my career in education as a secondary school teacher, I shared in the struggles of teenagers - struggles with identity, peer-pressure, relationships with authority figures, and values. I noticed that there were always some teenagers who seemed confident in the choices they had made, and who stuck to their decisions despite resistance and peer-pressure.

Later, as a primary school teacher, I was confronted with the human capacity of children in particular to love, play and be content, despite difficult domestic circumstances and a sometimes unfriendly environment.

In continuing my formal education, I focussed at first on educational psychology, in view of which I became aware of the human ability to recover from negative life events and the powerful role of therapy in aiding people in the process of recovery. My view of a woman as an integrated entity, consisting of body, soul and spirit, implies that trauma to either part of her person has an effect on the rest of the person as well.

While studying tertiary and adult education, I discovered different aspects of being human. I presented a community-based literacy-training programme to a group of illiterate adults. What compelled me to do this was the realisation of the severe impact of illiteracy on these people’s lives on the one hand, and on the other hand their desire to improve their quality of life by becoming literate. I was astounded by
my students’ ability to adapt in a literate world, and to employ various effective strategies to compensate for the fact that they were illiterate.

As a woman closely involved in the lives of other women, I discovered what I consider to be a uniquely female tendency, namely to confide in each other and learn from each other. When a woman’s life is affected by a major event, she often finds solace in sharing her experience with another woman, be it a mentor, a mother or a friend. In verbalising her experiences, she has the opportunity to describe in detail what had happened, to formulate her feelings in reaction to the event, and exchange ideas on how to respond to the event.

As a wife and mother, I have become aware of the tremendous influence that the attitudes and actions of women have on their partners and children. I believe that, in ensuring the mental health of a woman (and particularly a mother), a ripple effect takes place throughout the community. An emotionally strong and mentally healthy woman is likely to be in healthy long-term relationships; to be a supportive, positive mother to her children; and make a significant contribution to the formal and informal structures in her community. (These are examples of the roles that women most commonly occupy. I believe, however, that the same could be true of other roles that women play, such as those of career woman and friend.)

I summarise my meta-theoretical assumptions as follows:

- I believe in the power of choice.
- I believe in the human capacity to adapt and endure.
- I believe in the human capacity to recover, physically and emotionally.
- I believe in the human ability to learn and grow.
- I believe in the human desire to improve the self and the circumstances.
- Finally, I believe in the Divine desire to love endlessly, to forgive unconditionally, and to restore bountifully.
1.4.2 Theoretical assumptions

The theoretical assumptions underlying the research pertain to issues of identity and choice, multivoiced representation and a number of other key concepts that need to be clarified.

a) Identity and Choice

In addition to my meta-theoretical assumptions, my research will be guided by my theoretical assumptions, which are based on the theories of Garbers, Frankl and Erikson. Qualitative research is always contextual. The educational context of this research can best be described by means of Garbers’s model (Myburgh, Niehaus & Poggenpoel, 2000:150-156). According to this model, the fact that a woman is exposed to trauma has implications for herself, her relationships and her future.

The specific application and implication of this model imply that the educational context of this study will include the woman as a developing person, directed towards her own self. Erikson (Louw, 1982:216) argues that a satisfying answer to the question ‘Who am I?’ is a prerequisite for the development of emotional maturity. Based on his psycho-social theories, he maintains that the most important developmental tasks are related to the formation of the self within a social context (Louw, 1982:186,187). Identity formation is an ongoing process (Slater, 2003:53).

In view of the fact that identity is continually changing and evolving (Jones, 2004:16), the woman finds herself engaged in a process of redefining and reinventing her identity after having been subjected to traumatic life events. Life history interviews are particularly suited to this purpose, because by telling her life story, the woman will attempt to rewrite her past, thus redefining her identity.

Identity formation is also emergent, recreated, and developed in relationship with others (Hwu cited in Cary, 1999:420). Erikson (Louw, 1982:217) emphasised the importance of love and respect in identity formation. The research context thus includes the woman as a relational being. She is situated within a certain relational environment, consisting of various roles and interpersonal relationships. The role
most relevant to this study is her relationship as primary educator to her own children - or even grandchildren. She is also in relationships with other members of her family and community, often in the role of counsellor and/or informal educator. Further, within the context of the conversational interviewing relationship between researcher and research participant, particular definitions of the woman’s self may be exchanged, sustained, modified, and/or transformed (Jorgenson cited in Kiesinger, 1998:88).

Erikson’s concept of identity is supported by Frankl’s (Slater, 2003:53) process of self-transcendence in search of meaning. This process includes the idea that a person integrates previous experiences, and as teleic being, searches for a future with something to believe in. The woman thus attempts to give meaning to her own existence, and to determine the purpose of her life. As Frankl (1979:15) says, it is up to the woman in question to decide who she is and to choose how she answers to the events of her past by her specific response to the future.

b) **MULTIVOICED REPRESENTATION**

In order to achieve a thorough understanding of each research participant’s narrative and the factors involved in her being resilient, I will attempt to incorporate many voices and various perspectives (Denzin & Lincoln, 2000:1055). These include the voices of the research participants who are the resilient women of this study; the primary research participant’s husband; my own voice as researcher; and the multiple voices from the research fraternity, speaking mainly through the literature. These voices are combined in order to achieve data-saturation – the point at which themes are repeated from one participant to the next, without the emergence of significant new themes, while the story line remains more or less the same.

c) **CLARIFICATION OF CONCEPTS**

For the sake of clarity when making reference to the main issues and concepts in this study, it is significant to define the relevant terminology and my understanding thereof in the context of this study.
i) **The key concept: Resilience**

There has been an ongoing debate about a definition for resilience, mainly due to the complex interaction of various resilience factors and the sources of resilience factors, for example internal/external and resources/skills (Grotberg, 1997:118-128). In the past resilience was equated with psychological well-being. Chambers and Belicki (1998:753), however, related resilience to social-behavioural competency, and found that resilience characteristics were only related to measures of social-behavioural functioning, not well-being. Sometimes resilient individuals have good social-behavioural competency while still experiencing psychological pain.

Other definitions place the emphasis on aspects such as the ability to design and implement positive adaptive behaviour suitable to the situation in question, while enduring minimal stress (Mallak, 1998:148-152). Resilience is also viewed in terms of protective factors that enable people to transform adversity into strength and courage. Resilience enables one to bounce back, withstand hardship, and repair oneself. It encourages one to find new and creative ways to move on in life, despite great trauma and obstacles (Bobey, 2002:2). Certain protective factors and adaptive cognitive strategies are at work in resilient women and may aid them in coping with trauma (Dufour, et al., 2000:781). These may include aspects such as the following: The perception of benefits, having an external attributional style, minimisation, refusing to dwell on the experience, searching for social support, disclosing the traumatic experience, and giving meaning to the traumatic experience, also termed positive reframing (Himelein & McElrath, 1996:747; Hobfoll, Bansal, Schurg, Young, Pierce, Hobfoll & Johnson, 2002:252).

The definition used by the International Resilience Project (aimed at promoting resilience in children) is comprehensive: “Resilience is a universal capacity which allows a person, group or community to prevent, minimise, or overcome the damaging effects of adversity. Resilience may transform or make stronger the lives of those who are resilient. The resilient behaviour may be in response to adversity in the form of maintenance or normal development despite the adversity, or a promoter of growth beyond the present level of functioning. Further, resilience may be
promoted not necessarily because of adversity, but, indeed, may be developed in anticipation of inevitable adversity (Grotberg, 1997:118-128).

Resilience is a relative concept that may have different meanings in different contexts and domains. Similarly, there are always individual differences in people’s response to adversity. People may be resilient to some risk factors, but not to others, as they may be resilient in relation to some outcomes, but not to others. Rutter (2007:205) describes resilience as “the phenomenon that some individuals have a relatively good outcome despite suffering risk experiences that would be expected to bring about serious sequelae.” Resilient individuals are relatively more resistant to environmental risk experiences, and better equipped to overcome stress or adversity. Thus resilience cannot be equated to individual psychological traits. Genetic effects, environmental change, and physiological responses to external risks have a significant influence on the resilience of an individual (Rutter, 2007:205).

Resilience may depend on experiences following exposure to risk factors, and ideally needs to be considered across a life span (Rutter 2007:205), which makes life history research a suitable approach to the research problem.

There is general agreement about certain characteristics associated with resilience. It has been established that resilience is an observed trait (Rutter 2007:205) which is dynamic and varies throughout life. There are shifts in resilience during childhood and adolescence. So for example, DuMont, Widom and Czaja, (2007:261) found that the number of resilient individuals decreased significantly from childhood to adolescence, possibly as a result of retraumatisation and other cumulative stressors. Positive interventions may be required throughout the life course (DuMont, et al., 2007:270).

Resilience may be mediated by coping strategies, that is, what individuals do in response to adverse life events. Rutter (2007:205) points out that future research needs to pay heed to both mental operations and individual attributes or experiences. He identifies the challenge of the present wave of resilience research of being to move from variables to processes or mechanisms involved in resilience (Rutter, 2007:206).
For the purpose of this study I chose to assimilate the above aspects in three key requirements which are listed below.

- The first is the means of enduring and coping with trauma or hardship or adverse life events – what may be referred to as sustained competence under threatening circumstances (Masten & Coatsworth, 1998; Werner & Smith, 1992).

- The second is the means of recovering from adverse life events, recovering from the psychological harm caused by adversity and regaining an appropriate level of functioning (Garmezy, 1993; De Civita, 2000).

- The final one is the means of growing, adapting, experiencing success, or developing emotionally, mentally and/or spiritually after having been exposed to adverse life events, that is the ability to transform disaster into a growth experience and move forward (Polk, 1997:13) to flourish and become greater over time.

This culminates in the following simple definition: resilience is the human process of enduring, recovering and growing through trauma and adversity.

ii) Risk

In generic terms, risk relates to “the uncertainty associated with possible future outcomes (Cleary & Malleret, 2006:12).” In the context of resilience, risk can be regarded as the increased probability of an undesirable outcome (Goldstein & Brooks, 2006:19; O’Dougherty Wright & Masten, 2006:19). For the purpose of this study a risk factor is considered to be a characteristic of a participant or her situation that predicts a potentially negative future outcome.

iii) Trauma

*Trauma* can generally be defined as a deeply distressing experience or the emotional shock following a stressful event (The South African Concise Oxford Dictionary, 2002:1249). A person has experienced trauma if she has been exposed to certain life events that have had an effect on her way of life or developmental
phase, leading to a breakdown in her normal coping mechanisms. She may also seem resigned and may have experienced a seemingly irreversible change in conviction or outlook on life (Retief, 2004:17,18). For the purpose of this study, trauma is considered to be **an emotional shock response following a deeply distressing or stressful experience or event/s.** Such a physical or emotional injury is usually overwhelming and has a lasting effect on a person. These include experiences such as emotional abuse, physical and sexual assault, being threatened with assault, witnessing violence against others, and long-term neglect in childhood.

**iv) Psycho-education**

There is a lack of consensus regarding the definition of psycho-education, but it usually refers to approaches that combine multiple strategies for intervention (Brendtro & Long, 2005:157). Pollio, Brower and Galinsky (Pollio, McClendon, North, Reid, & Jonson-Reid, 2005:111) define psycho-education as “a long-term intervention model that draws from education and family support, as well as from psychotherapeutic elements emerging from group participation.” The general psycho-education model was developed in out-patient mental health settings, but has been adapted for other populations. Psycho-education could be seen as a combination of structured educational programming and problem-solving, therapeutic elements (Pollio, et al., 2005:111).

**v) Interactive educational drama**

Drama elicits emotional responses to the informational content, thus facilitating experiential learning on an emotional and a cognitive level. This combination of emotion and information, such as in educational drama, has the potential of effectively educating and motivating members of the audience (Stephens-Hernandez, Livingston, Dacons-Brock, Craft, Cameron, Franklin & Howlett, 2007:11). Interactive drama facilitates expression and communication between audience and actors in an open and dialogic space, particularly on complex issues (Tromsky & Doston, 2003:54). Interactive educational drama in the context of this
study can be defined as theatre with the object of achieving educational outcomes by means of communication between audience, characters and the director-facilitator.

1.4.3 Methodological assumptions

The research in this study will be conducted based on the principles and methods of qualitative research, since little is known of the subject within the South African context. I will attempt to enter the research field without deliberately obtaining prior knowledge on the subject and without theoretical assumptions. I will work in an inductive-phenomenological manner, with the intention of reconstruction after completion of the fieldwork (Mouton & Marais, 1992:105). I intend to follow a functional approach to research (Botes, 1998:19-20), in order to contribute to the improvement of mental health practice, by means of an educational play as vehicle for fostering resilience. I will conduct research on the basis of the scientific principles of logic and justification (Botes, 1998:18-19).

One aspect of justification concerns establishing trustworthiness. Trustworthiness can be ensured by applying the strategies for the achievement of rigour in qualitative research as based on Guba’s (Krefting, 1991:217-221) model of trustworthiness in qualitative research. These qualitative criteria for establishing trustworthiness, that is credibility, transferability, dependability and confirmability, will now be introduced briefly, and discussed in more detail in Chapter 2 of this thesis.

a) Credibility

Credibility, or truth value, concerns establishing how confident the researcher is of the truth of the findings based on the research design, research participants and the context in which the study was undertaken (Krefting, 1991:215). This is achieved through the discovery of human experiences as they are lived and perceived by the research participants. According to Lincoln and Guba (Krefting, 1991:215), the researcher’s task is to represent the participant’s revealed multiple realities as adequately as possible. Krefting suggests various strategies to ensure credibility, of
which I intend to apply reflexivity, triangulation, member checking, interview process and peer examination.

The purpose of reflexivity as strategy is to limit the occurrence of over-involvement of the researcher in the life of the research participant. Reflexivity entails the assessment of the influence of a researcher's background, personal history, perceptions and interests on the research process (Ruby cited in Krefting, 1991:218). For the researcher it involves consciously experiencing the self as both inquirer and participant, as teacher and learner, and becoming acquainted with oneself within the research process (Lincoln & Guba, 2000:183).

As researcher, I will be a participant in the dynamic research process, and not only an observer. I intend to maintain a sense of self-awareness in the research setting by reflecting on my own characteristics and examining how they influence data gathering and analysis. I intend to utilise my research journal for this purpose, by documenting my thoughts, feelings, reactions and ideas related to any contact with the research participants. This may well highlight biases and preconceived assumptions of which I am unaware at this stage (Krefting, 1991:218).

Triangulation enhances not only the credibility, but also the dependability and confirmability of the research. It involves the combination of multiple perspectives or perceptions to clarify meaning and to confirm data, thus ensuring that all aspects of the phenomenon have been investigated (Krefting, 1991:219). By means of triangulation the repeatability of an observation or interpretation can be validated. Triangulation furthermore serves to clarify meaning by identifying different ways in which the phenomenon is perceived (Stake, 2000:444).

In this study I will apply two forms of triangulation, that is triangulation of data methods and triangulation of data sources. Data collected by means of open-ended life-history interviews with participants will be compared to documents such as scrapbooks and other biographical sources. In this way data collected by various means or methods will be compared.
Triangulation of data sources involves maximising the range of data sources that may contribute to my understanding of resilience in female trauma survivors. In addition to interviewing four resilient women, I intend to conduct a semi-structured interview with the main participant’s husband who has been witness to much of her resilient transformation.

Member checking refers to a technique that involves testing the research data, analytic categories and interpretations with the research participants, so as to avoid misrepresentation of data. Due to the sensitive and personal nature of the research, I realise that participants may find the confrontation with their life histories distressing to some degree. Towards the end of the research participants will be asked to check their life histories as presented in Chapters 3 and 4 of this thesis. This member check will be performed to ensure that the overall interpretation of the data reflects the experiences of the different participants (Krefting, 1991:2190), and also so that participants’ identities are not compromised in any way.

According to Krefting (1991:220), credibility can be enhanced in the interview process if the interviewer reframes or repeats questions, and also by the participant’s consistency in reaction to specific topics at different stages during the interview. In addition to these interview techniques I intend to verify meanings by presenting participants with indirect questions related to the issue at hand.

The credibility of the study will finally be ensured through peer examination. I intend to discuss the research process, findings, categories and problems with experienced qualitative researchers. For example, I plan to solicit the professional contribution of a Gestalt therapist to assist in the analysis of the main participant’s scrapbook. I will also engage the help of a co-coder to ascertain the accuracy of the data analysis.

b) Transferability

Research meets the criteria of transferability “when the findings fit into contexts outside the study situation that are determined by the degree of similarity or goodness of fit between the two contexts (Krefting, 1991:216).” Howard, Dryden and Johnson (1999:307) identify awareness of the social context within which research is
conducted as an important guiding principle in resilience research. I intend to present a dense description on the data so as to allow the comparison of findings with that of other situations, as suggested by Lincoln and Guba (Krefting 1991:216).

c) **Dependability**

Dependability refers to the consistency of findings. As recommended by Krefting (1991:221), I will give a dense description of the exact methods of data gathering, analysis and interpretation, to give an indication of how repeatable or how unique the study might be. In addition, the use of triangulation as discussed above will ensure that the possible weakness of one data gathering method is compensated for by using other methods as well. Similarly, peer examination of the research plan and implementation will contribute to the dependability of the findings (see 1.4.3.1.a).

d) **Confirmability**

Data and interpersonal confirmability can be achieved primarily by the audit strategy, that is, an external auditor tries to understand why and how decisions were made by considering the natural progression of events in a project (Krefting, 1991:221). Given the same data and context, another researcher should be able to come to comparable conclusions. In this regard I would like to include an auditor at the beginning of the research process to assist me in establishing the nature of the audit trail. In addition, triangulation of data methods and sources will assess the strength of my research ideas. Likewise, reflexive analysis will sensitise me to my own influence on the data (Krefting, 1991:221).

1.5 **Research Design**

In the research design I will endeavour to answer the question “What do I want to know in this study?” Through research, my aim will be to gain an understanding of the participants’ lives in their own terms. Janesick (2000:383) describes three stages of research design: a preparation stage at the beginning of the study; the exploration stage when design decisions are made throughout the study; and the
formulation or completion stage when design decisions are made near the end of the study.

In interpretive research, a priori design commitments may block the introduction of new understandings. Consequently, although qualitative researchers may design procedures beforehand, design should always have built-in flexibility to allow for discoveries of new and unexpected empirical materials and sophistication (Denzin & Lincoln, 2000:368). Although the research will be carefully designed, I realise that the possibility exists for improvisation and adaptation in the design as the research events unfold.

Now, at the beginning of the study, I intend for the research to be qualitative, exploratory, descriptive and contextual (Chinn & Kramer, 1991:79). Life history research will be conducted by means of multiple case studies, allowing for the use of various data sources and methods of collecting data.

1.5.1 Phase 1: Multiple case studies by means of life history research

At the beginning of my research I contemplated different strategies to decide who would take part in this study, in order for me to gain the best opportunity to learn about the problem at hand. Case study has been my method of choice of who would be studied, and was defined by my interest in individual cases, not by the methods of inquiry used (Stake, 2000:435).

I will draw a purposive sample, favouring potential research participants who seem to be most likely to make a specific, unique contribution to this study, or as Stake (2000:446) suggests, from whom I am likely to learn the most. Neither sampling of attributes, nor balance and variety are the most important in case selection. Rather, the most important issue in case selection is the opportunity to learn (Stake, 2000:447).

A case study is both a process and the product of inquiry about a case. I aim to perform a collective case study (Stake, 2000:437), that is, a joint study of a number
of cases so as to investigate the phenomenon of resilience in female trauma survivors. The individual women who participate in this study may or may not have similar characteristics, experiences, or skills. However, they have been chosen because I hope that, by gaining some insight into their experiences and personal histories, I will form a better understanding and perhaps be better equipped to theorise about resilient trauma survivors. The number of case studies to be conducted cannot be established beforehand, because it will depend on the stage at which data-saturation is achieved.

a) **LIFE HISTORY RESEARCH**

The research will be conducted by means of conventional life-history methods of inquiry, enhanced by creative representations in the form of Esther’s drawings and autobiographical texts. Life history as research strategy relies on interviewing and text analysis of the interview transcripts. Watson and Watson-Franke (2000:539) define a life history as a retrospective account by a person of his/her life, in whole or part, in written or oral form, as elicited by another person.

The purpose of a life history in this study is to represent a process whereby researcher and reader both gain insight into the way the narrator makes sense of the world. Life history as personal narrative helps to create, define, reinforce or change reality. It is an attempt to understand the conditions in which people live, in order for everyone involved in life history to be able to reconfigure their own lives. Post-modern life histories are also aimed at creating ways to decolonise people who have been silenced, forgotten, or deformed by their experiences (Tierny, 2000:549).

Controversy exists regarding the methodological implications of life history as a research method (Cary, 1999:411). With reference to Blumenfeld-Jones, Cary (1999:425) emphasises that a factual base is required to prevent narrative inquiry from becoming mere speculation. She underlines the significance of unexpected stories to dispose of the victory narratives, fictions, myths, romance and innocence that are often associated with life history research.
While truth and reality would certainly be what researchers are looking for in life history research, Tierny’s (1998:67) argument provides another perspective on the issue:

“We seek to expose ‘regimes of truth,’ to use Foucault’s (1980) phrase, with the realisation that we will never be able to pull back the narrative curtain far enough to enable us to understand the Other. Truth - personal, subjective, positioned - demands life stories that work from an unstable epistemological framework that nevertheless seeks to reach across differences rather than ameliorate or occlude them. The new life story transgresses boundaries; their authors are self-reflective not in a narcissistic manner but in the realization that representations are mutual undertakings between author and interviewee.”

As an undertaking between author and interviewee, an analysis of the social, historical, political and economic contexts of a life story by the researcher is what turns a life story into a life history (Hatch & Wisniewski, 1995:539). Tierny (1998:68) agrees that a person’s life cannot and should not be “configured as a decontextualised gateway to understanding.” He emphasises the importance of recognising people’s individual differences in the post-modern world.

In the proposed life history research my approach will be based on the premise that a participant’s reality is based in the story she creates. In analysing I will then attempt to translate and reconstruct the given story into a life history. I will not only attempt new ways of constructing these texts, but also engage different relationships with the women who are studied (Tierny, 2000:549), thus attaining greater vulnerability within myself as researcher, and a greater sense of responsibility towards the women who are being studied.

**b) METHODS OF COLLECTING DATA**

The life history research will be conducted through specific methods of data collection that are informed by strategies of inquiry. These strategies of inquiry will consist of the skills, assumptions, performances and practices that I as researcher will use to move from paradigm and research design to the collection of empirical materials. Strategies of inquiry are what connect researchers to specific approaches to and methods of, collecting and analysing data (Denzin & Lincoln, 2000:371).
In effect, the inquiry will be informed by the three pillars of arts-based educational research practice that is literary, visual, and performative areas of research. The research data will consist of literary and visual texts, such as the life-history narratives of the four participants, as well as Esther’s drawings and autobiographical reflections and poetry as found in her scrapbook. The findings of the study, on the other hand, will culminate in an interactive educational drama.

A multimethod approach will be followed in this study, because it is likely to provide a more accurate portrayal of the variations of human experience than any single method (Denzin & Lincoln, 2000:19). This approach will consist of the combination of textual, visual and performative aspects. The basis of transformation through narrative lies in “collaboration, of constantly testing our meaning against that of others, building consensus around shared meaning, and ensuring that as many voices as possible are included (Emihovich cited by Cary, 1999:415).”

I have chosen to make use of various interconnected interpretive methods involving a number of different voices, thus attempting to gain an increased insight into the lives, skills and characteristics that contribute to the participants’ resilience. The multimethod approach I intend to follow will consist of individual open-ended interviews with the participants themselves, as well as a semi-structured interview with the primary participant’s husband. Bearing in mind the complexity of human beings, a multimethod approach will increase the chances of gaining insight into the way the participants construct their lives and their life stories (Fontana & Frey, 2000:668). A multimethod approach furthermore contributes to triangulation, that is, the use of multiple sources of data and multiple methods to confirm the findings of a study (Miles & Huberman, 1994:267).

The main data collection method by means of which the primary participant’s life stories will be obtained is through interviewing. Interviews will take place with a number of research participants, during which they will be asked to tell their life stories. I value the statement that “to learn about people we must treat them as people, and they will work with us to help us create accounts of their lives (Fontana & Frey, 2000:668). I hope to achieve this by applying the principles of feminist-
based interviewing (Fontana & Frey, 2000:634, 666) which require openness, emotional engagement, and the development of a potentially long-term, trusting relationship between each research participant and myself as interviewer. The feminist interviewing ethic transforms interviewer and participant into equals who have a conversation about mutually relevant, often biographically critical, issues (Fontana and Frey, 2000:668).

I will make use of interactive interviewing techniques (Kiesinger, 1998:74) to facilitate a context in which the research participants will be able to construct detailed autobiographical accounts of their experiences. The semi-structured interview will be conducted with Deon, the husband of the primary participant (Esther), based on the fact that he has known her for a prolonged period of time and can bear witness to the resilience transformation that had taken place over the past two decades of her life. He will be interviewed based on an interview guide, thus focussing on certain themes rather than containing exact questions (Kvale, 1983:174). Themes will be centred on Esther’s ways of reacting to, and coping with, her traumatic circumstances, as perceived by her husband.

In addition to the interview data, life history of the primary participant Esther will be constructed by means of a scrapbook that she had made during late adolescence/early adulthood. The scrapbook consists of textual items such as autobiographical poems and reflections, as well as graphic images that have been drawn, traced or cut from magazines to construct collages. In recent years Esther has contributed a chapter to a book (popular media) consisting of an autobiographical description of a significant year in her life. This source will also be included to corroborate the results from the other data sources.

c) METHODS OF ANALYSING DATA

The empirical data in this study will consist of the chapter from the popular media publication, the scrapbook, the transcribed interviews with the participants and the primary participant’s husband, as well as my research journal consisting of notes made during the research period.
The process of data analysis will involve the coding of the different texts with the emphasis on interpreting for understanding. The texts will be read and reread in order to continue the process of identifying themes – a process which takes place before, during and after data-collection (Denzin & Lincoln, 2000:780). Coding categories will be developed, and the different themes and concepts will be defined and listed. Codes will be assigned to different units of text, in order to mark off text for later retrieval. Next, concepts will be compared across texts to establish how these are related to each other. Finally, these themes will be combined into a conceptual framework that represents the sets of constructs and the relationships between them. In addition, a Gestalt therapist will be consulted to assist in interpreting the scrapbook images and text as a secondary source of data that may contribute to the findings from the other data sources.

1.5.2 Phase 2: Conceptual framework

The themes that emerge in the process of data analysis will be discussed in a cross-validation report that indicates the sets of constructs and the relationships between them. The findings will then be presented in the form of a conceptual framework which will be the basis for an interactive educational play aimed at fostering resilience and mental health in women.

1.5.3 Phase 3: Interactive educational play

Arts-based research combines elements of creative practices – such as processes, structures, and approaches – with academic scholarship. By means of the creative arts, arts-based research informs social science research in interdisciplinary ways and redefines methods in the field of education (Sinner, Leggo, Irwin, Gouzouasis & Grauer, 2006:1226). Arts-based research is rapidly gaining momentum in education, where the approach is based on four attributes: “a commitment to aesthetic and educational practices, inquiry-laden processes, searching for meaning, and interpreting for understanding (Sinner, et al., 2006:1223,1226).”
“All arts-based researchers create textual, visual, and/or performative works of art (Sinner, et al., 2006:1246).” As mentioned above, the research data in this study will consist of literary texts and visual representations. The outcome of the research, however, will be in the shape of a performative work, that is, an interactive educational play aimed at fostering resilience, regardless of trauma.

1.5.4 Ethical measures

As far as ethics are concerned, I am guided by the opinions of Stake (2000:447), who emphasises that “the value of the best research is not likely to outweigh injury to a person exposed.” Qualitative researchers are guests in the private spaces of the participants. They should therefore be well-mannered and adhere to a strict code of ethics. My main ethical concerns as guest in the private spaces of the participants pertain to obtaining fully informed consent from the research participants and ensuring that they emerge from the research experience unharmed (Rudestam & Newton, 1992:196).

In view of the fact that interviewing is a process of human interaction, ethical measures will be taken to prevent the potential risks of interaction. The benefits of scientific discovery will be balanced against the potential risks to the informants throughout the research process (May, 1991:199). These risks include potential embarrassment, anger, violation of privacy, misunderstandings, and conflicts in opinions and values. Interviewing may also stimulate self-reflection, reappraisal or catharsis, and self-disclosure (May, 1991:199). These possibilities will accordingly be taken into account.

In this study I intend to take the ethical measures described below to obtain informed consent from the research participants.

- Participants will be invited to take part in the research voluntarily. They will also be told why they have been singled out for participation.

- Background information about the study will be supplied and participants will have the opportunity to have their questions answered.
- Participants will be informed of my competence and background as a researcher (Lipson, 1991:76).
- The research participants may use pseudonyms and are assured of anonymity.
- Information obtained during the data collection process is confidential, unless otherwise agreed upon in advance.
- Participants will be informed of the potential benefits of the study.
- They will have the freedom to withdraw from the research without penalty.
- Participants will be asked to check the transcripts of their interviews for accuracy, since they have claims of ownership over any material produced in the research process (Fontana & Frey, 2000:668).
- Participants will furthermore receive feedback and will have access to the results of the research.
- Underlying the other ethical measures will be a general ethic of caring between myself as researcher and the participants (Sinner, et al., 2006:1238).

1.6 DIVISION OF CHAPTERS

The thesis will consist of the following chapters:

Chapter 1: Overview of the research problem

Chapter 2: Research design and methodology

Chapter 3: Phase 1: Results from the primary research participant

Chapter 4: Phase 1 (continued): Results from the secondary research participants

Chapter 5: Cross-validation report and literature control
Chapter 6: Phase 2: Conceptual framework, and Phase 3: Interactive educational play

Chapter 7: Conclusion

1.7 CONCLUSION

In this chapter an overview was presented of the contextual issues pertaining to inadequate resilience in the face of trauma. Both the research problem and the purpose of this study were stated. I presented my paradigmatic perspective on the research process in terms of meta-theoretical, theoretical and methodological assumptions. The research design was briefly outlined, as well as the division of chapters in this thesis. In the next chapter the research design and methodology will be discussed in more depth.
CHAPTER 2: RESEARCH DESIGN AND METHODOLOGY

PHASE 1: MULTIPLE CASE STUDIES

2.1 INTRODUCTION

In this study my purpose is to determine how resilient women manage to endure, recover from, and be strengthened emotionally and/or spiritually by, traumatic life events. The research findings will be employed to develop a conceptual framework as the basis for an interactive educational play aimed at facilitating mental health in women who are exposed to traumatic circumstances on an ongoing basis, or who have been the victims of previous traumatic events.

In this chapter I will describe the progression of the research from Phase 1: Multiple case studies, to Phase 2: Conceptual framework, to Phase 3: Interactive educational play. Phase 1 will consist of a description of the research design, selection of participants, strategies of inquiry, data collection methods, and data analysis, literature review and cross-validation report. Phase 2 will comprise a conceptual framework based on the results of Phase 1, as considered against the background of existing literature. Phase 3 will present a discussion of an interactive educational play based on the conceptual framework of Phase 2.

2.2 RESEARCH DESIGN

In Phase 1 of the research process I will conduct multiple case studies. The participants in the various case studies will be selected based on the fact that they fit the description of resilience. I plan to conduct the research by means of life history interviews with the various participants, and one semi-structured interview with the main participant’s husband.

In the research design I will attempt to answer the question “What do I want to know in this study?” My aim will be to understand the research participants’ lives in their own terms. To achieve this, the research has to be planned thoroughly, while I as
researcher remain open to new understandings and discoveries as the research events unfold (Denzin & Lincoln, 2000:368).

2.2.1 Characteristics of research design

The research design in this study is qualitative, exploratory, descriptive and contextual (Chinn & Kramer, 1991:79). In qualitative research such as this, little or no information is available concerning the problem. Little research has been done about the resilient female trauma victim in the South African context, and in particular about the mechanisms and processes contributing to her resilience. Findings from other countries are not necessarily transferable to the South African situation. This necessitates a qualitative and contextually specific approach to the research.

Exploratory research is an essential characteristic of the research design, because the purpose of this study is to investigate the phenomena of endurance, recovery and personal growth as aspects of resilience in female trauma survivors, as well as to identify the variables that have an effect on the phenomenon (Marshall & Rossman, 1989:78).

The research will be descriptive in the sense that the details of the life histories of resilient women will be documented, as well as the ways in which they have reacted to traumatic experiences in terms of, amongst others, attitudes, beliefs, coping skills and strategies.

This research is limited to a contextually bounded group of women in a unique setting in terms of time, place and experience. The participants are middle class Afrikaans-speaking women who live in the Gauteng Province of South Africa. They are unique in their responses to the circumstances surrounding their own experiences with trauma and their resilience in recovering from negative life events.

2.2.2 Selection of research participants

In order for me to gain the best opportunity to learn from the participants about the problem at hand, I have chosen to make use of multiple case studies. For the purpose of this research the object of study is specific and unique, that is, female
trauma survivors who have managed to endure, recover from, and grow through trauma. This joint study of a number of cases consists of the collection and analysis of data from resilient female trauma survivors. Multiple cases enhance the generalisability of findings, while adding to the precision and stability of the findings. Furthermore, multiple cases allow for greater variation and possibly a more compelling interpretation (Merriam, 1998:40).

The purpose of a case study is to give a holistic description and explanation and to uncover the interaction of significant factors characteristic of the phenomenon (Merriam, 1998:29). Whether the participants in this study are similar or not, they will be selected in the anticipation that their experiences and personal histories may contribute to a general understanding of the process of life events, the personal and situational characteristics, and the possible strategies or skills that are involved in their growing resilience.

Merriam (1998:29) characterises case studies as particularistic, descriptive and heuristic. For the purpose of this study, the case studies are particularistic in the sense that they are focused on the particular phenomenon of resilience as manifested in the lives of female trauma survivors. The focus will in particular be on the way that these participants have reacted to traumatic events and circumstances. These case studies will be descriptive, consisting of a “thick” (complete, thorough) description of the participants’ reaction to trauma. The case studies will be heuristic in the sense that they may shed new light on the phenomenon under investigation, lead to the discovery of new meaning, or confirm what is known about the subject of resilience in women who survived trauma. For this to be achieved, the overall intent of the study is to be both descriptive and interpretive.

The number of participants who are to take part in the research cannot be established beforehand. I will continue to interview potential participants while starting with the initial analysis of the interview transcripts as the main data source. Only when the point is reached at which themes are repeated from one participant to the next, without the emergence of significant new themes – that is the point of data-saturation (Parse et al., 1985:18) – will new participants no longer be included.
When data-saturation is achieved – that is, the point at which stage the central story line will remain the same from one interview to the next, and no new information concerning the lived experience of the participants with relation to their experiences with trauma will be provided.

Derived from the above criteria, a purposive sample will be drawn based on the requirements for the study and the participants’ knowledge of the research topic. For the purpose of this study sampling will be an ongoing process throughout the concurrent data collection and analysis phase. The key to an appropriate and adequate sample is the researcher’s control over the sample, which is achieved when the researcher controls who is interviewed, when, and how often (Morse, 1991:144).

The selection of participants is critical to the ultimate quality of the research, and as far as possible the suitability of participants will be assessed before the interview. The selection of participants will initially be determined by the research question and the availability of participants, but may then be modified as needed, based on experience about who comprises the natural unit of analysis (May, 1991:190). The suitability of potential participants will furthermore be determined by the likelihood that they will make a valuable contribution to this study, and from whom I am likely to learn the most (Stake, 2000:447).

Based on a preliminary literature overview, I have identified certain characteristics that might be attributed to resilient people, which will serve as criteria in the selection of participants. These are listed below.

- They have not been overcome by previous traumatic experiences, and display unusual courage and inner strength in the midst of trauma.
- They have recovered from previous trauma by displaying positive, adaptive behaviour and persisting in relationships with themselves and with others.
- They have grown and moved on in their lives in new and creative ways despite their previous exposure to trauma. They give meaning to negative experiences
and lead fulfilling lives marked by characteristics such as a commitment to community and a focus on the completion of tasks.

In addition I will base the selection of participants on the qualities of good participants as proposed by Morse (1991:132). I intend to select research participants who:

- are able to reflect and provide detailed experiential information about their lives and their exposure to traumatic life events;
- are experts by virtue of their exposure to traumatic life events and their successful recovery thereafter, thus the participants will have to have been victims of traumatic events;
- are willing to share their experience with the interviewer;
- are prepared to put aside enough uninterrupted time for the interview; and
- are willing and able to critically examine their traumatic experiences and their responses to the situation. Participants may find this process painful or stressful, although it may also be a therapeutic experience.

Should a participant not fit the profile and the necessary information is not obtained, I will do secondary selection (Morse, 1991:133). Morse (1991:143) emphasises the importance of adhering to the principles of qualitative sampling in order to avoid jeopardising the reliability and validity of the study, and compromising the quality of the resulting theory.

The methods of sampling in qualitative research must be both appropriate and adequate. Appropriateness refers to the measure in which the choice of participants and method of selection match the purpose of the study as determined by the research question and the phase of the research. The appropriateness of a sample is evaluated by examining the methods of sampling and determining whether the methods used and the sample obtained facilitate understanding of the research problem (Morse, 1991:134,135).
Adequacy refers to the sufficiency and quality of the data. To ensure adequacy, the relevance, completeness, and amount of information obtained needs to be assessed. If the data are adequate, data saturation has been achieved and the resulting theory is complete. Thus, in qualitative research informational accuracy is insured by the completeness and the amount of information rather than by the number of cases included in the sample (Morse, 1991:134,135).

To ensure that the sample meets the criteria for appropriateness and adequacy, the researcher has to control the composition of the sample through primary selection, that is, by controlling who is selected to be interviewed. Under these circumstances the researcher has a relationship with potential participants and knows who would be suitable and willing to participate in the research. Because primary selection is efficient, the sample size will be as small as possible (Morse, 1991:135,136).

2.3 PHASE 1: MULTIPLE CASE STUDIES BY MEANS OF LIFE HISTORIES

In moving from research paradigm and research design to the collection of data, I will make use of particular strategies of inquiry. These involve certain skills, assumptions, enactments and practices that are connected to specific approaches and methods for collecting and analysing data (Denzin & Lincoln, 2000:371).

My chosen strategy of inquiry is to perform case studies by means of in-depth life history interviews with resilient women who have recovered from, and grown through, their experiences with trauma. A life history is a written or oral retrospective account by a person of her life or part of her life, as elicited by another person (Watson & Watson-Franke, 2000:539). Life histories are particularly suitable to explore the experiences of exceptional individuals such as the resilient trauma victims in question. This form of narrative inquiry, being concerned with who people are, illuminates the way in which resilient women construct (and reconstruct) their identities over time (Le Compte & Preissle, 1993:168).

Life histories differ from life stories. Goodson (2001:139) considers the representation of experience in the form of a life story a first interpretive layer in
which the participant tells her story. In a second stage or interpretive layer, a life history is constructed based on interviews and other data. The latter has to involve an account of the historical context in which the life of the participant is embedded: Without contextual commentary on issues of time and space, life stories remain uncoupled from the conditions of their social construction. This is the main argument for life histories rather than life stories (Goodson, 2001:139).

The purpose of a life history in this study is to represent a process whereby both researcher and reader acquire insight into the way the participants make sense of their world, and, as Tierney (McLaughlin & Tierney, 1993:4) states: “...individual memory must be preserved not simply for some romantic future where people will be able to see how we lived in the late twentieth century, but rather, we collect life histories as a way to document how we live now so that we might change how we live now.” Life history as personal narrative helps to create, define, reinforce or change reality. It is an attempt to understand the conditions in which people live, in order for everyone involved in life history to be able to reconfigure their own lives.

2.4 METHODS OF COLLECTING DATA

Multiple methods of collecting data will be employed in this study, of which interviewing will be the main method. Throughout I will be guided by the concept of methodological holism. The Gestalt of the participant’s story confirms the appropriateness of the narrative inquiry as research strategy of choice, since narrative research focuses on the whole of the individual participant (Frank, 2003).

2.4.1 Guiding principles

As researcher I will attempt to listen to each participant’s story as a whole. In doing so, I will be guided by a number of principles, including flexibility and adaptability, consistency, researcher-related considerations and characteristics, reflexivity, communication skills, and the relationship between researcher and participant.
a) **Flexibility and Adaptability**

Qualitative research interviews are dynamic and unpredictable, and often require adjustments during the process. In order to discover each participant’s life history, the researcher has to remain flexible and adaptable throughout the interview process. This implies the ability to make adjustments regarding issues such as the structure, timing, and selection of participants (May, 1991:194,195), and in terms of topic selection during the semi-structured interviews. Flexibility further allows for the adjustment of the interview process if and when necessary.

b) **Consistency**

Consistency, on the other hand, is fundamental in relation to the types of questions asked, the extent of the detail explored, and the balance between exploration and confirmation in the content of the interview. May (1991:194) defines consistency in terms of comparability. There has to be sufficient information and detail in the participants’ life stories to enable comparison between them. The comparability in this study will be enhanced when I ensure that data which might have been missed during the initial life history interviews can be captured at a later stage by telephone or in-person follow-up interviews. May (1991:192) emphasises the importance of “…maintaining enough flexibility to elicit individual stories… while gathering information with enough consistency to allow for comparison between and among subjects.”

c) **Researcher-Related Considerations**

In qualitative research the researcher is the primary research instrument (Janesick, 2001:531). Considering that the researcher both affects and is affected by research (Bergum, 1991:55), it is essential that the researcher is really interested in and fascinated with who the other person is (Frank, 2003).

d) **Characteristics – Who is the Researcher**

The researcher is subjectively involved in the interview process. Researchers should therefore be aware of the influence of personality and values on the research
process (Lipson, 1991:76). The interview is also influenced by the personal characteristics of the interviewer, (such as race, class, ethnicity and gender), the characteristics of the participants, the structure of their social relationships, and the participants’ evaluation of the researcher. Participants may judge the researcher in terms of what is safe or acceptable to tell the researcher. They may judge the researcher on cultural background, age, gender, social status, personality features, and professional background (Lipson in Morse, 1991:77,78). What participants think the interviewer will understand relates mostly to their perception of her cultural background and personal attributes. In this case I believe that certain similarities between me as the interviewer and the participants might be beneficial. Specifically the correspondence in gender, language, culture, and values may provide common ground that will encourage them to share information candidly, while it may enhance my understanding of their narratives.

e) **Reflexivity**

The term *reflexivity* pertains to the fact that researchers are not separate from the data, but rather become part of the data, using self-awareness as a source of insight. Researchers need to be aware of their role and their internal state (Lipson, 1991:75). A life history interview, like other forms of narrative, is dialogical in nature and involves a mutual commitment to knowing and understanding the other person (Frank, 2003). As researcher and participants we will co-produce knowledge and represent it in a dialogue (Tedlock, 2000:461). I realise that in doing so I might find that not only is a portrait of the women I study are revealed, but perhaps also a portrait of myself (Tierney, 2000:537).

f) **Communication skills**

Interviewing is an interpersonal encounter and as such demands superior communication skills. May (1991:195) calls attention to the fact that skilful interviewing is typified by the extent to which the investigator can establish rapport, elicit information, and record it accurately. The success of the interviews will thus be enhanced by mutual understanding and trust between me as the researcher and the participants. The interview process will further benefit from increased trust,
because it will set the stage for more candid conversation and an empathic exploration of the participants’ personal histories, particularly in relation to their experiences with trauma (Le Compte & Preissle, 1993:179). The interviews will accordingly be conducted in an informal conversational style and I will attempt to put the participants at ease.

g) **RELATIONSHIP**

While being a research instrument during the interviews with participants, I will be a participant too, participating with the person to whom I am speaking. I will not be involved in the interview as an objective outsider wanting to “extract” information from the participants, but rather as one person wanting to learn from the other person. In these interviews we as interviewer and interviewee will thus both be participants, affecting one another (Frank, 2003). Lipson (1991:77) argues that the best data result from trusting relationships in which the researcher understands her own influence on the interaction in terms of her behaviour and the impact of her feelings and reactions on data collection and analysis.

### 2.4.2 Description of the interview, transcription and analysis process

I will start this section with a description of the interview process I intend to follow in collecting the data for this study. A precise description such as this will contribute to the dependability of the findings.

**a) Step 1: Preparation and planning**

The first step towards dependability in data collection through interviewing is the preparations for making audio recordings of each interview. Audio-recordings contribute to the auditability of data collection procedures (May, 1991:198). Replication of the process is not possible in the true sense, however, since the participants change and their stories change. No story will be told exactly the same twice, due to the perpetual change within the narrator (Frank, 2003).
Care has to be taken in planning the management of data generated by interviews, such as labelling, organising, and storing the audio cassettes for possible auditing. A system will also be in place to track interview transcripts and other data sources. On an ethical level it is important that the biographical details of participants do not appear on labels of audiocassettes or transcripts. Instead pseudonyms will be used throughout to protect the identity of participants and ensure confidentiality.

b) **Step 2: Unstructured Life History Interviews**

The data collection process will start with individual unstructured interviews with each of the four participants. Unstructured interviews do not have a specific structure and do not reflect preconceived ideas about the content or flow of the interview (May, 1991:190). During these pre-arranged conversations, the participants – being the experts on the subject of their own lives – will be asked to tell their life stories. In the unstructured interviews I will only provide enough topic guidance to elicit the participant’s story. Although I may have some previous biographical knowledge of the participants, I realise that such information has to be secondary to the process of discovering the participant’s life history (May, 1991:191).

The biographical-interpretative method is a suitable methodological strategy for this study, since it allows for exploration of “faded-out memories and delayed recollections of emotionally or morally disturbing … experiences (Schutze cited in Hollway & Jefferson, 1997:60), “ such as would probably be the case in these interviews. This strategy is based on the principle that the researcher has to elicit the gestalt informing each person’s life by means of the four principles listed below.

- Use open-ended questions.
- Elicit stories.
- Avoid “why” questions.
- Follow up using participants’ ordering/phrasing.
It means that I, as researcher and interviewer, will have to listen attentively while taking some notes. This will allow me to follow up themes during the semi-structured follow-up interviews later in the process. By using the participants’ own words and phrases, I will be able to elicit further narration through open questioning (Hollway & Jefferson, 1997:60).

c) **STEP 3: TRANSCRIPTION AND INITIAL ANALYSIS**

The empirical data in this study will consist of the transcripts of interviews with the research participants, the primary participant’s husband, and some documents (to be discussed in step 5). Analysis of this data will take place simultaneous with data collection, interpretation and the writing of this thesis.

After the unstructured interviews have been conducted, the audio recordings need to be transcribed. When qualitative researchers do the transcriptions themselves, the process of transcription can become the beginning of data analysis. Through intimate involvement with the texts, a researcher is likely to become aware of prominent and recurring themes in the data. With regard to data analysis, my point of departure will be to attempt an understanding of each narrative as a whole – the gestalt – and how the particular participant is positioned in relation to her story. Every participant is situated in a unique position and has particular knowledge and experience (Frank, 2003), thus necessitating a careful consideration of the social, historical, political and economic contexts of the different narratives (Hatch & Wisniewski, 1995:539).

d) **STEP 4: SEMI-STRUCTURED INTERVIEW**

The next stage in the data collection process will consist of a semi-structured interview with the person known here as Deon, husband of the main participant – throughout this study referred to as Esther. According to Polit and Hungler (May, 1991:191) focused or semi-structured interviews are organised around areas of particular interest, while still allowing considerable flexibility in scope and depth. The aim of this interview is to obtain a third person perspective on the primary participant’s transformation process from being vulnerable and prone to risk, to
becoming increasingly resilient. This interview will be guided by questions that are to be derived from the initial analysis (step 3) of the unstructured interviews with the participants (step 2).

e) **STEP 5: DOCUMENT ANALYSIS**

By this stage I should have a fair idea of the main themes as they become evident during the analysis of the main data sources, that is, the interview transcripts. I plan to move on to the analysis of the additional data sources, namely the various documents consisting of the main participant’s scrapbook, a chapter she wrote in a published book, a collection of thematic sentences she completed, and the notes from my research journal.

In relation to document analysis, there is a distinction between texts as seen from the linguistic tradition, and texts seen from the sociological tradition. In the linguistic tradition, texts are treated as an object of analysis in themselves, while the sociological tradition treats text as “a window into human experience (Ryan & Bernard, 2000:769).” In this study, I will engage with the texts of the different documents from the latter perspective, with the intention of attaining an understanding of the participants’ lived experience.

i) **Scrapbook**

In conjunction with the interview transcripts I intend to make use of a personal document belonging to the main research participant, namely a scrapbook from her adolescent years. This will be analysed in conjunction with the interview data. The content analysis of the scrapbook is intended to explore and describe Esther’s experiences with, and reactions to, trauma. Such a document analysis could potentially confirm the results of the initial interview data analysis.

ii) **Chapter in published book**

The primary participant, Esther, previously wrote an autobiographical chapter on her experiences during one particular year in her life. I have chosen not to read this chapter until I have completed the analysis of the interview data, so as to avoid over-
emphasising any particular aspect of her life history. This chapter will then be analysed and compared to the information pertaining to the corresponding period in Esther’s life as told during the interview. Any discrepancies will be noted.

**iii) Incomplete sentences**

See “the research design in retrospect”, towards the end of this chapter.

**iv) Research journal**

Some research journal entries will form part of the data, thus enabling triangulation of data and field notes. Keeping a journal serves the purpose of allowing oneself as researcher to reflect on, describe, and explain the intuitive and creative moments in the research process (Janesick, 2001:531). It is especially useful when struggling with difficult issues: “A journal also allows one to grapple with the deep and lasting effect that fieldwork produces… which is often more evident when analysing the data than when collecting it (Lipson, 1991:85).”

My observations and experiential field notes will be documented in the research journal, as well as notes regarding new insights and comments on methodology. In doing so, I hope to recognise the influence of my personal biases and feelings on the research. I expect that the journal, in representing my personal research journey, may confront me with my fears, feelings, mistakes and problems in relation to this study. (See also notes on Reflexivity below.)

**f) Step 6: Semi-structured follow-up interviews**

Once the document analyses have been completed, it will be time to move back to interviewing. A second round of follow-up interviews will be conducted with the participants, in order to clarify points of uncertainty that may have arisen during analysis. These interviews may be in person or during telephone conversations. The unstructured interviews that take place early in the study are likely to be guided by the participant’s perspective on her lived experience, while the later interviews are mostly in the form of questions based on the preliminary findings, resulting in a semi-structured or focused interview. May (1991:191,192) points out that it is common in
the later stages of a study for a researcher to move back and forth from an unstructured approach, to direct questions in the same interview. Although interviews are done on a one-time basis, provision should be made for later interviewing “to allow for clarification on points that are unclear to the investigator, for validation as analysis proceeds, and for follow-up if the time-period of the study must be extended (May, 1991:189, 190).”

g) **Step 7: Further Transcription and Analysis**

The audio-recordings of the remaining interviews will then be transcribed. This layer of analysis consists of taking apart the data eventually to arrive at “the emergence of a larger, consolidated picture (Creswell, 1994:154).” This process, based on the eight steps identified by Tesch (Creswell, 1994:155), will start with the reduction of the data achieved by means of coding of the different texts. The texts will be read and reread, while initial notes are made, in order to continue the process of identifying themes – a process which takes place before, during and after data-collection (Denzin & Lincoln, 2000:780).

Coding categories will be developed, and the different themes and concepts will be defined and listed, what Tesch (Creswell, 1994:154) refers to as “de-contextualisation”. Similar themes will be grouped and codes will be assigned to the different units of text, in order to mark off text for later retrieval. I will then return to the data and write codes next to appropriate segments of text. The themes will be renamed to give exact descriptions, which will then be turned into categories. I will make comparisons across texts to establish how these are related to each other. This will enable me to group related categories, thus reducing the total list of categories. These will then be analysed. If necessary, existing data will be recoded. Finally, re-contextualisation (Creswell, 1994:154) will take place when the analysed themes are synthesised into a conceptual framework that indicates the sets of constructs and the relationships between them.
h) Step 8: Co-coding of data

After completion of the analysis the results will be presented to an experienced co-coder to control for accuracy and comprehensiveness of the findings. Throughout the entire process of data collection and analysis, specific measures will be taken to ensure trustworthiness.

2.5 Measures to ensure trustworthiness

In this study I intend to establish trustworthiness by applying the strategies for the achievement of rigour in qualitative research proposed by Krefting (1991:217-221), as based on Guba’s model of trustworthiness in qualitative research. These qualitative criteria for establishing trustworthiness include credibility, transferability, dependability and confirmability.

2.5.1 Credibility

The credibility or truth value of a study involves establishing how confident the researcher is concerning the truth of the findings, based on the research design, research participants and the context in which the study was undertaken (Krefting 1991:215). In this study I plan to achieve credibility by uncovering the experiences related to resilience as they were lived and perceived by the research participants. My task as researcher is to represent the participants’ revealed multiple realities as adequately as possible (Lincoln & Guba cited in Krefting, 1991:215). Krefting suggests various strategies to ensure credibility, of which I intend to apply the following: prolonged engagement with the field, reflexivity, triangulation, interview process, and peer examination.

Prolonged engagement with the field may contribute to the credibility of the research (Lincoln & Guba, 1985:289). I expect to be extensively involved with the field of research for an extended period of time and in considerable depth. Due to the nature of case study research it is not only possible, but also preferable that I remain personally responsible for every part of the process. I had already established relationships with some potential participants before the onset of the formal research.
process. I plan to conduct all interviews personally and to maintain contact with the participants to keep them informed of the progress. I plan to be actively involved in the transcription of the interviews and thus be able to start and complete the process of analysis. I will at times be immersed in literature pertaining to the field of study, and will be responsible for conceptualising an interactive educational play based on the research findings.

My active involvement throughout the research will manifest in a second requirement for credibility, and that is reflexivity. Lincoln and Guba (2000:183) define reflexivity as “…a conscious experiencing of the self as both inquirer and participant, as teacher and learner, as the one coming to know the self within the processes of research itself.” Reflexivity as a strategy is useful in limiting the occurrence of over-involvement of the researcher in the life of the research participant. It involves the assessment of the influence of a researcher’s background, personal history, perceptions and interests on the research process (Ruby cited in Krefting, 1991:218). Since the researcher is a participant in the dynamic research process, and not only an observer, I as researcher will have to analyse myself in the research setting by reflecting on my own characteristics and examining how they influence data gathering and analysis. I expect to utilise my research journal for the purpose of reflection, among others, by documenting my thoughts, feelings, reactions and ideas related to any contact with the research participants. This may highlight biases and preconceived assumptions of which I am not currently aware (Krefting, 1991:218).

Triangulation enhances not only the credibility, but also the dependability and confirmability of the research. It involves the combination of multiple perspectives or perceptions to clarify meaning and to confirm data, thus ensuring that all aspects of the phenomenon have been investigated (Krefting, 1991:219). By means of triangulation the repeatability of an observation or interpretation can be validated. Triangulation furthermore serves to clarify meaning by identifying the different ways in which the phenomenon is being seen (Stake in Denzin & Lincoln, 2000:444).

In this study I will apply two types of triangulation, namely triangulation of data methods and triangulation of data sources. Data collected by means of individual
unstructured life history interviews with all participants will be compared to a
document such as the main participant’s scrapbook. In this way data collected by
various means or methods will be compared. Triangulation of data sources involves
maximising the range of data sources that may contribute to my understanding of
resilience in female trauma survivors. In addition to interviewing a variety of resilient
women individually, I intend to have a semi-structured interview with the husband of
the primary participant, Esther, in order to assess the preliminary findings.

Member checking refers to a technique that involves testing the research data,
analytic categories and interpretations with the research participants, so as to avoid
any misrepresentation of data. Due to the sensitive and personal nature of the
research, I realise that, from an ethical perspective, my interpretations and findings
may turn out to be upsetting to a participant. For this reason I have chosen to have
only the transcripts of the interviews checked by participants. Towards the end of
the research, however, a final member check be done in the form of the group
interview to ensure that the overall interpretation of the data reflects the experiences
of the different participants (Krefting 1991:219).

According to Krefting (1991:220), credibility can be enhanced in the interview
process by the interviewer’s reframing or repeating questions, and the participant’s
consistency in reaction to specific topics at different stages during the interview. In
addition to these interview techniques, I intend to verify meanings by presenting
participants with hypothetical situations and indirect questions related to the issues
at hand. In order to ensure the trustworthiness of the research, I will ask each
participant exactly the same question during the open-ended interviews, that is, “Tell
me the story of your life.”

I intend to enhance the credibility of the study by discussing the research process,
findings, categories and problems with experienced qualitative researchers.

2.5.2 Transferability

A second requirement for trustworthiness is transferability. Research meets the
criteria of transferability “when the findings fit into contexts outside the study situation
that are determined by the degree of similarity or goodness of fit between the two contexts (Krefting 1991:216).” I intend to present a dense description of the data so as to allow for comparison of the findings with those of other situations, as suggested by Lincoln and Guba (Krefting 1991:216). I will further make use of direct quotations from the interview transcripts of the participants, and will provide a detailed description of each participant’s demographics.

2.5.3 Dependability

Dependability refers to the consistency of findings. As recommended by Krefting (1991:221), I propose to give a dense description of the exact methods of data gathering, analysis and interpretation as an indication of how repeatable or unique the study may be. In addition, the use of triangulation as discussed above will ensure that the possible weakness of one data gathering method is compensated for by using other methods as well. Similarly, peer examination of the research plan and implementation will contribute to the dependability of the findings. I have already given a step-by-step description of the data-collection and analysis process so as to enable potential replication. Dependability will further be enhanced by the code-recode method and the use of purposive sampling.

2.5.4 Confirmability

Data and interpersonal confirmability can be achieved primarily by the audit strategy, that is, an external auditor tries to understand why and how decisions have been made by considering the natural progression of events in a project (Krefting, 1991:221). Given the same data and context, another researcher should be able to come to comparable conclusions. In this regard I intend to include an auditor at the beginning of the research process to assist me in establishing the nature of the audit trail. In addition, triangulation of data methods and sources will test the strength of my research ideas. Likewise, reflexive analysis will sensitise me to my influence on the data (Krefting, 1991:221).

A related issue is the control of bias during research. Purposive samples are at times criticised for being “biased” by virtue of the selection process (either self-
selection or researcher-selection). Morse (1991:138,139) explains that the criticism is valid, seeing that such methods facilitate a certain type of participant with a certain knowledge being included in the study. This, according to her, is the purpose and aim of using these methods, because in qualitative research, bias is used positively to facilitate the research.

Special techniques will be used to prevent bias in this study. So, for example, a thick description will be employed to portray concepts or types of experiences that may be revealed. Other techniques involve confirming hunches through secondary samples and confirming the findings with the participants (Morse, 1991:140). As subjective researcher I will deal with my biases by ‘bracketing out’ the self, and by examining my preconceptions (Lipson, 1991:74).

2.6 PHASE 2: CONCEPTUAL FRAMEWORK

In presenting the research findings I intend to write about the participants in ways that honour their words and their stories, without fragmenting their words (Frank, 2003). Although various women will have taken part in the study for different reasons, most participants will tell their stories in the hope that someone else may benefit from their experiences. For this reason I intend to make the findings of the research accessible to the broader community through drama, and not to limit the information to the academic fraternity only.

Based on the results of phase one, that is, the data collection and analysis phases, the case studies will be presented as individual life histories. The findings resulting from the data analysis will be compared to the existing literature on the subject of research and will be discussed in a cross-validation report. In the latter I will suggest generalisations about the various factors which have an influence on resilience in women who have been victims of trauma (Merriam 1998:40).

In phase two a conceptual framework will be derived, utilising the thinking Map of Dickoff, James and Wiedenbach (1968:423), consisting of of agents, recipients, procedure, dynamics, context, and terminus. The following questions will be
addressed: Who is the agent? Who is the recipient? What is the procedure? What are the dynamics? What is the context? What is the terminus?

2.7 PHASE 3: INTERACTIVE EDUCATIONAL PLAY

The third phase will consist of a discussion of a proposed interactive educational play, which will be based on the conceptual framework of phase two. This technique is borrowed from performative arts-based research, which emphasises form, function, and action in an open and dialogic space suited to both inquiry and expression (Sinner et al., 2006:1233). The proposed interactive educational play is based on the conceptual framework of phase 2. The elements, processes and strategies of the proposed play will serve as guidelines for the implementation of the play within the community.

2.8 THE RESEARCH DESIGN IN RETROSPECT

During the initial research design, I had certain methods and strategies in place, but not all were feasible in practice. One example is the fact that my initial requirements for participation in the research were not entirely clear, and caused me to conduct some interviews of which the interviewees eventually failed to meet the requirements for resilience and were not included as participants in the study.

2.9 ETHICAL CONSIDERATIONS

Ethical measures will be taken throughout the research to ensure the well-being of participants and to ensure that they emerge from the research unharmed. These measures – as described in Chapter 1 – include obtaining informed consent from participants, voluntary participation, background information about the study and the researcher, assurance of anonymity and confidentiality, the freedom to withdraw from the research without penalty, and finally that participants will receive feedback regarding the results of the research (Rudestam & Newton, 1992:196; Morse, 1991:199; Fontana & Frey, 2000:668).
In addition to these general ethical measures, narrative research requires particular attention to the problem of what to do with the gift of the other person’s life story. How am I going to respond to the other person’s story? Participants share their life stories with the expectation that their voices will be heard and respected (Frank, 2003) and as researcher I intend to act responsibly by honouring those expectations.

2.10 CONCLUSION

In this chapter I discussed the research design of the study with reference to the characteristics of the research design, the selection of participants, and the strategies of inquiry. I provided a step by step explanation of the data collection and analysis process, and explained the measures to be taken to ensure trustworthiness. I listed ways in which the findings will be presented, and reflected on the research design in retrospect. In the next chapter I will introduce phase one of the research, namely the results from the life history of Esther, the primary participant.
CHAPTER 3: PHASE 1: RESULTS OF CASE STUDIES:
PRIMARY PARTICIPANT ESTHER

“Trauma stops the clock. Every traumatic experience is a little death, whether it is death of a dream, death of an illusion, or death of a hope (Bloom, 1992:10).”

3.1 INTRODUCTION

In this chapter I will present the first part of the results of the study as Esther’s life history. In this life history the reader will hear three voices: my own as the author, Esther’s as the primary research participant, and once or twice the voice of her husband, Deon, as he bears witness to her incredible story. Esther and Deon’s own words as transcribed from my interviews with them are printed in italics. The interviews were conducted in Afrikaans, their first language, and I prefer to present the original words for the benefit of readers who understand Afrikaans. Being an artist with words, Esther’s descriptions are at times so vivid, unique and striking, that translation may not always reflect the true richness of the verbal image that she creates through her own words. English translations then follow each Afrikaans quotation in brackets.

In addition, I will introduce some poems, reflections and images from Esther’s scrapbook¹ which has relevance to the various themes of her life history. The images and quotations from her scrapbook will be placed in boxes throughout this chapter, and in the language in which she wrote, mostly Afrikaans, but occasionally English. Where possible I will include the original scanned image of her written words, but for clarity I will reprint each poem and reflection together with the English

¹ The inclusion of the scrapbook is an interesting story. Esther initially gave it to me, explaining that it was one of several scrapbooks from her past. She had disposed of all the others, but had rediscovered this one. If it could contribute to the research, I was free to use it, but she had no interest in it. Recently, when referring to her scrapbook during one of our conversations, she mentioned that she would like to keep the scrapbook. It was a powerful illustration of the fact that she had come to the point where the contrasting aspects of herself, her past and present, have been integrated into the Esther whom she embraces today.
translation in the instances where the original text was in Afrikaans. At times, however, the translation may be on a different page under the same heading.

The scrapbook itself has been thoroughly reviewed by a Gestalt therapist. It is contrary to Gestalt practice to perform an analysis without consulting the creator of the subject matter, seeing that it would normally be done in the here and now of the person in question. In this case it was impossible, seeing that the scrapbook dated back to the main participant’s adolescent years, and that she regarded the scrapbook as a part of a chapter in her life which had been closed a long time ago. She stated that she had no desire to keep returning to her past. Instead her personal motto has become an insistence on concluding that which belongs to the past, and on preparing for her future with Jesus Christ, her heavenly Bridegroom.

When I first heard Esther’s life story, it raised so many questions in my mind regarding resilience and surviving trauma, that it prompted me to attempt this research. Her remarkable story inspired me to find answers to the mystery of the innate strength of the resilient human spirit as personified so distinctly in Esther’s life.

Esther meets the criteria for resilience in a trauma survivor, since she has displayed the ability to endure extreme physical and emotional suffering. She has also recovered from the numerous traumatic life events that she was faced with, and has grown into a mature, confident and responsible adult, despite all she has been exposed to. This is a true example of resilience in the face of trauma and adversity. (See the definition of resilience in Chapter 1.)

I shall begin Esther’s life history with a short excerpt from my own research journal upon meeting Esther for the first time:

_She was probably the most underestimated woman around, the soft-spoken, dark-haired minister’s wife. She had the body of a girl and the spirit of a giant. She walked with confidence, and spoke eloquently. When she made eye contact, it was with empathy, and I somehow had the impression that she could sense the secrets and the shame hidden in another’s heart. Only the beads and the leather straps tied around her scarred arm alerted me that this might be a woman with a story. Never could I have anticipated the extent and the impact of that story, particularly on my own life._
Esther’s story sounds incredible at times, and it left me dumbfounded and perplexed. How could one person have been faced with so many and such complexity of risks and adversity and end up being a well-adjusted human being? Whereas I have often, in listening to the life stories of other people, wondered whether they may truly be considered resilient, this question never arose in my mind regarding Esther and her response to life. She is, to me, the epitome of resilience.

I will present her life history, relating events more or less chronologically. The chronology of events is significant, particularly in view of the fact that she was often faced with more than one form of trauma at a time. At the end of the chapter I will present a timeline of Esther’s life to illustrate the main events of her life at a glance.

3.2 BIRTH AND THE ISSUES SURROUNDING IT

Esther’s life story begins with the events preceding her birth. Right from the start she follows an approach of trying to make sense of the events surrounding her life. Esther believes that the events leading to her conception and birth are significant parts of her life history, stating her awareness of the importance of a baby’s pre-birth experiences. She ponders the question of the circumstances under which she had been conceived, speculating on the possibilities of the presence of intoxication or rape:

Reflection 3.1 I should not have been.

Ek moes nie gewees het nie.

‘n Baba word in liefde gebore
Ontvang in ‘n huis van liefde en aanvaarding
Watter emosies was teenwoordig met my geboorte
Was daar liefde, teerheid en warmte
Kan ‘n baba met eenzaamheid gebore word
Ek wou nie vasgehou word nie
Was ek net ‘n kind of het ek ook ‘n naam gehad
Ek is so alleen gebore dit was so koud
Ek moes jou doodgelê het moes ek dikwels hoor
Hoekom
Ek was tog seker oulik en mooi
Ek moes nooit gewees het nie
Wat het gebeur die nag toe ek verwek is
Van nog altyd af het ek die haat
Van ek moes nie gewees het nie ervaar
Ek het nie gevra om te wees
Ek het net gevra vir ‘n klein hoekie van liefde
Een sonstraaltjie warmte
Ek verstaan nie

I should not have been

A baby is born in love
Received in a house of love and acceptance
Which emotions were present at my birth
Was there love, tenderness and warmth
Can a baby be born in loneliness
I did not want to be held
Was I only a child or did I too have a name
I was born so alone it was so cold
I should have lain on you until you were dead
I often heard
Why
Surely I was cute and pretty
I should not have been
What happened on the night that I was conceived
I have always experienced the hatred of not being supposed to have existed.
I did not ask to be
I only asked for a tiny corner of love
One sunray of warmth
I don’t understand
…ek weet nie wat het gebeur daardie nag toe ek verwe k is nie. Dit was nie in liefde nie. Was dit in ‘n oomblik van dronkenskap? Het my pa my ma verplig? (I don’t know what happened the night that I was conceived. It wasn’t in love. Was it in a moment of drunkenness? Did my dad force my mom?)

Ek het ‘n geweldige voorgeboortelike verwerping reeds ervaar, wat ‘n mens ook nou mos maar hoor en lees, wil dit tog wys dat dit reeds ‘n geweldige invloed op ‘n kind se ontwikkeling kan hê, daardie gevoelens van dat jy nie welkom is nie. (I experienced a tremendous pre-birth rejection. Those feelings of being unwanted have a tremendous influence on a child’s development, judging by what one reads and hears nowadays.)

**Figure 3.1 I should not have been.**

In Reflection 3.1 she repeats this question when she asks:

*A baby is born in love, received in a house of love and acceptance. Which emotions were present at my birth? Was there love tenderness and warmth? Can a baby be born in loneliness? Was I just a child, or did I too have a name? I was born so alone. It was so cold.*
Esther mentions the fact that her parents seldom used her name when referring to her. Instead they spoke of her as “the child”. The subject of name and identity is a recurrent theme in Esther’s life. Her childhood name, for example, was not the name that I got to know her by, and in recent years she has assumed another – this time Biblically significant – name. Esther seems to take on a new name with ease, possibly because it usually marks the redefinition of her personal identity.

She attributes the presumably negative circumstances surrounding her conception to her parents’ unsuccessful relationship. She tries to explain their actions, which she reveals at a later stage. She was born to an unhappily married couple, who – in her opinion – never should have married:

My ma en my pa moes nooit getrou het nie. Ek dink dit was twee geweldige ongelukkige mense. (My parents never should have married. I think they were two terribly unhappy people.)

She grew up knowing that she was an unwanted child, that her parents had not wanted a third child:

En ek was nie beplan nie. Hulle wou nie weer kinders hé nie. (I wasn’t planned. They didn’t want more children.)

And in the story she wrote in her scrapbook she again reveals that she was an uninvited child:

Ek was ‘n ongevraagde kind, van geboorte af nêrens welkom nie. (I was an unwanted child, right from birth not welcome anywhere.)

In Reflection 3.1 she likens the rejection that she experienced to hatred, and defends herself by saying that she had not asked to exist. She still required at least some love and warmth:

I have always experienced the hatred of not being supposed to have existed. I didn’t ask to be. I only asked for a tiny corner of love, one sunray of warmth. I don’t understand.

The fact that her mother rejected her verbally (see Figure 3.1) on numerous occasions, stating explicitly that she did not wish to have Esther as a child,
contributed to the fact that Esther grew up believing that her very existence was a mistake:

...so van die oomblik maar wat ek... verstand begin kry het, het ek geweet ek moes nie gewees het nie. En as jong kind het my ma baie, baie, baie kere vir my gesê dat... ek moes jou doodgelê het as 'n baba, ek wou jou nie gehad het nie. Ek moes jou doodgelê het terwyl jy nog baie klein was. So sy't dit nie probeer wegsteek nie. Ek het geweet... dat ek moes nie gewees het nie. (So from the moment I realised what was going on, I knew that I should not have existed. And as young child I recall my mother very often telling me that she should have lain on me till I was dead, that she didn’t want me. When I was still very small she should have lain on me till I died. So she didn’t try to hide it. I knew that I should not have existed.)

The same theme is reflected in Reflection 3.1 where she states that her mother often wished her dead. She is yet again left with the question why. She reasons that she must surely have been likeable as a baby, so why did her mother reject her? She is left with only one answer and that is confirmation that she should not have existed:

I should have lain on you till you were dead, I often had to hear. Why? Surely I was cute and pretty. I should never have been. What had happened on the night that I was conceived? I have always experienced the hatred of not being supposed to have existed.

And so the unwanted baby grew into a little girl who continued to struggle with the impact and consequences of intense rejection and the related lack of physical and emotional safety.

3.3 A PORTRAIT OF ESTHER AS A CHILD

Against the background of her not having been conceived and raised in a loving, nurturing environment, it is to be expected that Esther would not have had a typical childhood. In both the interview transcripts and her scrapbook Esther repeats the same statement, which sets the stage for the events from her childhood that are to follow:

Ek was nooit ‘n kind nie. (I was never a child.)

The fact that she did not have the opportunity to experience a typical childhood is associated with the experience of some extreme emotions, particularly the thread of
fear which was woven throughout most of Esther’s life (see Figure 3.2 nightmares). She believes that her debilitating fear originated from her prebirth circumstances:

Maar voor geboorte nog dink ek, het ek vrees ervaar, so, my hele lewe het ‘n geweldige draad van vrees in gehad, wat, ek wil glo, ‘n geweldige binding op my lewe gehad het. (I think that I experienced fear even before birth. My whole life, therefore, had a tremendous thread of fear throughout, which I believe acted as a bondage on my life.)

As ek terugkyk het ek altyd hierdie donkerte, dis soos ‘n oorhangende donker prentjie, oor my kinderjare. Hierdie altyd teenwoordige vrees. (When I look back I always sense this darkness, like an overhanging dark picture over my childhood years, this ever-present fear.)

She clearly recalls the various emotions that characterised her early childhood years, not only of fear, but also feelings of tension and that she should not have existed:

...vandat ek kan onthou was daar hierdie geweldige spanning en hierdie geweldige vrees… en hierdie geweldige gevoelens van jy moes nie gewees het nie... (Since I can remember there has always been this tremendous tension and fear… and these intense feelings that I should not have been...)

Figure 3.2 Beheaded nightmares

Esther’s vulnerability originated in her primary educational environment, the place she called home. Home to Esther was never a place of safety, never a haven against the outside world:
Ons het baie, baie vrees ervaar in die huis. (We experienced much fear at home.)

Wat ek ook besef het ‘n geweldige rol gespeel het, was die gevoel van geen sekeriteit nie... daar’s geen veilige havwe teen die buitewêreld of iets nie. Daar was geen sekeriteit of veiligheid by ons ouerhuis nie. (I realise that the lack of security also played a major role. You knew that there wasn’t any security, there wasn’t a safe harbour against the outside world. There was no security or safety in our home.)

Esther had developed a relationship with fear, and it had become such a part of her life that she seemed to seek out fear:

En dis of ek vrees opgesoek het, uiterstes van vrees... en of dit deel was van my lewe... (It is as if I sought fear, extreme fear... and as if it became part of my life...)

In the scrapbook version of her story, she gives a childhood description of herself as someone who attempted to hide her fears and questions behind anger and rebellion. (This seems to be particularly true of her teenage years.) She illustrates one of her survival skills when she states that she had to fight for the right to exist, despite her fears:

Ek leer ken ‘n klein dogtertjie wat haar vrae en vrees met woedebuie en rebellie probeer wegsteek... Omstandighede het my gou geleer dat ek sal moet veg vir ‘n plekkie in die son en ‘n reg in die lewe. (I came to know a little girl who tries to hide her questions and fears with fits of rage and rebellion... Circumstances soon taught me that I have to fight for a place in the sun and a right to live.)

In hindsight she uses the metaphors of a nightmare without end to describe her life of pain and fear, and her subsequent attempts to escape. She chooses the metaphor of a rag doll with a bleeding heart to describe what she had become:

Ek het ‘n lappop geword met ‘n bloeiende hart. My lewe het al hoe meer begin bestaan uit pyn... vrees... vlug... Die lewe was ‘n nagmerrie wat nie wou ophou. (I became a rag doll with a bleeding heart. More and more my life was made up of pain, fear, and flight... Life was a nightmare without end.) - From her scrapbook.

Esther’s life of fear, pain and rejection produced in her a profound distrust in people:

Ek het gou geleer dat ek niemand kan vertrou nie – niemand nie. (I soon learnt that there was no-one I could trust – no-one.) - From her scrapbook.
Esther’s feelings of insecurity and uncertainty culminated in an inability to perform basic actions such as to eat in front of others and to walk in public:

My kakebene het vasgehaak… uit vrees vir mense… ek kon nie eet voor mense nie. ...as ek geloop het, het dit vir my gevoel mense kyk vir my. En dan’t dit vir my gevoel my knieë buig so sort van agtertoe en dan kon ek nie geloop het nie, en dan moes ek gaan sit het. (Fear of people caused my jaws to get stuck. I couldn’t eat in front of people. When I walked it felt as if people were watching me. It felt as if my knees were bending backward, and then I couldn’t walk anymore. Then I had to sit down.)

Esther’s inability to adapt among people soon led her to take refuge in a fantasy world where she found friendship, comfort and escape from pain:

Ek het moeilik maats gemaak en kon selfs nie aanpas in my gesin of familie nie... Baie gou het ek my begin onttrek in my eie droom- en gedagtewêreldjie. My speel- en geselsmaatjies het net in my gedagtes bestaan, en het selfs name gehad. Dit was hulle wat my getroos het wanneer ek harteer was, wat die hekse en spoke van donker nagte help verdryf het. Hulle het saam met my gelag, gehuil en gelewe. Dit was ook hulle wat geel het om die swart flawevelgordyne af te trek wanneer die seer te groot was en wanneer die onthou te groot geword het. (I had difficulty making friends and couldn’t even adapt within my family. I soon started to withdraw into my own world of thoughts and dreams. My friends existed only in my imagination, and even had names. They were the ones who comforted me when I was sad, the ones who drove away the witches and ghosts of the dark nights. They laughed, cried and lived with me. They were also the ones who helped pull down the black velvet curtains when the pain and the memories became too much.) - From her scrapbook.

The very pain that Esther tried to escape from through fantasy compelled her to start performing various acts of self-injury from an early age. She needed her pain to become visible:

Van baie kleins af het ek begin om myself seer te maak, deur naalde in my in te stéék dat die bloed moet begin loop, of ek sou my gebyt het tot ek deur die vel is. Of ek het nooit naels gebyt nie, maar ek sou een nael gevat het, en hom gebyt het en geskeur het tot hy so in die lewe is dat die bloed begin loop, en dan sou ek gestop het. Om myself fisies seer te maak. Ek wou sien, ek wou ervar en ek wou die merke sien, dat ek seer kry. (From a very young age I started to inflict pain on myself by pressing needles in till the blood flowed, or I bit myself right through the skin. Also, I never bit my nails, but I would take one nail and bite and tear it until the blood flowed. Only then would I stop. All to hurt myself physically. I wanted to see, I wanted to experience, I wanted to see the marks to prove that I was hurting.)
At other times Esther inflicted emotional pain (see Figure 3.3) on herself in a similar way. She felt compelled to destroy objects that were of great value to her, believing that she did not deserve them, that she was not worthy of possessing something beautiful and precious. She displays insight and self-awareness when she describes these behaviours as ultimately being self-destructive. She also realises that these actions were the result of her own feelings of worthlessness. She relates two situations:

En dan’t ek ook hierdie ding gehad om dinge wat vir my kosbaar was te vernietig. Dit was asof ek nie goed genoeg was nie, dinge mag nie vir my spesiaal gewees het nie. As iets vir my te spesiaal geraak het sou ek dit vernietig het. Byvoorbeeld, ek het op ’n stadium pastelle gekry, en ek het hierdie ding ontdek om te teken... Dit was vir my vreeslik lekker gewees om te teken, om mens so soort van te verloor in ’n ander wêreld, het ek baie begin teken en dit het vir my te spesiaal geraak. En ek het op ’n dag al my pastelle wat ek by iemand gekry het, net fyn gebreek en fyn gekap... En dan’t ek ’n pop gehad wat vir my verskriklik kosbaar was. Ek dink al die gevoel wat ek wou gehad het my ma-hulle moet vir my gee, het ek probeer om op die pop oor te dra. Ek het die pop geweldig gekoester, en haar opgepas, en kleertjies vir haar aangetrek, en haar toegedraai en, haar probeer beskerm... En dan by tye sou ek hierdie pop baie seer gemaak het. Ek sou haar aanhoudend teen die muur gekap het... Ek dink ek het dit gedoen om myself verskriklik seer te maak, want hoe meer ek dit gedoen het, hoe meer het dit gebreek in my. Ek het gevoel hoe verkrúmmel dinge in my. Elke keer as ek die pop so teen die muur slaan het ek gevoel ek kry so verskriklik seer, maar ek kon nie ophou nie. Dit was ’n selfverníétigende ding gewees. (I also had this thing of destroying that which was precious to me. It was as if I wasn’t good enough, I did not allow things to become too special to me. If something became too special too me, I destroyed it. For example, I once received pastels, and I discovered what it was to sketch. I thoroughly enjoyed drawing, losing myself in another world. I started drawing a lot, and it became very special to me. And one day I broke and smashed all the pastels that I got from someone, into little pieces. And then I also had a doll that was very precious to me. I think I conveyed to the doll all my emotional needs from my parents. I nurtured and looked after her; I dressed her and wrapped her. And then, at times, I really hurt her. I bashed her against the wall continuously. I did it to hurt myself intensely, because the more I hurt her, the more it broke within me. I felt how things crumbled within me. Every time I bashed the doll against the wall, I felt intense pain, but I couldn’t stop. It was a self-destructive thing.)

Esther describes herself as having been an unbalanced, maladjusted child:
...vandat ek eintlik my verstand het, kan ek onthou dat ek ‘n verskriklike ongebalanseerde kind (was)...
in my gedagtes onthou ek hierdie geweldige ongebalanseerde… wanaangepas. (Since I can remember,
I recall having been a terribly unbalanced child… in my mind I remember being this tremendously
unbalanced, maladjusted...)

It seems inevitable that Esther would have had a negative self-image and strong
feelings of worthlessness (see Figure 3.4):

En ek het ‘n geweldige gevoel gehad van niks werd, jy beteken niks, jy is niks. Jy’s so sleg, dat... ek
dink dit het my gevoelens van kindwees verskriklik beïnvloed. (I had
tremendous feeling of worthlessness, you mean nothing, you are
nothing. You are so bad that... I think it had a major influence on my
childhood emotions.)

During an informal conversation Esther mentioned that her
parents often did not use her name when speaking of her,
but rather referred to her as “the child”. In the poem “Ek
moes nie gewees het nie/I should not have been”, she
repeats this statement:

Was ek net ‘n kind of het ek ook ‘n naam gehad? (Was I just a child, or did I too have a name?)

This might be related to the fact that she had been in search of her identity ever
since her primary school years, trying to establish who she was amid her struggle
with displacement and isolation:

...in laerskooltyd was ek hierdie half-beangste, patetiese mensie wat glad nie geweet het wie ek is of
wat ek is nie. Wat net besef het ek moes nie gewees het nie. Daar’s geen plek vir liefde, of omgee, of
koesterings nie. ...wat baie pateties en baie alleen was… (During primary school I was an anxious,
pathetic little person, uncertain of who or what I was, only aware that I should never have existed.
Loving, caring and nurturing simply had no place. I was pathetic and terribly lonely.)

Despite the obstacles of low self-esteem, neglect and parental apathy, Esther
performed well at school. She chose to participate in activities such as school
revues, the choir, the orchestra, netball, tennis, and athletics. She performed well
academically too, driven by the desire for recognition. Sadly, her efforts did not have
the desired effect:
Ek dink op laerskool het ek nogal probeer bewys dat ek iets beteken deur te probeer presteer. En, ek het in ál wat ek kon – gelukkig ook omdat ek so naby die skool gebly het – deelgeneem... Ek dink dit was ‘n begeerte gewees, sien my raak. Ek beteken iets. En weet jy, ek het nogal goed gedoen... en ek het presteer... maar... dit het nie verskil gemaak nie... (I think in primary school I tried to prove that I was worth something through trying to achieve. Luckily we lived close to the school, because I took part in everything I could. I was driven by the need to be acknowledged and recognised for having some worth. And you know, I actually did well. I achieved... but it made no difference...)

3.4 SOME SIGNIFICANT EVENTS IN EARLY CHILDHOOD

During these early childhood years, Esther’s life was marked by a number of events which shaped her self-image and her future. One such event turned out to be the beginning of a cycle of sexual abuse which continued in different forms well into her adult years. At the age of four she was sexually molested for the first time, by the father of a friend:

Die seksuele het ook deel geraak van my lewe op vierjarige ouderdom... ...dit was nou maar eers deur ’n oom gewees, ’n maatjie se pa gewees... (The sexual became a part of my life when I was four years old... ...initially it was through a friend’s father...)

The next series of sexual events followed soon after, and continued for several years. After having moved to a new neighbourhood, and against the backdrop of parental neglect and disinterest, she became caught up in an extensive circle of sexual abuse (see Figure 3.5 and Reflection 3.4) consisting of children and teenagers from her neighbourhood:

...omdat ons baie uitgelewer was, is ek ingetrek... daar was ‘n tipe van ‘n kinder-, jongklopmgroep gewees, wat maar te doen gehad het met die seksuele. En lyk my die hele buurt daai tyd, was betrokke by dit gewees. En omdat my ma-hulle nie omgee het nie, omdat dit nou maar die maatjies was van daai tyd, het ek, sonder dat ek ‘n keuse gehad het, deel geraak van hierdie seksuele... misbruik, eintlik, deur seuns. En ek het geweet dis geweldig verkeerd, maar ek het nie verstaan nie. Die seksuele speletjies. Ja, die ontdekking van dinge wat totaal en al verkeerd was... Ek was baie jare betrokke by hierdie groep gewees. Wat dit maar ‘n daaglikse storie was, basies. Van die seksuele. Seksspeletjies. (As a result of our vulnerability, I became involved in a kind of child-teenage sex group. It seemed as if the whole neighbourhood was involved in it at the time. And because of my parents’ apathy and because those were my friends at that stage, I became part of what was really sexual abuse by boys without having had much of a choice. I knew it was terribly wrong, but I didn’t understand. The sexual games. Yes, the discovery of things that were totally wrong. For years I was involved in this
Even as a pre-schooler, Esther was convinced that her participation in this circle of sexual abuse was wrong, although she could not make sense of what was happening. She remained involved in the group because it fulfilled her need to belong, her need for acceptance, and her need for bodily warmth (see Figure 3.6):

Reflection 3.4
Why do people hurt little children? What can they understand of adult bodies? To whom can they go with the questions and the pain and the fear and the blood and if it happens again? They cry more and more on the inside, because no one cares and the pain remains, even when the bleeding stops. They get into other bodies and try to forget when it happens again.
While Esther experienced extensive sexual abuse in the outside world, she was exposed to other equally destructive forms of abuse at home. Their home was an arena of verbal and emotional abuse, intimate partner violence, and physical abuse of the children within a context of alcohol abuse and maternal mental instability. What was to become an intergenerational cycle of abuse probably had its origin shortly after her parents’ marriage (see Figure 3.7):

_Blykbaar net na my ma-hulle se troue het my het my het my pa al vir my ma begin slaan... het sy al erg onder sy vuiste deurgeloop..._ (Apparently my father started beating my mother shortly after their wedding...)
The victim later became the perpetrator. Her mother turned her intense emotion on Esther. She often lost herself in uncontrolled outbursts of rage during which she beat Esther severely:

...as sy begin slaan het, het sy nie opgehou nie. Dis of haar kop ook uitgehaak het as sy begin slaan het, dan’t sy jou geweldig te lyf gegaan, met die hand of met wat sy ook al in die hande kon kry. En dan moes jy keer, want waar die houe geval het, het dit geval, of dit nou op jou bene of jou boude of jou arms of jou kop was.

As sy begin slaan het, kon sy nie ophou nie. Dis asof iets oorgeneem het in haar... (...once she started beating, she did not stop. It was as if she went insane when she started beating you, with her hand or anything else she could get hold of. And then you had to take cover, because the strikes could end up anywhere – on your legs, your buttocks, your arms or your head. Once she started thrashing, she was unstoppable. It was as if something took possession of her...)

Another victim of childhood physical violence in the family was Esther’s elder brother. Like Esther’s mother, he was assaulted by their father to such an extent that the other siblings were traumatised by their exposure to these occurrences. They found the situation so unbearable that they often fled the house:

My pa het weer die ding gehad teenoor my broer. Hy het hom geslaan dat ons almal gevlug het.
Omdat ons dit nie wou sien nie en, en ons wou dit nie hoor nie. Dat hy my broer geslaan het dat my broer nie meer opgestaan het nie, en dit het baie gebeur. (My father had this thing against my brother. He beat him up so severely that we all fled. We didn’t want to see or hear it. He beat my brother so badly that my brother couldn’t get up again. And that happened often.)

As was the case with Esther’s mother, the victim again became the perpetrator. For years the brother witnessed his father assaulting his mother. The modelled behaviour repeated itself when he too turned his mother into the object of his abuse:
...it was as if there was a pattern: my father beat my mother and my brother beat my mother. My brother was a very large man, and if things didn’t go his way...)

During her teenage years, the cycle of violence was completed when Esther answered her mother’s violent abuse with violence. She often expressed her anger and rebellion physically, resulting in physical battles between her and her mother:

...I was very angry, and it was terrible, because at such times we would fight and she would hurl me against the wall... She would hurt me terribly... I remember the times she shouted at me: ‘You are a child of Satan! Why are you in my house? Get out of my house!’

A second detrimental characteristic of the family home was substance abuse, often closely related to the scenarios of violence. Esther’s father habitually abused alcohol, particularly during weekends. The family lived in continuous suspense and anticipation of the next outburst and violence of father against mother. Esther’s theory is that it was her father’s means of escape. As is the case in so many South African homes, it was in the environment of alcohol abuse that he assaulted his wife:

Dit was maar gewoonlik hier van Vrydae af as hy nou van die werk moes kom wat hy dan nou... maar die bottel nader getrek het... en dit was altyd die vrees ook gewees, want mens het altyd geweet êrens oor die naweek sal my ma weer deurloop, en sal hierdie ontploettings gebeur... (Usually on Fridays when he came home from work he reached for the bottle. And there was always the fear, because some time during the weekend my mother would suffer it again, and there would be these angry outbursts...)

Two other members of the family also became substance abusers: Esther and her brother. While still a pre-teen, her brother started to inhale glue, a relatively affordable form of substance abuse. He also used other drugs, with the knowledge of the other family members, with the exception of their father. The other tensions in the household were increased by their attempts at concealing the truth from their father for fear that he might actually kill his son:

...my broer was op laerskool, toe’t hy al begin gom sneif en deurmekaar geraak met dwelms. En dit het vir baie jare so gebly. En, ons het altyd hierdie ding gehad, ons moet dit wegsteek vir my pa. Want
ons het geweet hy sal my broer doodmaak as hy dit ooit moet uitvind. So daar was altyd daai spanning ook gewees... (My brother started sniffing glue and became involved with drugs while he was still in primary school, and it remained that way for many years. We always knew we had to hide the truth from my father, because he would have killed my brother if he had known. So there was always that tension...)

Esther’s father died of a heart attack when she was 12 years old. Bearing in mind her father’s abusive and intimidating nature, his unexpected death might have come as a relief to his family. Instead, however, it gave rise to a different challenge. Due to inadequate legal backing for her father’s building partnership with her uncle, the latter took possession of much property that was considered to be her father’s. The family was left with almost nothing. They were faced with a battle for survival on the meagre income of Esther’s mother, who, at the time, provided day-care for small children:

...mens sal miskien nou dink dat daar verligting gekom het na sy dood, maar in ’n sekere opsig miskien, en in ’n sekere opsig weer glad nie. Waar ons toe daren finansiële sekerheid gehad het... So toe my pa nou dood is het die oom dooddeenvoudig gekom... en alles kom vai... Ek het jou gesê van die brood en die varkvet, wat ons letterlik in hierdie huis oorgehou het. En my ma het in daai stadium nie gewerk nie. So ’n ruk voor my pa se dood het sy begin amper ’n dagmoeder wees. En dit was die inkomste wat sy gehad het. (...one might think there would have been some relief after his death, and in some respects perhaps there was, but in other respects there was none. When my father was alive we had financial security, but after his death my uncle simply came and took everything. I’ve told you about the bread and pork fat, which was literally all we had left in the home. And at that stage my mother didn’t have a job. Some time before my father’s death she started providing day care, so that was the income she had.)

3.6 PARENTS AS PRIMARY CAREGIVERS/EDUCATORS… OR NOT?

Against the background of assault and violence, substance abuse and poverty, Esther is still confronted with many unanswered questions regarding her parents and their inability to provide even the most basic guidance that could be expected from the parent as primary caregiver/educator. Esther’s childhood was largely characterised by the emotional absence and physical unavailability of her parents. Even the most basic care that could have been expected from a parent was
noticeably absent. This is illustrated by Esther’s story of seldom having been picked up and held as a baby:

*My ma-hulle vertel byvoorbeeld dat ek as baba... glá d nie opgetel wou geword het nie. Ek het verskriklik begin skree as daar enige poging aangewend is om my op te tel... En my ma... het gesê ek het... geweier... as baie klein babatjie, het ek dit reeds gehad, dat... hulle moes my gelos het in die kot, of waar ek nou ook al lê, dat hulle my nie moes optel of aan my moes raak of iets nie... En in ‘n sekere sin maak dit ook nie vir my sin nie, want, ‘n baba word gebore met die gevoel, met die begeerte, met die hunkering na koestering, na beskerming... (My mother says that I didn’t want to be picked up at all as a baby. I started crying loudly when any attempt was made to pick me up. And my mother said I refused... even as tiny baby they had to leave me in the cot or wherever I was, they couldn’t pick me up or touch me. But somehow it doesn’t make sense to me, because a baby is born with the need, the longing for nurturing and protection...)*

Although her mother later tried to justify this lack of nurturing by arguing that Esther did not want to be held, Esther considers this to have been the result of an intense experience of pre-birth rejection:

*Toe’t ek ‘n paar jaar terug êrens gelees van ’n soor tgelyke... geval, waar hulle toe gesê het dit is ‘n geweldige gevoel van voorgeboortelike verwerping, en waar die kind ‘n geweldige verwerping ervaar, dat jy verwerp. Jy weier dat mense naby aan jou kom, jy weier om opgetel te word... Jy verwerp aanraking en koestering. (A couple of years ago I read about a similar case of which they said that it involves an intense feeling of prebirth rejection. Such a child who experiences severe rejection, then also rejects others. You refuse to allow people to get close to you; you refuse to be held... You reject touch and nurturing.)

So ek kan net dink dit moes ‘n baie diepgaande gevoel van verwerping gewees het as ‘n baba... dit verwerp. (...so I can only think that it must have been a profound feeling of rejection.)*

She was unaccustomed to the feeling of warmth and the touch of human skin, to such an extent that she found it repulsive when she was forced to share a bed with her mother:

*...dit was vir my verskriklik gewees om my ma te voel, om haar vel teen my te voel, omdat ek dit nie geken het nie. Omdat sy ons nooit vasgehou het nie, was dit vir my aaklig gewees. (...it was terrible to feel my mother, to feel her skin against me, because I didn’t know it. Because she never held us, I found it revolting.)*
Esther’s parents displayed a general apathy concerning their children’s whereabouts and well-being. Their inadequate care, their failure to nurture and protect her contributed to Esther’s increased vulnerability to exploitation by adults and older children. Even as a four year old there was no concern about where and with whom she was, what she was doing and what was happening to her:

...omdat ons baie uitgelewer was – daar was nie baie sekuriteit van die huis nie, so daar was nie hierdie... jy’s so bewus van jou kind se doen en late dat jy beskerm hom, jy koester hom en jy hou hom vas en jy bewaar hom teen die buitewêreld nie... En omdat my ma-hulle nie omgee het nie – jy weet, as vierjarige kind al het ek die pad gevat en... net geloop. (We were very exposed. There was no safekeeping from home, so there was no awareness of one’s child’s comings and goings, no such thing as protecting, nurturing and holding him safe against the outside world... And because my parents didn’t care, even as a four year old I simply took to the streets.)

Esther has clear memories of unanswered childhood needs for care and support, even at night and during illness (see Figure 3.8 and Reflection 3.5). She relates the following:

Reflection 3.5  
My heart cries out  
My hart roep na ‘n ma wat onbereikbaar voel.

Esther’s neglect was further evident in the fact that she has no recollection of either parent ever playing with her and her siblings:

...daar’s geen herinneringe – van my pa en van my ma – dat hulle ooit met ons as kinders gespeel het, of enigsins moeite met ons gedoen het, of ja enigiets regtig met ons te doen gehad het. (I have no recollection of either my father or my mother ever having played with us as children, or having gone to any trouble for us, or, yes, actually having anything to do with us.)
The word “loneliness” was written in bold letters right across at least the first two decades of Esther’s life. Neither inside, nor outside the family did Esther find any form of support, companionship, or love:

Daar was doodeenvoudig net letterlik niemand nie, nie eers toe ek op skool was nie. My ma-hulle het hulle eie, verskriklike, battles gehad wat hulle moes baklei het. En na my pa se dood... my ma kon op geen manier ook cope nie. Sy... het dinge verskriklik moeilik hanteer en daar was geen verhouding in elk geval ook tussen my en haar nie. ...vir baie jare was daar niemand nie. (There was literally nobody, not even when I was at school. My parents had to fight their own terrible battles, and after my father’s death, my mother had no means of coping. She found it very hard to deal with issues, and there was no relationship between her and me in any case. ...for many years there was no-one.)

She finds it inexplicable that her parents never attended any events that their children were involved in at school, even though they lived in close proximity to the school:

Reflection 3.6 My father’s love
My father provided for all my basic needs – food, clothing, a home. But there was one sentence I longed to hear my father say: “Esther, I love you.” Although I never heard him say it, I made myself believe in my heart that his love for me was there, though unspoken.

I felt such opposite emotions. I had clung to that desperate need to believe that someone cared for me. And in a way, I think my father did.

Somehow I think that he was just as much a victim. whatsoever in attending anything we as children took part in. My parents never made any attempt to attend an athletics event or an orchestral performance or anything of the kind. Whether we performed well or poorly, there was no interest.

Esther’s father was both frighteningly present in his physical abuse of Esther’s mother and brother, and noticeably absent from the lives of his two daughters (see Reflection 3.7). Esther recalls him as a sombre person who had no relationship or contact with his children. She remembers being ignored by him, as if she and her sister did not exist:
In retrospect Esther tried to justify and give meaning to her father's actions and unavailability by rationalising that he did in fact care for her, but that his actions were the result of his being a victim too (see Reflection 3.6). When she was twelve years old, her father died unexpectedly. She still cannot name the exact emotions she experienced at hearing the news of his death, but recalls that she laughed hysterically:

...en toe's hy nou met 'n hartaanval... toe is hy toe nou dood. So dit was ook baie skielik... En... ek onthou ek het histeries gelag. Ek het oorgegaan na die ander kant toe. ...Ek weet nie of daar harteer was nie, maar as daar was, kon ek geen uitting gee daaraan nie. Ek weet nie of daar verligting was nie, ek kan nie onthou nie. Maar daar was tipe van 'n histerie in my gewees. (And so he died from a heart attack. It was very sudden. And... I remember I laughed hysterically. I went completely to the other extreme. I don’t know whether I was sad, but if I was, I was unable to give expression to it. I don’t know if I was relieved, I can’t remember. But there was a kind of hysteria.)

When considering Esther’s mother’s role in her life, Esther tells a number of stories of hatred and bitterness and rage, highlighting her mother’s destructive influence in her life. In addition to her mother’s frequent beating of Esther, the mother’s inadequate self-regulation manifested itself in verbal abuse, profanities and screaming:

...my ma was hierdie mallerige mens. Haar kop het baie uitgehaak. My herinnering van my ma was hierdie skreeuende, gillende, kwaad mens... Sy was baie kwaad vir alles rondom haar... Daar was soveel woede in haar gewees dan het sy baie uiting gegee aan haar woede, en sy’t baie geskree. (My mother was kind of crazy. She often went berserk. I remember my mother as this shouting, screaming, raging person... She was very angry at everything around her... There was so much anger within her, which she expressed by screaming.)
During these outbursts Esther’s mother lost all reason and vented her anger against her own mother and Esther’s father:

En dan’t sy baie keer sulke nagte het sy half mal geraak. Ek wil ampertjies sê sy’t ‘n permanente tipe van senuwee-ineenstorting gehad, dat sy beheer verloor het. En baie keer sulke nagte deur het sy vir ons wakker gehou met verskriklike woede, wat sy dan uitgevaar het teenoor my records. (En sy’t ook baie moeilike huislike omstandighede gehad.) En teenoor my pa, ja... (On nights like these she went kind of crazy. One can almost say that she had a permanent nervous breakdown, the way she lost control. On nights like these she often kept us awake with her terrible anger, as she raged against my grandmother. [She also had difficult domestic circumstances.] And she raged against my father, yes...)

Another inexplicable aspect of her mother’s lack of adequate parenting was her failure and disinterest in protecting her daughter from sexual exploitation and abuse. She failed to respond in any way when the fact that her daughter was being sexually abused at pre-school age, came to her attention:

Ek kan vir jou sê my ma hét geweet... Sy moes geweet het, daar was genoeg bewyse gewees. Aan die begin was daar met tye baie bloed gewees, daar reg aan die begin toe dinge met my begin gebeur het. En ek bedoel ek was ‘n dogtertjie van vier. En sy’t nie vrae gevra nie. Nou mens vra tog vrae. As jy op ‘n dag ontdek... dat... jou dogtertjie se broekie vol bloed is, dan vra jy tog vrae... jy wonder... so sy moes geweet het. (I can tell you that my mother knew... She must have known. There was enough proof. Right at the beginning when things started happening to me, there was blood. And I mean, I was a little girl of four years old. And she didn’t ask questions. A mother would ask questions when discovering that her little girl’s panties are covered in blood. You would ask questions, you would wonder, so she must have known.)

So ek kan nie rêrig vir jou sê wat, waarom nie, maar daar was geen ingrype gewees nie. Daar was nie pogings gewees om dinge te keer of dinge stop te sit nie. (I can’t really explain what and why, but there was no intervention. There weren’t any attempts at preventing or putting an end to things.)

Esther not only perceived her mother as a person typified by apathy towards her children, but also as a person who deprived her of the few special things she derived pleasure from as a child:

...dingetjies byvoorbeeld wat my ma gedoen het om dinge van mens weg te vat. Ek het as kind ballet ontdek, en dit was my lewe, hierdie balletklassies wat ek by die skool kon begin doen. En ek kon my begin uitleê in die ballet, en dit was vir my môóí. Dit was so in teenstelling met wat by die huis aangaan, en wat in my emosies aangaan... En dit was soos salf gewees. En toe op ‘n dag, toe ek by die...
Results of case studies: Primary participant Esther

huis kom, toe sê my ma: “Klaar.” Glad nie ’n rede nie, daar was nie ’n verduideliking gewees nie.
...skeiilik was daai klein ietsietjie wat vir my bietjie, begin salf gee het, was van my weggeneem....
(Things, for example, that my mother did to take away certain things from me. As a child I had
discovered ballet, and these ballet lessons that I started attending at school were my life. I started to
express myself through ballet and to me it was beautiful. It was in such stark contrast to what was
happening at home and in my own emotions... And it was like balm. And one day when I got home, my
mother said that it was over. She gave no reason, no explanation. And suddenly the little something
that had become ointment to me, was taken away...)

After the death of Esther’s father, her mother’s mental instability became even more
pronounced than before:

Na my pa se dood het, dis asof my ma deur ’n baie lang tyd gegaan het wat sy permanent half haar
verstand verloor het, of wat sy geweldige... vreemde dinge gedoen het. (After my father’s death my
mother went through a long period in which she seemed to have permanently lost her mind and did
terribly strange things.)

Esther remembers her mother’s intense hatred of men, which formed the content of
many of her outbursts of rage. This hatred for men was transferred to her default
audience: her daughters. Again Esther theorises about the reasons for her mother’s
behaviour, trying to make sense of it (see Figure 3.9):

...vandat ek kan onthou het my ma hierdie intense, onnatuurlike, vieslike haat gehad vir mans. ...ek het
’n vermoede êrens in haar verlede – nog voor my pa haar ontmoet het – moes sy geweldig seergekry
het, ek weet nie, was dit ’n
verkrating dalk, of ’n
geweldige
liefdesteleurstelling? Maar
dit kon nie nêt deur my pa
gewees het nie, ek weet nie,
maar sy’i hierdie intense haat
vir mans gehad en sy’i dit
vreeslik oorgedra aan ons
dogters. (Ever since I can
remember my mother has had
this intense, unnatural,
disgusting hatred for men. I
suspect that somewhere in her

Figure 3.9 Almost midnight

Reflection 3.8

It's almost midnight and I can't settle down. Since this afternoon my
thoughts have kept returning to the past, to the many "whys" and "I
don't understand"s. I keep digging, but the black curtain is reluctant to
rise! The noisy louries persist in their teasing on the inside of my brain.

"Die kruisvleës koppie koppie teen my
bainwande"
past – before she had even met my father – she must have been hurt terribly, I don’t know, it might have been a rape or a dreadful breakup. But it couldn’t have been only through my father, I don’t know, but she had this intense hatred for men and she transferred it to us girls.

Esther’s mother’s outbursts were characterised by a never-ending stream of profanities aimed at her deceased husband, men in general and romantic relationships between men and women.

In this way the mother contributed to Esther’s distorted perceptions of men and relationships, perceptions that were only to be rectified at a much later stage in her life. The mother’s intensely negative perspectives contributed to Esther’s distorted view of men and relationships with men:

Esther’s mother’s fits of rage and bitterness often occurred at night, when her children should have been asleep. Esther remembers that her mother had no
consideration for the fact that she and her siblings needed their sleep to be able to function well the next day at school:

*En vir haar was dit nie gewees dat môreoggend moet ons opstaan om skool toe te gaan nie. Dat sy vir jou nágte wakker gehou het, met hierdie oorborrel van hierdie lelik en hierdie haat in haar.* (She wasn’t concerned that we had to get up and go to school the next day. Many nights she kept us awake with the overflow of horrible thoughts and the hatred inside of her.)

The peculiar behaviour by Esther’s parents raised many questions in her mind, but she forgave them for what they had done. She still attempted to make sense of her parents’ actions, to find explanations for why they neglected to display what might be considered normal parental behaviour, and why they caused their children so much physical and emotional harm (see Figure 3.10 and Reflection 3.9). However, till today Esther is left with only theories:

*..ek wil nie sê ek het glad nie begrip nie. Ek dink ek het baie méér begrip nou. Ek dink net my ma-hulle was verskriklik wegeslúít gewees... hulle kón nie uitreik na enigiets anders nie... Ek dink dit was twee geweldige ongelukkige mense. Vandag as ek terugkyk het ‘n mens begrip, en... met vergifnis in my hart kan ek verstaan… Maar ek dink in die eerste plek moes hulle nooit getrou het nie... Ek dink sy was so geweldig vasgevang gewees in haar eie leefwêreld, dat sy nie die vermoë gehad het om enigsins – selfs nie eers na haar eie kinders toe – uit te reik nie. (I can’t say that I have absolutely no understanding. I think I have much better understanding now. I just think my parents were terribly locked away... They couldn’t reach out to anything else... I think they were two terribly unhappy people. Today, as I look back with forgiveness in my heart, I have some understanding. But I think in the first place they should never have married... I think she was so caught up in her own world that she didn’t have the ability to reach out at all, not even to her own children.)*

Despite such arguments, Esther repeatedly expressed her continued lack of understanding for her parents’ attitudes and actions during her childhood years:

*...daar’s eintlik verskriklik baie dinge wat ek nog steeds nie weet nie en niemand kan dit vir my vertel nie, en ek het nie die moed om te vra nie...* (There are actually so many things that I still don’t know, and which no-one can tell me. And I don’t have the nerve to ask...)

She tries to interpret her parents’ educational practices against her own understanding of responsive parenting:

*As ek agterkom dit gaan nie goed met my kinders nie, of iets is aan die gebeur met hulle, niks kan vir jou te groot wees om te probeer ingryp nie. Jy sal baie jousef gaan om hulle te probeer help... en dit*
was nie in my ouerhuis daar nie. (If I were to realise that my children aren’t well or that something is happening to them, nothing would prevent me from trying to intervene. You would go beyond yourself to try and help them... but that isn’t what happened in my childhood home.)

Esther’s unanswered questions about her childhood include an inability to understand the apathy of people in her community, even her teachers, and the complete lack of social support. She believes that it must have been evident that she needed help, that she craved love and affection, yet nobody responded to her wordless cries for help (see Figure 3.9):

"Ek was 'n baie wanaangepaste kind gewees en wat my baie keer nogal vang is, ek is baie seker dat al hierdie dinge baie duidelik moes gewees het. Mense moes dit geweet het. Onderwyseresse moes dit geweet het. Dit moes duidelik genees het dat daar groot fout was. En tog...was daar nie hulp nie. (I was a very maladjusted child and what often gets to me is that I’m sure these things must have been obvious. People must have known. Teachers must have known. It must have been obvious that something was terribly wrong. And yet... there was no help.)"

"Ek weet nie of mense nie betrokke wou raak nie... of daar nie genoeg bewyse was nie. Maar... my hele lewe was ‘n geweldige hulpkreet... asseblief... net èrens, iemand, gee my net ‘n klein bietjie hulp... gee net vir my ‘n klein bietjie liefde en omgee. Gryp net in my omstandighede in. Dit was nooit daar nie. (I don’t know if people didn’t want to get involved... whether there wasn’t enough proof. But... my whole life was a cry for help... please... someone, somewhere, just give me a little help... just give me a little love and caring. Just intervene in my circumstances. That was never there.)"

3.7 TROUBLED ADOLESCENCE

During Esther’s teenage years she withdrew even more from the world in which she lived. She describes herself as not having been part of reality or normality (see Figure 3.10). This was due to the fact that she had great difficulty communicating with others and being accepted by others, resulting in..."
her becoming more and more marginalised and isolated. She withdrew into the safe, but lonely, haven of her confused mind:

Later op hoërskool was ek nog steeds nie deel van die werkelikheid om my nie. My huislite omstandighede was baie ongelukkig, des te meer het my persoonlike gedagtegebeurde om van realiteit te ontsnap. Kommunikasie het ‘n al hoe groter probleem geword. Só graag wou ek soos my maats wees en deel wees van ‘n normale lewe. Hoe groter my smagting na normaliteit geword het, hoe meer het die lewe en omstandighede my na die buiterand van menslike omstandighede geskuif. Ek was absoluut alleen in my eie klein donker wêreldjie en verwarring het deel van lewe geword. (Later, in secondary school, I was still not part of the reality in which I lived. My domestic circumstances were terribly unhappy, and I increasingly withdrew into my mental world to escape from reality. Communication became a growing problem. I so badly wanted to be like my friends and to be part of a normal life. The more I longed for normality, the more my life and circumstances pushed me to the outskirts. I was entirely alone in my own little dark world, and confusion became part of my life.) - From her scrapbook.

Esther suffered from anxiety and depression, and found that the night terrors and nightmares she experienced reminded her of events that she would rather have forgotten:

Niks het meer vir my saak gemaak en ek het toe reeds kennis gemaak met die donkerte van depressie. Angsdrome het my laat onthou van dinge wat liefst vergeet moes word. Die angs van daardie nagte moes ek alleen deurgaan. (Nothing mattered to me anymore. I had already been introduced to the darkness of depression. Nightmares reminded me of things that should rather have been forgotten. I suffered through those nights all alone.) - From her scrapbook.

While Esther’s childhood years might have been marked by an attitude of wanting to please, her adolescent search for understanding was marked by rebellion, provoked by an often inexplicable anger:

In my hoërskooljare het ek – miskien omdat ek begin besef het dat, maak nie saak wat ek doen, dit maak nie saak nie – oorgegaan in rebellie. Ek was verskriklik kwaad. Ek weet nie of ek altyd geweet het hoekom is ek so kwaad nie, maar ek was baie kwaad. (During my secondary school years I went into rebellion, perhaps because I realised that no matter what I did, it wouldn’t matter. I was terribly angry. I don’t know if I always knew why I was so angry, but I was very angry.)
She was faced with a range of destructive emotions which she was not equipped to deal with. She vented these feelings by rebelling openly, revealing this for example, in arguments with her mother:

> Ek het gesit met ’n geweldige klomp negatiewe, vernietigende emosies wat ek nie altyd kon verklaar nie, wat ek nie geweet het wat om mee te doen nie. En ja, ek onthou baie hoe hierdie geweldige emosies hand uitgeruk het tussen my en my ma... Ek het begin terug skréé, en ek het nie meer weggekruip in die hoekie nie. (I was stuck with so many negative, destructive emotions that I couldn’t always explain, that I didn’t know how to deal with. And yes, I remember how these emotions got out of control between my mother and me... I started screaming back, and I no longer hid in the corner.)

Esther views her rebellion and misbehaviour as yet another cry for help, as an attempt at having her pain recognised, and as a way to focus attention on the fact that all was not well with her:

> Ek was baie in rebellie, en tog as ek terugkyk besef ek dat daar baie hulpkrete was, deur wangedrag. Maar vandag as ek daarna kyk besef ek dit was maar ’n poging gewees om vir iemand te sê: “Sien net raak, die seer in my. Sien net raak dat dinge fout is in my.” (I was in rebellion, but when looking back I realise that there were many cries for help through my misbehaviour. When I look at it today I realise it was an attempt to say to someone: ‘Just recognise the pain in me. Just recognise that all isn’t well with me.’)

As in her childhood years, Esther’s search for identity dominated her existence to a large extent. She could find no purpose in life and had no prospects for the future:

> ...vandat ek kan onthou – dit het vir baie jare so aangegaan – was dit maar hierdie ding gewees: “Wie is ek en wat is ek?” Ek het nôoit geweet wie is ek nie, dit was altyd hierdie geweldige soeke... na... hoekom is ek gebore... Daar was geen plek, en geen rede, en geen vooruitsig vir my gewees al van baie kleins af nie. (Ever since I could remember, for many years, there was always this issue: ‘Who am I...
and what am I?’ I never knew who I was. There was always this drive to find out... why I was born... I had no place and no purpose and no prospect since I was very young.)

In this period of rebellion, tumult, and emotional confusion, Esther’s vulnerability led her to make two destructive choices which both affected her life severely. The first was her decision to experiment with drugs (see Reflection 3.11, 3.12 and Figure 3.10), and the second her decision to lose weight. At age 17 Esther was introduced to drugs by her peers:

...waar ek begin eksperimenteer het met dwelms, en wat ek maar half die begeerte gehad het om betrokke te raak in sulke dinge. Ek het maar dwelms ontdek deur vriende... so ek het nie doelbewus uitgegaan en gaan soek nie. (I started experimenting with drugs and kind of had the need to become involved in such things. I discovered drugs through friends... so I didn’t deliberately go out and look for them.)
She soon discovered some advantages to drugs: they enabled her to escape (albeit temporarily) from herself and her circumstances. They also made it tolerable for her to live with her otherwise unacceptable self:

* Dit het gou my kruk geword en my gehelp om deur elke dag te gaan. (It soon became the crutch which helped me through each day.) - From her scrapbook.

...dwelms gee ontvlugting... Jy vergeet maar... Ek dink, vir baie mense wat betrokke raak by dwelms is hierdie ding dat jy van jouself kan loskom, hierdie mens wat jy nie kan hanteer nie, wat jy nie kan aanvaar nie, met wie jy nie kan saamleef nie, omstandighede wat jy nie kan verander nie, en die dwelms gee vir jou 'n absolute ontvlugting van jou omstandighede af, en van jouself af. ...dinge is sagtter, jy kan makliker met jouself saamleef. Natuurlik ook maar net tydelik, totdat jy nou maar weer iets nodig het. (...drugs provide escape... You forget... I think for many people who get involved in drugs it’s about getting away from yourself, from this person that you cannot cope with, that you cannot accept, that you cannot live with, circumstances you can’t change. And drugs allow you to escape from your circumstances and from yourself. Things are gentler and it becomes easier to live with yourself. Of course only temporarily, until you need something again.)

While Esther was at the stage of experimenting with drugs, her mother again seems to have been aware of what her daughter was up to. Again she showed no interest or concern. In Esther’s account of the events she again demonstrates her own grasp of good parenting practices when she describes what she would have expected a mother to do:

...my ma was bewus, dat ek betrokke geraak het, of dat ek miskien aan die eksperimenteer was, met dwelms. Want ek onthou spesifiek die een dag het ek my baadjie – ons het so lang stoep gehad – oor die stoel gehang, en my baadjie het afgeval en ‘n klomp pille het so oor die stoep gerol en gehop, en ek het geweldig geskrik en daar was nie regtig reaksie nie. Sy’s nie vir my gevra: “Hoor hier, watse klomp vreemde pille en dinge dra jy met jou saam?” Ek bedoel, as jy sien jou standerd 9-meisiekind het skielik hierdie klomp vreemde pille, jy gaan baie groot skrik en jy gaan begin kyk wat gaan aan, maar daar was nie daai reaksie gewees nie. (My mother was aware that I was experimenting with or was getting involved in drugs. I specifically remember one day – we had a long veranda – my school blazer was hanging over a chair and it fell, and a lot of pills rolled and hopped across the veranda. I got a terrible fright, but there wasn’t really any reaction. She didn’t ask me: ‘Hey, what are these strange pills and things that you have with you?’ I mean, if you see that your standard nine daughter suddenly has all these strange pills, you would be shocked, and you’d try to find out what’s going on, but there wasn’t that reaction.)
Esther’s precarious experimentation soon got her into trouble. At school she was caught in possession of drugs, and was faced with the choice of either being expelled from school or receiving treatment. Even though she believed she had no choice, it is significant that she chose the less destructive alternative. Reluctantly she agreed to attend the rehabilitation programme:

In my standard 9-year I was caught with drugs at school... They gave me a choice between expulsion and attending a treatment programme. I realised that I didn’t have much of a choice, so I went for treatment.

Although the principal attempted to contact her mother to discuss the matter, Esther was able to convince her mother that it concerned the question of her subject choices, and that she would sort out the question on her own. The educational system failed her – again in apathy – since there was little concern from the school’s side:

...die skoolhoof het my ma gebel toe hulle my betrap het, en gesê dat sy moet dringend skool toe kom... sy moet hom kom sien. En ek kon vir my ma baie maklik daar uitgepraat het... ek het toe vir my ma vertel dit is maar: “Hy wil met mammie praat oor my vakverandering, en al daai tipe van dinge, en ek sal dit self uitsorteer.” So sy’t net besluit sy gaan nie, en die hoof het ook nie moeite gedoen om vir haar weer daarna te kontak nie. (When they caught me the principal phoned my mother and told her that she had to go and see him at school urgently. Without much effort I talked my mother out of it. I told her: ‘He wants to talk to you about my subject changes and that kind of thing. I’ll sort it out on my own.’ So she decided not to go, and the principal didn’t bother to contact her again.)

Esther thus attended a treatment programme at a local psychiatric hospital for the remainder of her school career without her mother’s knowledge:
Results of case studies: Primary participant Esther

So ek het toe eenmaal ’n week begin deurgaan na Sterkfontein-buitekliniek toe, sonder dat my ma dit

Figure 3.11 What’s normal?

Reflection 3.12 Smoking weed

He smokes his weed and rolls his joint. Put a joint between your lips. And taste the weed. Durban poison is the best value for money and a kick in your pipe.
In the absence of her mother, a teacher took responsibility for taking Esther for her sessions at the psychiatric hospital. This teacher was the first of a few supportive people who made positive contributions to Esther’s life:

En wat 'n onderwyseres wat nogal 'n redelike rol in my lewe gespeel het daai tyd, wat sy dit op haar geneem het om vir my elke week deur te vat. (A teacher who played a role in my life at that stage took it upon herself to take me there every week.)

Esther states that the treatment was unsuccessful. Her theory is that she was in treatment because she was forced to be there, and not because she wanted to change or refrain from using drugs. The statement below reveals that she understood that there has to be a decision to change in order to overcome addiction. She was uncooperative at the time and sabotaged her sessions with psychologists, resulting in her being passed from one psychologist to the next. This set the stage for a series of ineffective encounters with psychologists and psychiatrists in years to come:

...vir baie jare daarna was ek nie gereed vir verandering nie. Ek het nie geweet nie. En ek was baie rebels in daai stadium. So ek het nie rede gesien hoekom ek dinge moes los nie. So dit was omdat ek moes. En ek het basies my standerd 9-jaar en my matriekjaar het ek toe nou gegaan vir behandeling, en is ek in daai tye ook van sielkundige na sielkundige omdat ek met niemand oor die weg kon kom nie, en omdat ek geen samewerking wou gee nie. En omdat ek baie rebels was, en baie lelik was met hulle, het hulle my maar so aangepas en aangepas… (...for many years to come I wasn’t ready to change. I didn’t know. I was very rebellious at that stage, so I didn’t see any reason why I should leave it. So it was because I had to. In my standard nine and matric year I went for treatment. I went from one psychologist to the next because I couldn’t get along with anyone and I didn’t cooperate. So because I was rebellious and nasty towards them, they passed me one from the one to the other...)

3.8 LATE ADOLESCENCE AND EARLY ADULTHOOD

After completing her school career, Esther spent a brief period of time at a college of education. She was unable to study arts as she had hoped, due to irreversible subject choices she had made in secondary school. As a result of her drug
delinquency she did not receive any co-operation from the school in terms of her wish to change subjects. She resorted to studying education:

\[
\begin{align*}
\text{Op daai stadium het ek besef ek het verkeerde vakkeuses... want ek wou toe graag meer in die kunste ook ingaan, met drama of wat ook al... Wat ek toe probeer het om my vakke te verander, sodat ek universiteitsvrystelling sou kon kry aan die einde van matriek, en hulle dit in daai stadium wel oorweeg het. En natuurlik toe, met die ding met die dwelms en alles, het dit verval... ...omdat ek nie veel van 'n keuse gehad het nie, en omdat ek toe basies net na 'n kollege toe kon gaan het ek besluit ek gaan swot onderwys, wat ek na die tyd besef het is nie ek nie. (At that stage I realised that I had chosen the wrong subjects, because I would rather have studied the arts, with drama or whatever. I had tried to change my subjects so as to get university exemption at the end of matric. They had actually considered it, but because of the drug issue it fell through. I did not have much of a choice except to attend a college and to study education, which I later realised wasn’t right for me.)}
\end{align*}
\]

When listening closely, one notices Esther’s repetitive use of the phrase *because I did not have a choice*. At this stage, and for years to come, her thinking was marked by an external locus of control. She did not take responsibility for her actions and believed that she could not bring about positive change in her life. She thought of herself as a powerless victim of circumstances. It took years before she believed otherwise.

The late adolescent period in Esther’s life was characterised by illness, confusion and an absence of prospects for the future. This was partly due to her suffering from anorexia nervosa and partly due to drug abuse:

\[
\begin{align*}
...ek het bitter min geëet. Vir baie tye het ek ryskoekies – wat mos basies geen kalorieë bevat nie – geëet. So ek was rêrig siek gewees. Dinge was vir my so deurmekaar, en ek het geen toekomsvisie gehad en geen vooruitsigte gehad nie... die eksperimentering met die dwelms het my baie deurmekaar gemaak. (I ate very little. For long periods I only ate rice cakes that have almost no calories, so I was really sick. Things were so confusing to me, and I had no vision of the future and no prospects... The experimentation with drugs made me so confused.)
\end{align*}
\]
Contrary to what one might expect – given her domestic adversity, mental confusion, and physical illness – she still managed to perform reasonably well academically, also at the college of education she attended. Surprisingly, she kept reports that testify to her academic successes during school days, indicating that she was in fact able accomplish some achievements even in the midst of adversity:

...ek was baie siek, en ek was baie deurmekaar, en ek was... totaal en al nie in staat gewees om te studeer nie... En tog het ek goed gedoen...

...ek het nogal 'n paar van die dinge gebêre wat nog êrens is wat ek ook op 'n stadium vir Deon gewys het, en wat ons saam half in verwondering gestaan het, selfs op skool... Ek was so in rebellie... ek het nie geleer nie, maar ek het redelik nog opgelet, want ek het redelik goed gedoen. Ek het nie een vak ooit gedruip nie, en ek het nie een standard ooit gedruip nie. (I was very sick and very confused and I was... completely unable to study...

And still I did well... ...I kept a couple of things that I showed to Deon at one stage, and we were both amazed, even at school... I was so rebellious... I didn’t study, but I did pay attention, because I did well. I never failed a subject and I never failed a standard.)

Perhaps related to Esther’s rebellion and identity confusion was her continued search for acceptance in relationships with men, usually to her own detriment. One example was a brief reference she made to having had a relationship in which she became the toy of a minister, seemingly a married man. He clearly took advantage of her vulnerability and abused his position of power. This might have contributed to her hatred of the clergy:

Ek het die speelpop geword van 'n predikant wat my n et al hoe meer die hel ingedompel het... 'n gebroke liefdesverhouding met 'n getroude man... (I became the toy of a minister who only got me deeper into hell... A broken relationship with a married man...) - From her scrapbook.

In her poem “Vrydagaand/Friday evening” (Reflection 3.14) she shows glimpses of resilience when she questions the fact that she spends her time in an improper and unloving relationship. She expresses the desire to start over – the early stages of her crucial
Esther’s college years ended prematurely as a result of serious health problems. These were brought about by the combination of drug addiction and eating disorders. Esther fell into the trap of the eating disorder, anorexia nervosa, almost by accident. She wanted to lose a mere three kilograms, but could not stop once she started losing weight. She progressively ate less and less. She recognised the desire in her to remain a child (see Reflection 3.15). As is typical in cases of anorexia nervosa, she perceived herself as being fat and ugly (see Reflection 3.13):

...in ‘n sekere sin het dit half onskuldig begin, waar ek gedink het ek sal 3kg verloor, en waar ek doodeenvoudig... net nie kon ophou nie... Ja, die anorexia... het baie onskuldig begin. Waar dit toe, later, baie ernstig geword het... Waar ek nou maar stelselmatig begin het om al minder te eet en minder te eet en baie intens begin raak het van my vet en van hoe lelik ek is. En ek was nie vet nie, ek was op daardie stadium 56kg en ek dink vir ‘n stander 9-meisiekind... was dit nie rêrig te veel nie. Weet jy, ek is 1.67, so ek dink nie ek het veel daarna gegroei nie. (In a way it started quite innocently, since I planned to lose only 3kg, but simply couldn’t stop... Yes, the anorexia started off very innocently, but later it became severe. Systematically I started eating less and less, and I became intensely aware of how fat and ugly I was. And I wasn’t fat – at that stage I weighed 56kg which I don’t think is really too much for a standard nine girl. I’m 1.67 tall, and I don’t think I grew much after that.)

Esther’s successful weight loss resulted in a sense of pride and achievement. She was finally in control of something. She had the ability to control her weight and she...
could refuse food. From that point onward her fragile self-image depended on her continued weight loss:

...daar was ‘n trots in my gewees, met die anorexia... ...jou hele selfbeeld het gehang oor hoe maer jy is, al het jy gelyk soos ‘n geraamte, was dit hierdie doel, ek het nog soveel gram verloor, ek het nog soveel gram verloor. En, jy kan nee sê vir alles. (With anorexia there was a certain pride in me... ...your entire self-image depended on how thin you were. Even if you looked like a skeleton, the purpose remained to lose another so many grams and another so many gram. And you are able to say no to everything.)

In retrospect Esther views anorexia and bulimia both as physical diseases, and on a spiritual level as the result of a demonic force that takes control of a person body:

Dit was asof iets oorgeneem het. En vandag as ek nou terugdink besef ek, ek het die deur daar oopgemaak, vir ‘n demoniese mag, om maar beheer oor te neem. Anorexia en bulimie is maar niks anders as ‘n geweldige demoniese mag wat oorneem en jou manipulateer, en jou so beheer dat jy geen sé meer het oor jou eie liggaam en oor jou eie lewe nie. (It was as if something took control of me. As I think back I realise that there the door was opened for a demonic force to take over control. Anorexia and bulimia are nothing other than a demonic force that controls and manipulates you to such an extent that you no longer have a say over your own body and in your own life.)

Once again she tries to gain some understanding into what had happened to her and what motivated her. She explains that this disorder was yet another cry for help. She regards it as the result of her low self-esteem and her inability to accept and love herself. She also considers it to be the manifestation of a subconscious desire for self-destruction:

Ek het daar ook baie teorieë, ek kan aan baie dinge dink waarom dit gebeur het, maar ek kan nie regtig sê hoekom nie... En tog ook as ek terugkyk besef ek dat dit ‘n hulpkreet was. Of ek dit daai tyd besef het of nie, dit was ook maar net ‘n hulpkreet. En tog ook as ek nou daaraan dink dan sal ek sê dit was... miskien omdat ek myself nie kon aanvaar nie. Ek het ‘n geweldige selfhaat gehad. Ek het die mens wat ek was... ek kon nie met haar saamleef nie, ek het geen liefde gehad vir myself nie. Maar ek dink dit was ook maar net ‘n onbewustelike selfvernietigingsproses gewees, met anorexia, want dit is mos eintlik maar ‘n langsame, eintlik selfmoord... (I have many theories in this regard as well, but I can’t really explain why. And yet, when I look back I realise that this too was a cry for help. Whether
I realised it then or not, this was again nothing but a cry for help. Although, if I think about it now I would say it was perhaps because I couldn’t accept myself. I had an immense hatred for myself. I couldn’t live with the person that I was. I had no love for myself. But I think it was also a subconscious self-destruction process, because anorexia is actually a lengthy suicide...)

In contrast with anorexia, bulimia nervosa was the result of Esther’s loss of control over the quantities of food she ate. She simultaneously became the uncontrollable monster and became the victim of the uncontrollable bulimia monster:

Met die bulimie het ek daai beheer wat ek vir vyf jaar gehad het oor die anorexia, totaal en al verloor...
...dit was vir my verskriklike, verskriklike jare gewees, daai jare van bulimie... Skielik het ek geen van daai beheer meer oor gehad nie, waar ek ontwaard het in ’n totale monster... Dit was asof die bulimienmonster totaal en al net oorgeneem het in my lewe. (With the bulimia I completely lost the control I had over the anorexia for five years... ...those years of bulimia were terrible, terrible years...

Suddenly I no longer had control - I had turned into an absolute monster... It was as if the bulimia had entirely taken over my life.)

The bulimia monster in Esther’s life had an insatiable appetite. No amount of food could satisfy the hunger she experienced. She continued to fill herself with food until the pain was unbearable, until she could not breathe any longer, and until it felt as if she was going to burst. At that point she would choose to rid herself of all she had eaten by vomiting, only to repeat the process (see Reflection 3.18):

Daai honger in my kon met niks – maak nie saak met hoeveel kos ek ingestop het nie – kon dit bevredig word nie, en ek het gewéldige hoeveelhede kos ingestop... Daar was geen punt by my gewees van ophou nie. Ek het opgehou as ek gevoel het ek gaan doodgaan van pyn, as jy gevoel het as jy só maak gaan die kos by jou mond uitspring, so vol het jy jou gestop dat jou maag dàår staan, en dit voel of jou maag gaan bars, dat mens amper nie meer kon loop nie. En dan is dit vrágte kos wat ek ingeneem het, dan sou ek gestop het. En dan gaan ontslae raak het. Wat ek dan sou opbring en opbring totdat jy, tot ek gal opbring. En dan is die proses herhaal. (No matter how much food I stuffed myself with, nothing could satisfy my hunger, and I stuffed in huge quantities of food... I had no point of stopping. I stopped when I felt I was going to die of pain, when I felt I couldn’t breathe any more. When I had stuffed myself so full that I felt as if the food would jump out of my mouth and my stomach was blown up and felt as if it was about to burst, when I almost couldn’t walk anymore and had ingested loads of...
food, only then would I stop and purge myself. I would vomit and vomit until only bile was left. And
then the process would be repeated.)

Esther used two metaphors for bulimia, that is, a monster and a black dog (see Reflection 3.19). The black dog operated in an unpredictable way:

...vir my was bulimie 'n swart hond. Dit was dit was 'n swart hond gewees, en ek het gehoor... dat
hierdie ding was 'n lewendige ding gewees. Dit was 'n demoon gewees wat totaal beheer oorgeneem
het, 'n swart hond. En dat hy my gevolg het, en in my asemgehaal het, en déúr my asem gehaal het, en
my “blank” gemaak het. ...ek kon voel hoe neem hy my verstand oor. En ek kon voel hoe begin hy
(hyggeluide) jy weet, asemhaal deur my... en hoe neem hy my hartklop oor. Dat ek kon voel my hart
begin verskriklik klop en ek kon voel hoe my pols en alles in my begin tekere gaan, soos die ding
beheer oorneem. Of dat hy in die nag wagker word, en verskriklik honger is, en dan weet, ek dit maak
nie saak waar ek is nie, nóú moet ek eet. En dan is dit ondeug wat dit is, droëë brode, blik konfyt,
maak nie saak wat nie, nou... moet die ding kos kry. So daar was altyd 'n effek gewees... as ek kos
sien... As ek deur 'n tydskrif blaai, was daar 'n effek. ...my hart het begin klop, my asemhaling het
vinniger geraak. …ek sou sweterig raak, en my kop... snaakserig... (To me bulimia was a black
dog. It was a black dog. and I heard that this thing was alive. It was a demon that took over total
control, a black dog. It followed me, breathed in me, breathed through me, and made me go blank. ...I
could sense how it took over my mind. I could feel how it started to (panting) breathe through me...
and how it took over my heartbeat. My heart started beating faster and faster and I felt my pulse
racing as this thing took over. Or it would wake up at night and be ravenous, and no matter where I
was, I had to eat at that instant. Irrespective of what it was – dry bread, a tin of jam, no matter what, the thing had to be fed. So
there was always an effect whenever I saw food. When I paged
through a magazine my heart raced, my breathing quickened, I
started perspiring, and my head became... kind of weird...)

As soon as she ate the food, she found it repulsive and
had to purge (see Reflection 3.18):

....sodra die kos in my was, het dit my so gewal, jy weet. Ek kon
nie leef met die kos in my nie. (Once the food was in, it disgusted
me. I couldn’t live with the food inside me.)

She considered herself unworthy and undeserving of
being nourished. She felt compelled to rid herself of the
food that could nourish her:
Alles was eintlik ’n vernietigingsproses want kos voed, en ek was nie goed genoeg gewees om kos te eet nie. So sodra ek geëet het moes ek maar daarvan ontslae raak. (Actually it was a destructive process, because food nourishes, and I wasn’t good enough to be fed. So as soon as I had eaten, I had to get rid of it.)

Physically her stomach was just not able to contain the huge quantities of food she had eaten:

…met die tye van bulimie het ek so verskriklik baie geëet, dat my maag seker sou geskeur het as ek nie maar gaan ontslae raak het van dit nie… (During the period of bulimia I ate such huge quantities that my stomach would surely have torn if I hadn’t gone and purged.)

Vomiting was not the only way she managed to rid herself of the vast quantities of food she had eaten. She also consumed large numbers of laxatives (see Reflection 3.20 and 3.21):

Ek het geweldige hoeveelhede lakseermiddels gebruik, dit het eintlik die punt bereik hierso so van tagtig op ’n slag, wat ek gedrink het… voordat jy daai effek kon begin kry. En natuurlik, dit maak jou so verskriklik siek als jy daai pille drink, dat dis bo uit en dis onder uit...

En ek het so een keer, twee keer ’n week… wat ek ’n geweldige klomp lakseermiddels gedrink het… (I consumed vast quantities of laxatives, to the point where I had to take 80 a day to get the desired effect. And of course you get terribly sick when you take those pills, because it goes out the top and out the bottom… And once or twice a week I took those large quantities of laxatives.)

Esther experienced the haunting hunger of bulimia as a monstrous black dog pursuing her. She describes bulimia as a demonic force that affected her physically, starting with her breathing. She also experienced increased perspiration and an accelerated heart rate. This happened unexpectedly, and at any time, but always when she was confronted with mental or visual images of food:

...En ek het bulimie gesien as hierdie swart hond wat my agtervolg.

Weet jy, dit was werklik gewees, dis waarom ek sê dit is ’n demoniese
mag wat oorneem, en mense kan sê wat hulle wil, dit is. Dat ek ervâár het hoe haal daai ding in my asem... En hy’t enige tyd, dag of nag, oorgeneem. En dit was baie keer gewees met die gedagte aan kos, wanneer ek kos sien, as ek deur tydskrifte blaaai en ek sien kos. (I saw bulimia as this black dog that pursued me. It was real, that’s why I say that it was a demonic force that took over, and people may say what they want, it is. I experienced how that thing breathed in me... And it could take over at any time, day or night. And it was often when thinking of food, when seeing food, or when I paged through magazines and saw food.)

Esther became very thin and ill, the effects of which seriously influenced her health during the time of her first employment at Company B. At times she was so weak that she had difficulty walking, and needed daily booster injections from her family doctor. Yet she continued on the path of self-destruction:

Ek was geweldig siek, ek was só maer... ...ek onthou die ding dat ek so verskriklik koud gekry het en ek kon nie loop nie. Ek het baie keer op die sypaadjies neergesak en net gaan sit, omdat ek nie kon loop nie... Dit het vir my baie siek gemaak, om hierdie goed te geëet het, en so op te gebring het, het ál my krag en energie getap. Dit het my... verskriklik moeg gemaak... Daar was tye gewees in die aande na werk op pad huis toe, het ek by ons huisdokter afgeklim dat hy vir mens ‘n inspuiting gee, êlke aand, ’n inspuiting moes gee, net om my vir die volgende 24 uur te dra, dat ek kan aangaan. Maar tog in daai selfde tye – ek het met die bus gery – dan klim ek af, by die winkel onder, dan koop ek eers vir my vraagte brood en kos vir die aand... (I was terribly sick. I was so thin. I remember how extremely cold I was and that I couldn’t walk. I often collapsed on the pavement and just sat there, because I couldn’t walk... It made me very sick to eat all those things, and to vomit like that drained all my energy, it exhausted me completely... At times, on my way home after work in the evenings, I stopped at our doctor’s to get an injection – every night – just to keep me going for the next 24 hours. And yet, at the same time – I travelled by bus – I got off at the shop to buy loads of bread and food for the night...)

The implications of Esther’s bulimia were significant, mainly for herself, but also for the various people she lived with for periods of time. Whether she was at the home of her mother or sister, she depleted their food supplies night after night. These binging sessions were followed by intense feelings of guilt and self-loathing. Although she was intensely aware of what she was doing, she could not control herself:

My ma het geweet... sy’t dit maar aanvaar, en sy’t gesien, en ek het haar koskaste leeggemaak, alles wat sy in die huis ingebring het... Daar was tye gewees wat ek na my sussie toe gegaan het, en in die aande as hulle gaan slaap dan maak ek leeg. En daai gewêldige skuldgevoelens. Jy’t geleef met hierdie verskriklike gevoelens van skuld en walging, want jy’s so intens bewus van wat jy doen en jy’t
geen, daar’s geen omkeer by my nie. (My mother knew... she didn’t have much choice other than to accept it, and she saw how I emptied her cupboards, ate everything she brought into the house... At times I went to my sister’s and at night when they were asleep, I cleared out everything. And the immense guilt. You live with these intense feelings of guilt and self-loathing, because you’re so aware of what you are doing, and there’s no turning back.)

Attempts to understand bulimia may lead to a number of possible explanations.

Esther made a connection between bulimia and emotional emptiness. Bulimia was her unsuccessful attempt to fill the significant emotional void within her:

...ek was altyd leeg…  Ek het hierdie totale nuttelose leeg gevoel gehad en niks in die lewe kon my vol kry nie jy weet.  En toe het ek geval in die dinge van die bulimie, maar die bulimie kon my ook nie volmaak nie.  (...I was always empty... I had this sense of utter uselessness and emptiness, and nothing in life could fill me.  And then I got caught up in the issues of bulimia, but the bulimia couldn’t fill me either.)

During her battle with eating disorders, Esther’s drug use had increased steadily since her initial secondary school experimentation, both in frequency and severity:

En dan die pille en goed wat ek so aanhoudend gedrink het.  Ek het geweldig baie... dagga gerook...  Ek het so af en toe begin mainline, wat jy jouself inspuit...  (And the pills and stuff I took so incessantly.  I smoked a lot of marijuana...  And I began to mainline now and then, when you inject yourself...)

She repeatedly received treatment and went through the nightmare of withdrawal, often to be caught up in the cycle as soon as she was released from rehabilitation:

...(ek) is talle kere opgeneem vir die verslawing.  Ek is baie kere deur onttrekking...  Baie keer, onmiddellik as jy uit is, is jy maar weer op die straat... en dan wat ek maar... partykeer weer onmiddellik begin het met die dwelms en die dinge.  Partykeer was ek vir ’n maand of twee skoon... wat ek maar weer begin het...  So ek is baie deur die onttrekking en dinge, en ook in Sterkfontein.  (I was repeatedly admitted for the addiction.  I went through withdrawal many times...  Often you are back on the street again shortly after your discharge... and sometimes I started with the drugs and things again right away.  Sometimes I was clean for a month or two again before starting again...  So I went through withdrawal many times, also in Sterkfontein.)

Even while institutionalised, Esther usually managed to get hold of the substances she needed, whether it was laxatives, appetite suppressants, cough medicine, marijuana or other drugs:
Buy ing the vast amounts of food, laxatives and drugs required to maintain her demanding lifestyle, required money, and a great deal of it. After Esther had discontinued her studies, she worked at company B and then at company C. Her income went towards buying food, drugs and laxatives and she remained very ill and weak.

Esther found herself in a position where she had to find large quantities of food, which she could not do without. She needed to supplement her income through alternative avenues. Her options were few, and included eating from rubbish bins and stealing both money and food when necessary:

En, daai geweldige hoeveelhede kos kon ek alleenlik kry deur te steel. ...waar ek kon het ek geld gesteel, en kos gesteel, en kos uit asblikke geëet. En ja, verskriklike dinge eintlik gedoen. (I could only get hold of such vast quantities of food by stealing. ...wherever I could I stole money and food, and ate food from rubbish bins. And yes, I actually did terrible things.)
In desperation and together with her drug abuse, she also turned to transactional sex as a source of income (see Reflections 3.23, 3.24 and 3.25):

\textit{Dit was ook maar 'n... 'n groot deel gewees... prostitusie is maar 'n groot deel van dwelms en dinge... (It was also a large part of it... prostitution was a large part of drugs and things...)}

Esther's life had become meaningless and without hope. The bulimia monster was partly responsible for Esther's wanting to escape from life, so as to escape the pursuit of the black dog:

\textit{Die etstoomis bulimie het 'n swart hond in my lewe geword en dag en nag my agtervolg. Sy stinkende koue doodsasem het in my nek geblaas en my gesmeek om die lewe vir die dood te ruil. (The eating disorder, bulimia, became a black dog in my life, one that pursued me day and night. Its stinking, cold, breath of death breathed on my neck and begged me to exchange life for death.) - From her scrapbook.}

The other force that gave rise to an increasing preoccupation with death was of course drug addiction and its consequences. Esther simultaneously feared and longed for death (see Reflection 3.27). She often contemplated and fantasised about death:

\textit{Ek het so gesmag na algehele vergetelheid en na ewige slaap sonder nagmerries. (I so longed for complete oblivion and eternal sleep without nightmares.) - From her scrapbook.}

Esther's obsession with death eventually took in the form of several unsuccessful suicide attempts. Committing suicide was a regular occurrence in Esther's social circle of drug abuse and eating disorders, and it seemed to be a logical action to take:
...ek was baie bewus gewees van die kortstondigheid eintlik van die lewe, en die nutteloosheid van die lewe. En dit het vir my baie sin gemaak dat mense... hulle lewens neem. ...met dwelmverslawing is dit baie keer ook maar... die uiteinde van die ding, omdat ‘n mens nie kan aangaan nie. (I was distinctly aware of the brevity and purposelessness of life. And to me it made sense that people took their own lives. ...with drug abuse it is very often the end result, simply because one cannot go on.)

Underlying her suicide fantasies were severe depression and hopelessness (see Reflection 3.34).

To her, suicide seemed to be the only means of escape from her meaningless existence:

En natuurlik deur dit alles is mos altyd maar depressie, wat jy hierdie nutteloosheid, hierdie geweldige gevoel het van... niks kan ooit verander nie, niks. Daar is geen lig nie, daar is geen uitkoms uit hierdie situasie ooit nie. En al wat jy kan doen om dit te eindig is maar deur selfmoord. (And of course, there is always depression throughout, in which you experience this purposelessness, this immense feeling that nothing can ever change – nothing. There is no light, no escape from this situation ever. And the only way to make an end to it is through suicide.)

Associated with her death obsessions and involvement in harmful peer groups, was Esther’s involvement in satanic activities. She was exposed to satanic rituals as described in Reflection 3.28, and her life had become a gamble with death.:

Die lewe het vir my ‘n dobbelspel met die dood geword. My lewe was algeheel oorgegee aan Lucifer. Na sy stem het ek geluister en sy opdragte het ek uitgevoer. (My life was completely surrendered to Lucifer. To his voice I listened and executed his commands.) - From her scrapbook.
Esther’s intimate relationship with death was intensified by numerous experiences of losing acquaintances and friends through death from unnatural causes. This was one of several common occurrences that took place in the inner city where she lived:

…baie van my vriendekring het maar ‘n OD² gevat. En waaraan hulle dood is. En waar ek by baie van hulle was. …baie mense wat selfmoord gepleeg het, en ek was ook by baie van dit betrokke gewees. ‘n Vriend wat hom gehang het voor ‘n venster. Ek het gedink die ou staan daar, en toe ek aan hom raak toe voel ek maar hy beweeg, hy swaai... ‘n Vriendinnetjie van my... op ‘n stadium toe sy nou uitgeneem is, het hulle ‘n gebroke bottel in haar kop gedruk, en haar toe uit die kar uit gegooi en sy is dood, jy weet. Sy’s dood en dit is maar dinge wat gebeur het. So dit was nie vreemd nie. (Many of my friends took an OD. From which they died. And where I was often present. …many people committed suicide, with which I was also involved. A friend hanged himself in front of a window. I thought the guy was just standing there, I felt him moving, swinging... A girl friend of mine... at one stage when she was taken out on a date, they pushed a broken bottle into her head and threw her out of the car, and she died, you know. She died, and this is the kind of thing that happened. So it was nothing unusual.)

The accumulated risks which were a feature of Esther’s life necessitated psychiatric intervention. Proper treatment and rehabilitation required institutionalisation, since out-patient interventions failed. Being institutionalised was a significant and largely traumatic part of Esther’s young adulthood. The period of time spent in in-patient psychiatric care added up to thirty months, distributed over several years and different institutions. To her, institutionalisation was hell, a nightmare existence from which even God was absent:

Ek is met tye soos ‘n dier in ‘n sel toegesluit. Psigiaatriese inrigtings het deel van my lewe geword – dit was alles so verskriklik erg. My nagmerriebestaan het net aangehou en aangehou. Soms het ek gegil en gegil maar selfs God kon nie oorleef of bestaan waar ek was. (At times I was locked up in a cell like an animal. Psychiatric institutions became part of my life – it was all so terrible. My nightmare existence just continued. Sometimes I just screamed and screamed, but not even God could survive or exist where I was.) - From her scrapbook.

² OD is the abbreviation for a drug overdose.
Reflection 3.27 Hillbrow

Hillbrow, jy is ‘n stad van lewe maar vol lyke.
Dit is ‘n kakofonie wanneer jy bang
verwilderd kantel deur die nag tussen
flitsende neonligte & donker stegies
Ek stap op my eie voetspore met vrees koggelend op my hakke.
Swart hang die hemelkoepel, sterloos oor hoe geboue.
My oë gly oor slapende dooies op sypaadjies,
tussen rommel - gesigloses, sonder toekoms.
	Donker geboue met verligte oë stort op my neer.
Die gehuil van die baba - vol pyn, weerklink
in my ore & dans voor my oë.
Die mes, slaggereed, sny deur vleis & been
O NEE!!!
Nakend, oopgespalk, altaaromhoog, lê sy,
waagend, vir dit wat gaan gebeur.
Eufories wieg lywe terwyl vreemde klanke
Oor lippe stroom.
Vrees, grensend aan waansin breek soos branders oor my heen!
Help, maak my wakker uit hierdie nagmerrie!
Met oë omhoog, soekend na sterre, onthou ek, dit was geen droom.

Hillbrow, you’re a lively city filled with corpses.
Cacophony tilting scared bewildered through a night of flashing neons and dark alleys.
I tread on my own footprints with fear mocking from behind.
Black hangs the celestial dome starless over skyscrapers.
My eyes wander over sleeping dead on sidewalks, among the rubbish faceless, futureless.

Dark buildings with brightened eyes tumble down on me.
The baby’s anguished cries of pain echo in my ears
dance before my eyes.

OH NO!!
She lies sprawled naked on an altar awaiting the inevitable.
Euphoric bodies sway to the stream of strange sounds over lips.
Waves of fear bordering on madness crash down on me!
Help, wake me up from this nightmare!
With eyes searching for stars above I remember, it was no dream.
Of her experiences with being institutionalised, the most terrifying to Esther was a year of being locked up in the Sterkfontein Psychiatric Hospital. While she was working for Company C (aged 23), Esther’s doctor cautioned her that her health had deteriorated to such an extent that it was only a matter of time before she would die. He recommended that she be admitted to a psychiatric hospital, and gave her the
assurance that it would be a short-term measure. Esther’s immediate reaction was one of shock, because that there were many negative connotations to the institution in question:

*En dit was vir my verskriklik gewees, die gedagte om Sterkfontein toe te gaan... ...die tyd wat ek in Tara was, partykeer as van die mense selfmoord probeer pleeg het, of as hulle koppe bietjie uitgehaak het, dan is hulle Sterkfontein toe geneem, en ek onthou altyd die mense sê (fluit), ‘Daai een is Sterkfontein toe geneem!’ (And to me it was terrible, the thought of going to Sterkfontein... ...when I was in Tara people who had attempted suicide or who clutched out were taken to Sterkfontein, and then the people said (whistle), ‘That one has been taken to Sterkfontein!’*

Despite her fears, her mother and sister took her to Sterkfontein. They left her there, and as far as she was concerned they had forgotten all about her, since there was no support, nor were there any visits or follow-up on her well-being:

*Op ’n Sondagmiddag het hulle my daar gaan aflaai en hulle’t my gelos. Afgelaai en gelos (baie sag). Van my vergeet... so soort van... My ma-hulle het my daar aflaai daar en, ek het geen kontak gehad met die buitewêreld nie, niemand het geweet ek is daar nie, niemand. (On a Sunday afternoon they dropped me there, and left me there. Dropped and left (very softly). Forgot about me... kind of... My mother and sister left me there, they dropped me there and I had no contact with the outside world, nobody knew I was there, nobody.)*

During the interviews, Esther kept repeating how extremely difficult and dreadful what ended up being an entire year in Sterkfontein had been:

*Dit was vir my baie, baie erg gewees... die tyd in Sterkfontein... (To me the time in Sterkfontein was terribly, terribly bad...)*

For nine of the twelve months Esther spent in Sterkfontein, she was imprisoned in a closed ward for people who represented a danger to themselves and society:

*...omdat ek opgeneem is in ME 2 – dis die geslote saal... ...en dit was maar mense gewees wat geweldige breinbeserings opgedoen het, en skisofrene en psigopate – mense wat werklipwaar daar is vir 'n leefyd, wat wegesluit word... Ek was vir nege maande in 'n geslote saal gewees, waar hulle toe nou gesê het ek is 'n gevaar vir myself en vir die samelewing... (...because I was admitted to ME 2 – that is the closed ward... ...and there were people with severe brain injuries, and schizophrenics and psychopaths – people who are truly there for a lifetime, locked away... I was in a closed ward for nine months, because they said I was a danger to myself and society...)*
It was a ward devoid of any stimulation. Helpless, and locked up in these circumstances caused Esther to feel that she was losing her mind:

...waar daar geen stimulering is nie, niks, niks, niks. Daar’s nie ’n boek om te lees nie, daar’s nie ’n koerant om te lees nie, daar’s nie ’n pen nie, daar’s nie ’n papier nie. Jy sit, jy sit tussen daardie mure, dag in en dag uit, agter toegegrendelde deure en vensters. En daar’s niks... en jy ervaar hoe gaan jou verstand verlore. (...where there’s no stimulation, none, none, none. There isn’t a book to read, there isn’t a newspaper to read, there isn’t a pen, and there isn’t any paper. You sit; you sit between those walls day in and day out, behind barred doors and windows. And there’s nothing... and you experience how you are losing your mind.)

What her environment lacked in stimulation, it made up for in abuse and degradation. She was, for example, only allowed to bathe under supervision. During these times the nursing staff occasionally ridiculed her with sometimes obscene remarks about her person. She experienced feelings of shame and humiliation, considering that she already considered her own body to be revolting:

En dit is al klaar met iemand wat, jy waalg so verskriklik aan jouself. En dan, jy’t geen privaatheid nie, jy moet jou poedelkaal uittrek voor jy in ’n bad inklim en dan sit die nursies jou en bespreek. En, die walglite dinge wat oor hulle lippe kom. Jy weet, o hulle’s baie bar (lag effens). Hulle kan verskriklik bar wees in wat hulle van jou sê. (Already being someone who finds herself so revolting. And then you don’t have any privacy, you have to undress stark naked before getting into a bath, and then the nurses sit and discuss you. And the disgusting things they said. Oh they’re very rude (chuckles). They can be very rude in what they say about you.)
Because she was probably the most “normal” patient in the closed ward, she was forced to help with certain duties:

*Ook omdat ek opgeneem is in ME 2... ...was ek die normaalste... ...en wat ek vir ‘n baie lang tyd die babies moes help versorg. Die babies is die pasiënte wat nie veel beheer gehad het oor hulself nie, jy weet, hulle liggaamsfunksies het doodenevoudig gegaan in die nagte en goed. En wat ek in die oggende die babies moes help bad, en skoonmaak, en die beddegoed... moes help verander.  (Also because I was admitted to ME 2... ...I was the most ‘normal’... ...and I had to help take care of the babies for a long time. The babies are the patients who did not have much control over their bodily functions. And in the mornings I had to help bathe the babies, clean up, and change the bed linen.)*

Esther was not only the victim of the nursing staff and their degrading comments, she also fell prey to assault by other patients:

...*daar’s baie aanranding gewees, wat hulle mekaar maar lekker te lyf gaan en goed... Jy kan self dink, jy word daar toegesluit en jy is nie... lekker nie en dan... wat jy mekaar maar baie te lyf gaan. Ek noem dit ook in die boek van die meisie wat my... geweldig aangerand het.  (There were many instances of assault, when they physically attacked each other... You can imagine, being locked up and you’re... wacky and then... you attack each other often. In the book I also...)*

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**Reflection 3.29**

**Die potskerf**

*(Sterkfontein ME2)*

Ek het gebreek – gister – of is dit lank gelede
Eens was ek heel; ’n deel van die werklifheid
Was ek?
’n Kind, laggend, huppelend, son op die hare – son in die hart
Beelde verrys, vaag weg, sandkastele te midde van Woestende waters, net ‘n sandkorrel
Kinders lag, die huil van ‘n baba – ek
Staar; Die mongoolkind lag en lag, verwronge
Waarom traan my hart? Waarom
Sê die dominee “die grootste hievan is die liefde”
Ek sien deur ’n spieël in ’n raaisel –
Die dwaalgange van gebrokenheid lei my
Na die swart kraai se geroep
Dit eggo deur my brein, sit aan
My soos gom op papier –
Knave of spades
Ek gryp na realiteite, die garingdraad breek, ek
Val, die put is donker
Iewers daar buite is die pot, gebroke werklikheid
Iets ontbreek, ’n potskerf, ’n deel
Van die geheel – ek
"my krag is verdroog soos ’n potskerf"
Ek huil, of lag ek?

---

**The shard**

*(Sterkfontein ME2)*

I got shattered - yesterday - or is it long ago
Once I was whole; a part of reality
Was I?
A child, laughing, skipping, sun on the hair –
sun in the heart
Images emerge, vaguely, sand castles amidst violent waters, a mere grain of sand
Children laugh, the cry of a baby - I
Stare; The child with Down’s syndrome laughs and laughs distortedly
Why is my heart tearful? Why
Does the minister say "the greatest of these is love"
I see a poor reflection as in a mirror –
The maze of brokenness leads me
To the cries of the black crow
It echoes through my brain, sticks to
Me as glue to paper –
Knave of spades
I grasp reality, but the thread snaps, I
Fall, the pit is dark
Somewhere out there is the pot, a part
Of the whole - me
"my energy has dried up like a shard"
I cry, or am I laughing?
Esther’s ever-present fear was powerfully present during her year in Sterkfontein.
The object of her fear lay not only in her circumstances, but also in her perceptions
of the future. She began to realise that she was probably not going to be released
from Sterkfontein:

Esther was still haunted by nightmares and felt that her mind was deteriorating. She
was losing her grip on reality and her own sanity, the remaining “normality” that she
had:

Esther describes herself as having been dehumanised in Sterkfontein. She found it
difficult to communicate and she withdrew more and more into herself:
humanity remained after that time in ME2... I sat in corners on the ground. And I found it very hard to communicate... One would think you go to a place like that to become liberated from yourself and I... was totally locked away within myself.)

On a physical level things were not looking good either. She did not have access to additional food, and she dropped down to her lowest weight. She had such low blood pressure that she was unable to walk:

... jy’ t nie toegang gehad tot kos nie. Ook in die tyd in Sterkfontein het ek my laagtepunt in gewig bereik wat 32kg was, wat ek... vir lank nie kon loop nie. Want ek moes gekruip het... my bloeddruk was so laag – as ek my kop oplig pass ek doodeenvoudig uit. (...one didn’t have access to food. Also during the time in Sterkfontein I reached my minimum weight of 32kg, so... for a long time I couldn’t walk. Because I had to crawl... my blood pressure was so low that if I lifted my head, I simply passed out.)

Again she went through withdrawal from drugs:

In Sterkfontein was dit toe nie vir my so eenvoudig nie, en wat die onttrekking ook vir my geweldig was. (In Sterkfontein it wasn’t that simple and the withdrawal was dreadful.)

Esther’s one emotional outlet was to scream:

...gil was ook baie deel van my lewe, van angs en van vrees... (...to scream was also a big part of my life, because of anxiety and fear...)

Esther is still convinced that she should never have been admitted to Sterkfontein, and most definitely not to a closed ward. Although she might not have been “normal” when she was admitted, the treatment she received only served to deprive her of her remaining humanity and contact with reality:

Dit was ’n verskriklike verkeerde ding gewees om my toe te sluit in Sterkfontein. ...dit is vir my skrikwekkend einlik as ek besef wase geweldige fout het hulle gemaak. Want ek wil nie sê ek was normaal toe ek daar in is nie, maar ek was nie kranksinnig of mal nie... En hulle het regtigwaar ’n groot deel van my normaliteit daarna... weggeneem. (It was terribly wrong to lock me up in Sterkfontein. ...in fact, I find it terrifying when I realise what a huge mistake they made. Because although I can’t say that I was normal when I was admitted, I wasn’t crazy or demented... And in actual fact they deprived me of much of my normality from then on.)
Esther was not very receptive to help or intervention. Given her negative history with clergy, she did not even accept support from religious workers:

Deur die jare heen tydens die tye wat ek opgeneem was, besoek hospitaalpredikante jou mos maar. En, ek het... altyd met verskriklike rebellie en verskriklike haat teen hulle opgetree. Ek het hulle gegóói met goed as hulle inkom daar, en ek het hulle gevloék, en, bitter min van hulle het ooit vir ’n tweede keer teruggekom. (Throughout the years, whenever I was admitted, hospital clergy usually visited me. And I always reacted with immense rebellion and hatred towards them. I threw things at them with things when they came in, and I swore at them, and very few of them ever returned a second time.)

With the exception of her mother and sister, nobody knew that Esther was in Sterkfontein. To her mother – who was always sensitive about what others might think – Esther’s institutionalisation was a shameful matter that had to be kept from their acquaintances:

Niémand van die familie weet dat ek in Sterkfontein was nie. Niemand weet tot vandag toe... nie. ...vandat ek maar ’n kind was, het my ma hierdie ding gehad van “wat sal die mense sê...?” ...daai verskriklike skande, haar dogter is in Sterkfontein opgeneem... (None of my relatives know that I was in Sterkfontein. No-one knows till today. ...ever since my childhood my mother had this thing about “what will the people say?” ...that terrible shame, her daughter has been admitted to Sterkfontein...

The medical team working with Esther reached the point where they believed that she would not be able to adapt in society again, and decided to certify her as a patient of the state:

...dit was ’n week voor ek gesertifiseer sou word, dan is jy ’n staatspasiënt, dan kan jy nie meer, mos losgelaat word nie. ...wat hulle maar oorweeg het om my te sertifiseer omdat, hulle’t gesê ek’s nie vatbaar vir behandeling nie. ...ek sal nie weer aanpas in die samelewing nie. (...it was a week before I would have been certified as a patient of the state, then you can’t be released any more. ...that they considered having me certified, because they said I wasn’t responding to any treatment. ...I wouldn’t adapt in society again.)

A sister of Esther’s father, however, started making some enquiries about her. She contacted Esther and assured her that she would do everything possible to have her discharged:

...ek weet nie of sy begin navraag doen het of dalk onraad vermoed het, maar... ...En toe ’n week voor dit toe sou deurkom, het my tannie toe nou gesê sy gaan alles in haar vermoë doen... Watse stappe sy alles geneem het, weet ek nie. (...I don’t know whether she started asking questions or whether she
suspected that something was not right, but... ...And then, a week before I would have been certified, my aunt told me that she would do everything possible... I’m not sure she exactly did what she did...)

A few weeks later she was discharged under protest. She was still considered unable to re-adapt to society:

...hulle’ t vir my baie duidelik gesê, dit is nie met hulle goedkeuring nie. Dis op eie risiko wat ek ontslaan word, omdat ek nie meer kon aanpas in die buitewêreld nie. (...they told me very clearly that it wasn’t with their approval. I was discharged at my own risk, because I couldn’t adapt to the outside world anymore.)

After what was probably worst year in her life, Esther was back in the world outside, but it was no easy return. As was predicted by the Sterkfontein staff, she was unable to adjust to society. Although she does not have any clear recollections of that time, she suspects that she came across as very strange:

Ek kon glad nie tussen mense weer aanpas nie. Ek was geweldig bang gewees... Ek dink jy’t so afgestomp geraak vir dinge... Ek dink ek was baie weird. Ek kan nie vir jou regtig sê hoe was ek nie, want ek weet nie regtig hoe ek was nie. (I couldn’t adapt among people again. I was terribly frightened... I think I became so deadened to things... I think I was very weird. I can’t really tell you how I was, because I don’t know how I was.)

Despite her struggle with life outside the psychiatric hospital, Esther’s brother-in-law arranged a job for her as a data capture clerk at his place of employment. However, she still felt like a stranger caught up in an unacceptable body:

Ek het begin werk maar ek was ‘n vreemdeling vasgevang in ‘n onaanvaarbare liggaam. (I started working, but I was a stranger trapped in an unacceptable body.) – From her scrapbook

Soon after she had left Sterkfontein, the bulimia, drug abuse and transactional sex resumed:

...die bulimie het in elk geval daarna maar voortgegaan soos gewoonlik. Daai hanger wou nooit stil nie... En die dwelms het maar weer daarna ‘n aanvang geneem. Die seksuele verhoudings het maar basies aangegaan. Ek wil sê verhoudings, maar dit was nie regtig verhoudings nie hoor, dit was maar... (sag) dis maar prostitutie.... (...after that the bulimia continued as usual. That hunger was never satisfied... And the drugs just resumed again from then on. The sexual relationships basically continued. I would like to say relationships, but they were not really relationships, it was actually... (softly) prostitution...
Esther soon needed urgent medical attention again as the result of her drug addiction, and was admitted to the psychiatric ward of a local hospital yet again:

...in die tyd wat ek toe by Maatskappy C was, het my dwelmverslawing ook 'n punt bereik wat ek regtigwaar dringend hulp nodig gehad het... So ek was ook in daai tyd... vir 'n tyd opgeneem, vir die verslawing... (...during my time at Company C, my drug addiction reached a point at which I really needed help urgently... So at that time I was also admitted for the addiction...)

In all of this Esther remained intensely alone and lonely. The relationships that she did enter into were mostly distinctly harmful (see Reflection 3.32). Unlike her previous short-lived relationships with men, Esther became involved in a destructive long-term relationship with a mentally unstable man by the name of Adolf:

...het ek betrokke geraak in 'n verhouding, wat baie sleg ook was vir my... Gewoonlik was my... verhoudings baie kortstondig ...dit het 'n dag of 'n maand of iets geduur. Dit was toe nou 'n lang verhouding genees, maar die ou was 'n skisofreen en 'n psigopaat. (...I became involved in a relationship which was very harmful to me... Usually my relationships were short-lived ...lasting about a month or so. This relationship lasted longer, but the guy was a schizophrenic and a psychopath.)

This relationship was detrimental because it was dominated by Adolf’s physical and emotional abuse of Esther:

En wat maar baie sleg was, wat hy maar jou baie opgefoeter het, baie geslaan het, ons het by tye min geëet, koud geslaap, nie plek gehad om te slaap nie... Hy’s my baie seer gemaak. (And what was really bad was that he often beat me up. At time we ate little, slept cold, didn’t have a place to sleep... He hurt me badly.)

She was again subjected to extreme verbal abuse in this relationship:

...dan sal hy my al wat 'n woord is, van 'n hoer tot 'n slet tot 'n straatvrou... elke woord wat hy kon dink, het hy vir jou reeds genoem. (...then he would call me everything, from a whore to a slut to a prostitute... he called me every word that he could think of.)

This man exerted a tremendous power over Esther. Although she was well aware of what he was doing to her, she was unable to resist his control:
En hy’s ‘n geweldige mag oor my gehad. Ek kon nie losbreek uit daai mag uit nie, alhoewel ek presies geweet het wat hy aan my doen... ‘n mens weet. (And he had a tremendous power over me. I couldn’t break free from that power even though I knew exactly what he was doing to me ...one knows.)

Adolf’s multiple personalities emerged in heartless, sadistic behaviour towards Esther:

’n Persoonlikheid sou oorneem wat my nie herken nie, en dan in die middel van die nag sou hy my in die strate van die stad uitjaag, wat ek dan maar... op die straat moes wees... Ek moes baie keer op die vloer slaap, in die wintertye... Baie keer was dit maar ‘n tipe van mishandeling... dat ek daar moes slaap... (A personality that didn’t know me, would take over, and then he would chase me out into the streets of the city in the middle of the night, and then I simply... had to be on the street... I often had to sleep on the floor during the winter... It was often a type of abuse... that I had to sleep there...)

Yet again Esther was faced with negative religious experiences in her relationship with Adolf. At times he displayed seemingly religious behaviour, and at other times he immersed himself in satanic worship and rituals:

Hy sal byvoorbeeld deur ‘n baie kort fase gegaan het waar hy ‘n geweldige godsdiensgees gehad het, en waar ons nie kon gaan fliek het nie, en waar hy elke mens op die straatmoes voorkeer, om te bekeer. En dan het hy gedurende die tye gegaan wat hy die duivel aangeroep het, en deur... rituele en dinge gegaan van duiwelaanbidding... (He would, for example, go through a short phase in which he was possessed by a religious spirit, and then we couldn’t go to the movies, and he wanted to stop and convert every person at the corner of the street. And then he went through times when he would invoke the devil, and he went through satanic rituals and things...)

Adolf instilled tremendous fear in Esther by driving recklessly and at high speed, well aware of the effect it had on her:

...hy’s soos ‘n maniak gery, hy was baie kranke...dan’t hy baie keer, by Floracliff, daai koppietjies daar, het hy verskriklik gejaag. En dan het hy waansinnig geraak van vrees, wat ek so teen die dashboard vasskop, en begin gil... van vrees, en vir hom gesoebat het om te stop, om my af te laai. ...baie keer so in die ry sal hy oorlê, en dan die deur oopgooi, en vir my sê “Klim! Uit is jy!” (He drove like a maniac. He was absolutely crazy ...and then, in those hills at Floracliff, he often raced in a frenzy. And then I became wild with fear, and I dug my heels into the dashboard and started to scream... in terror, and I begged him to stop, to drop me. ...often, while he was driving, he leaned over and flung open the door and said: “Get out! Out you go!”
Esther tells the following story of Adolf's strategies to instigate fear in her and to intimidate her within the particular South African socio-political context in the eighties:

En in daai tye was dit met Soweto en die necklace-moorde, en die karre wat hulle uitgebrand het, en die geweldige onlaste, daai tye. Dan moes hulle baie keer in Soweto in ry, om die goed te gaan haal by hulle laboratorium daar. En, hy was nie bang gewees nie... Nou in Soweto sou hy baie uittartend optree, byvoorbeeld voor ander van die swartes wegtrek, en dan is hulle agterna. Ek het baai keer daai vrees ervar. Dit was asof ek uitgelever was, asof ek gebind was aan vrees daardie tye... ...somtyds as ons in Soweto ry, dan het hulle paaie afgeblokkeer met uitgebrande karre en goed, en wat hulle doen die mens voorkeer. En ek weet nie of dit die duivel was (lag) wat vir Adolf beskerm het nie, ek wil glo dis die Here, wat Sy hand op my gehad het, wat gemaak het dat ons nie iets oorgekom het nie. (And those were the days of the necklace murders in Soweto, and the cars that they set fire to, and the terrible unrest – that time. And then they often had to drive into Soweto tog o and fetch the things at their laboratory there. And, he wasn’t afraid... Now, in Soweto he would behave very provocatively, for example by pulling away ahead of some of the blacks, and then they’d be after him. I often experienced that fear. It was as if I was given over to, bound to fear in that time... ...at times, when we were driving in Soweto, they barricaded the roads with burnt out cars and things, and then they stopped people. I don’t know if it was the devil (laugh) that protected Adolf, but I believe it was the Lord who had his hand on me, who prevented anything from happening to us.)

At one stage she had a dream in which she became the victim of a so-called necklace murder. She believed that this was a Divine warning, and for once she drew the line. She refused to accompany Adolf into the township again:

Eendag het ek gedroom – en ek glo dit was ‘n droom van die Here gewees – dat ek ge-necklace word in Soweto, dat hulle my voorkeer en bande om my sit, en, dit was die einde. Daarna het ek geweier, wat ek gesê het ek gaan nie weer saam met hom in Soweto in nie. (One night I dreamt – and I believe it was a dream from the Lord – that I was being necklaced in Soweto, that they stopped me and put tyres around me, and it was the end. Since then I refused, I said I wasn’t going into Soweto with him again.)

Reflection 3.3.1  Resignation
Daar is bloed in die lug
Die son se strale is traandruppels
Die wolke weerkaats die pyn van mense
Die aarde is deurdrenk van wanhoop
Die voëls fladder in 'n spiraal van lyding
Die visse spartel in 'n draaikolk van vrees.

GRAAG WIL EK HIERMEE MY BEDANKING INDIEN...

There's blood in the air
The sunrays are teardrops
The clouds reflect the pain of people
The earth is drenched in desperation
The birds quiver in a spiral of suffering
The fish flounder in a whirlpool of terror.

I HEREBY TENDER MY RESIGNATION...
3.9 THE BEGINNING OF CHANGE

While Esther was involved in this destructive relationship, she planned what was to be a final and successful suicide attempt:

En toe in daardie tyd het ek regtigwaar begin ervaar, moes die Here begin ingryp het. Want miskien het Hy besef dit was die finale poging gewees... ...op ’n baie presiese manier het ek beplan, hierdie keer het ek beplan mag dit nie flop nie, daar mag nie weer ’n tweede kans wees nie. (And then at that time I really started to experience that the Lord was beginning to intervene. Because perhaps He knew that it was the final effort... ...I planned it in a very precise way, this time I planned that I dare not fail, there must not be another chance.)

Esther reached a turning point in her life. As she was again confronted with the complete lack of prospect in her future (see Reflection 3.31), she realised that her life could not continue the way it did any longer:

En toe op een of ander stadium het ek besef maar dinge kan nie so aangaan nie. En wat ek ook maar regtig die begeerte gehad het... Wate verwagting is daar vir my? (And then at some stage or other I realised that things couldn’t carry on that way. And I really had the desire... What prospects were there for me?)

As before her release from Sterkfontein Psychiatric Hospital, Esther planned another attempt at suicide. She spent a considerable amount of time planning and fantasising about her death. She also fantasised about people’s reactions to her death, imagining their regret for not having cared for or having helped her:

Wat ek die rewolwer geleen het. Ek het toe gesien, pille werk nie, polse sny werk nie... maar, as jy jou skiet, die kans dat jy gaan oorleef is baie klein. (I
Results of case studies: Primary participant Esther

borrowed the revolver. By then I knew that pills don’t work, cutting one’s wrists don’t work... but if you shoot yourself the chances of survival are very small.)

...dit was in daai tyd gewees wat ek dit beplan het, en baie daaroor gedroom het en gefantaseer het... hoe wonderlik dit gaan wees as die bloed en alles so gespat is en, kom die mense daarop af, en hulle gaan sê: “Hoekom het ons nie maar vir haar omgeege nie?” (Glimlag in stem.) En: “Hoekom het ons nie maar vir haar liefde gegee nie?” En: “Waarom het ons nie maar vir haar gehelp nie?” (...it was in that time that I planned it and dreamt about it and fantasised about it... how wonderful it would be f the blood and everything splattered, and the people come across it and they said: “Why didn’t we just care for her?” (Smile in voice) And: “Why didn’t we just give her some love?” And: “Why didn’t we just help her?”)

Before she took the final step though, something changed within Esther. Ironically and in spite of Esther’s resentment towards clergy, a minister was instrumental in the first positive turning point in her life. On one occasion she watch a short excerpt from a religious service on television and happened to remember the name of the minister who led the service:

Wat ek toe die televisie aansit, en dit was seker die laaste drie minute, en al wat ek kon onthou na die tyd was, dit was ‘n Ds M van R. (When I switched on the television, and it was probably within the last three minutes, and all I could remember afterwards was that it was a Rev. M from R.)

Some weeks later, in a state of despair, she felt the urge to look up this minister’s phone number, and call him. Without her realising it then, the decisive action of making a phone call and reaching out for help changed her entire life irreversibly:

...buite myself, sonder dat ek wou, het ek gaan sit en ek het sy nommer opgeslaan in die telefoonids, en ek het hom gebel. Vir hom gesê: “Ek weet nie hoekom bel ek jou nie...” (...beside myself, without wanting to, I sat down and looked up his number in the telephone directory, and I phoned him. Said to him: “I don’t know why I’m phoning you...”)

From time to time the minister phoned her, but later admitted that he was not really equipped to help her. He referred her to another minister, David, who was the head of a Christian inner-city outreach organisation. She considers it Divine intervention that she actually decided to go ahead and contact David. She accepted his help in the form of counselling:
...dit was werkelikwaar ingrype van die Here gewees. Omdat ek so ’n haat gehad het in predikante en gedink het Christenskap is ’n klug, en omdat ek oor die jare heen geleer het dat niks kan my help nie, daár’s geen hulp nie – wil ek reagitwaar sê dit was van buite af wat ek gedring was om te reageer. (It was truly intervention from the Lord. Because of my hatred for the clergy, and because I believed that Christianity was a farce, and because I had learnt that nothing could help me, there is no help – I honestly want to say that something outside me urged me to react.)

In her scrapbook Esther describes her reaction to this minister as an initial amusement towards his faith and trust in God, only to find herself gradually responding in spite of herself:

Op ’n dag het ’n dominee se koers myne gekruis. Ek het gelag vir sy geloof en sy vertroue in God. Teen my wil en stelselmatig het iets in my tog begin reageer. (One day a minister’s path crossed mine. I laughed at his faith and trust in God. Gradually, against my will, something within me started to react, though.) From Esther’s scrapbook

Up to this point in her life, Esther had never experienced emotional support from another person. David and his wife, Naomi, were the first to break through her loneliness and provide her with the emotional and spiritual support she had longed for since her childhood:

Ek dink die eerste keer toe daar ondersteuning in my lewe gekom het was dit toe ek na Organisasie A toe gegaan het. David-hulle, dit was die eerste. Dit was die eerste ooit dat ek gevoel het mense misbruik my nie net nie… dit is die eerste keer wat ek mense gekry het wat my ondersteun het. (I think the first time there was any support in my life, was when I went to Organisation A. David and them, they were the first. It was the first time ever that I didn’t feel as if people were just using me... it was the first time that I found people who supported me.)

Up to that point Esther had been living with the sadistic Adolf for an extended period of time. To her complete surprise, David and Naomi invited her to stay in their home:

...die Here wys vir hom (David) dat hulle my moet inneem, dat ek by hulle moet bly. Toe’t ek nog nooit sy vrou Naomi ontmoet nie. En wat ek toe... ek wil ook sê deur die ingryping van die Here, maar gedring was om dit te doen, wat ek toe by hulle gaan bly het. (The Lord showed him (David) that they had to take me in, that I had to stay with them. At that stage I hadn’t yet met his wife, Naomi. And I was, I want to say through the Lord’s intervention, urged to do that, so I went to live with them.)

Esther was confronted with a completely foreign lifestyle. She longed for a peaceful and joyful way of life like that of David and Naomi, and came to recognise that their
joy was God-given. She summarises this period experience as follows in her scrapbook:

...met begerige oë het ek begin verlang na 'n leefwyse soos hulle s'n. Hal lewe is gekeenmerk deur 'n vreemde rustigheid en vrede wat ek glad nie geken het nie. Uiteindelik moes ek toegee dat hulle geluk van God afkomsig is en het ek met my alles begin verlang om ook 'n nuwe lewe van vrede en geluk te ervaar. (...with longing eyes I began to yearn for a lifestyle like theirs. Their lives were characterised by an unfamiliar tranquillity and peace that I didn’t know. Finally I had to admit that their peace came from God, and everything in me began to desire to also experience a life of peace and joy.) -

From Esther’s scrapbook

Having Esther as a member of their household was probably no simple matter for David and Naomi. On the contrary, their lives must have been dramatically impacted by Esther’s actions and her mere presence. Her drug abuse continued, despite all David and Naomi’s attempts at preventing and discouraging it. She was still severely bulimic and ate tremendous quantities of their food when they went to bed at night:

En dit was ook ’n geweldige vreemde tyd, want ek het alles, ál hulle kos opgeëet. Alles wat hulle in hulle huis ingebring het, het ek verslind. As hulle ’n maand se kos gekoop het, het ek net gewag tot hulle in die aand gaan slaap, opgeëet... (And it was also a very odd time, because I ate all their food. I devoured everything they brought into their house. If they bought a month’s supply of food, I just waited till they went to sleep at night, and then I ate everything.)

Esther hated Naomi for some reason, and fantasised about killing her. She derived pleasure from knowing that Naomi was afraid of her, and consequently had a sense of power over Naomi:

Naomi het een aand erken dat sy bang is vir my. ...ek het ’n geweldige haat teenoor Naomi gehad, en ek wou haar graag doodmaak; ek het gedink hoe gaan ek haar doodmaak. En nadat sy toe ook erken het dat sy bang is vir my, het ek ’n tipe van ’n mag gehad oor haar... (One night Naomi admitted that she was afraid of me. ...I had an intense hatred towards Naomi and I wanted to kill her; I thought of how I was going to kill her. And after she had admitted that she was afraid of me, I had a kind of power over her...)

Nevertheless, they remained positive and supportive towards her. They also accompanied her through spiritual deliverance, during which they witnessed demonic manifestations:
...daardie tye was ook tye gewees van baie groot bevryding, wat hulle deur baie nagte van bevryding moes gaan. En dit was ook 'n baie vreemde tyd vir my gewees, waar daar werlikwaar baie dinge uit my gekom het: mansstemme en dinge wat oorgeneem het, en mense wat vir David wou doodmaak, en human spirits wat by die huis ingekom het. (Those were also times of great deliverance, when they went through nights of deliverance. And it was also a very strange time for me, when there were really many things that emerged from me: male voices and things that took control, and people who wanted to kill David, and human spirits that entered the house.)

She reached the point at which she chose Jesus, and was introduced to the experience of joy, laughter and a sense of being acceptable:

Ek onthou die dag toe ek 'n besluit geneem het vir Jesus. 'n Nuwe dimensie van die lewe het my soos 'n sagte, veilige mantel omvou. Ek het geleer wat dit beteken om gelukkig te wees, om te lag en om aanvaarbaar te wees. (I remember the day when I made a decision for Jesus. A new dimension of life enfolded me like a soft, safe cloak. I learnt what it means to be happy, to laugh, and to be acceptable.) – From her scrapbook.

Gradually Esther decided to get to know and to submit more and more of her life to her newfound saviour, the Lord Jesus Christ. She asked for His help, a personal victory in itself:

Daar het my... skrefies begin... oopmaak vir die Here, wat ek vir die Here gesê het ek het nie 'n benul wie Hy is nie, ek ken Hom glad nie, maar ek wil Hom graag leer ken. As dit my enigste hoop op 'n toekoms is, dan wil ek Hom graag leer ken, Hy moet vir my help. (Then I started to open a tiny crack for the Lord, when I told the Lord that I didn't have the slightest clue who He was, I didn't know Him at all, but I wanted to get to know Him. If it was my only hope of a future, I wanted to get to know Him. He had to help me.)

It was not a simple, one time decision to dedicate her life to God, but rather a continuing process of choice and relapse. Esther finally started to recognise her own power to choose:

...ek is een van daai vroue wat 'n miljoen keer 'n keuse moes maak. Ek het 'n keuse gemaak en geval en 'n keuse gemaak en geval en 'n keuse gemaak en geval. Ek het rérig soos in verskriklik hard geval... Ek moes elke keer maar weer 'n keuse maak... (...I am one of those women who had to make a choice a million times. I made a choice, and fell, and made a choice, and fell, and made a choice, and fell. I really came down very hard... Every time I had to make a choice again...)

...My thoughts became a cavern
where the echoes of the past bounced against every wall and ceiling of my mind.
Faster and deeper came the penetration until the reality of the now became the re-living of the many yesterdays of blackness, where my feelings could not relate to the reality surrounding me or my heartbeat be heard by those close to me.

Reflection 3.34 Cavern
My thoughts became a cavern
where the echoes of the past bounced against every wall and ceiling of my mind.
Faster and deeper came the penetration until the reality of the now became the re-living of the many yesterdays of blackness, where my feelings could not relate to the reality surrounding me or my heartbeat be heard by those close to me.
After having stayed with David and Naomi for some time, Esther joined the inner-city outreach organisation as a student. She left the parsonage to stay in the student quarters. For a year she was a successful missions student and lived a life free from drugs. Although she still struggled hard with bulimia, she had her first taste of peace and liberation:

...waar ek vry was van dwelms en... meer in vrede met myself begin saamleef het, en met mense en omstandighede... (…where I was free from drugs and.. more at peace with myself, and with people and circumstances...)

One hindrance to her experience of peace and deliverance was her struggle with God, in her attempt to find answers to a seemingly endless series of unanswered questions:

...nadat ek tot bekering gekom het, was ek ‘n baie lang tyd... baie opstandig in rebellie voor die Here, wat ek vir Hom gevra het en baie geworstel het met die... geweldige vraagstuk van hoekom. Hoekom het Hy dit toegelaat? (...after my conversion I was in rebellion before the Lord for a long time, and I asked Him and I seriously struggled with the question why. Why did He allow it?)

She remained without answers regarding her home of origin and the dysfunctional parenting practices she had suffered. Certain things just did not make sense, once again when considered against the background of her own wholesome educational approach (see Reflection 3.35):

Want ‘n mens hoor van soveel kinders wat in soveel liefde... gebore word. En van kleintyd af het hulle daai koestering, en daai sekuriteit, en daai toevou van ‘n pappa en ‘n mamma se liefde. En, ek dink ook as ‘n mens self kinders het dan besef jy... die koestering en die liefde wat jy in jou hart het vir jou kinders. En wat jy weet jy sal dinge baie sterker as jouself aanvat... ...om jou kinders te beskerm. En dan kom dit by ‘n mens op, maar waarom het die dinge gebeur wat gebeur het? Waar was my ma en my pa gewees? Hoekom? Hoe kon dinge so erg gewees het in hulle lewe, dat hulle amper half doelbewus hulle kinders se lewens vernietig? Want dit is maar wat hulle indirek gedoen het. En ek was baie lank in worsteling gewees, wat ek vir die Here gesê het, waarom het Hy nie ingegryp nie, waar was Hy al daai jare? Hoekom het Hy nie iets laat gebeur in my lewe nie? (Because one hears of so many children that are born in love. And from a young age they have that nurturing, that security, and that experience of being wrapped in a father and a mother’s love. And I think when one has one’s own children you understand the nurturing and the love you have in your heart for your children. And that you know you would take on things that are much more powerful than yourself... ...to protect your children. And then it crosses one’s mind, but why did the things happen that had happened? Where
were my mother and father? Why? How could things have been so bad in their own lives that they, almost deliberately, destroyed their children’s live? Because that it what they did, indirectly. And for a long time I struggled with the Lord, and said to Him why didn’t He intervene? Where was He all those years? Why didn’t He cause something to happen in my life?)

She still does not have the answers:

…dit maak nog steeds nie vir my baie sin nie… in ’n sekere opsig wil ek sê, dit het vir my van baie jare beroof. Ek was nooit ‘n kind nie, ek was nooit ‘n tiener nie, ek was nooit ‘n jong vrou nie. …vir baie jare was ek niks. …en dit is partykeer vir my ‘n geweldige duur prys… om te moes betaal. (…it still doesn’t make much sense to me… in a way I want to say that it robbed me of many years. I was never a child, I was never a teenager, I was never a young woman. …for many years I was nothing. …and at times I consider this to have been a very high price I had to pay.)

After about a year of having been free of drugs and while still battling with the unanswered questions, something happened that triggered Esther’s relapse into drug abuse:

Toe na ‘n jaar, toe swig ek weer voor die druk van die dwelms…  Ek was totaal af gewees, en toe het daar een of ander krisis gebeur… dat ek toe nou maar terug is. (Then, after a year, I again succumbed to the pressure of drugs… I was completely free from drugs, and then some kind of crisis occurred… which caused me to relapse.)

In her scrapbook she describes this turning point – back into her previous lifestyle of drug abuse and promiscuity – as follows:

Toe weer eens het dinge vir my verander. Vreemde nagmerriedrome, weer die verwarring en die soeke na die self het plek in my hart ingeneem. Ek het begin terugval op my ou lewe van dwelms en buite-huwelike seks. Skuldgevoelens en vrae het my al hoe meer begin teister. Ek het satan en sy slinke plante na my eie inig en vrees leer ken. Sy uitsluitlike doel was en is nog altyd om my te vernietig. Dit is hy wat die verwarring en vrees in my sit, wat my weer eens laat wonder wie of wat ek nou eintlik is. Hy laat my verworpe voel en sonder plek in die lewe. Dit is Lucifer wat dit donker maak in my en wat toelaat dat ek met tye toegee aan sinlose selfmoordgedagtes. (Then things changed again. Strange nightmares; again the confusion and the search for the self settled in my heart. I reverted to my former life of drugs and extramarital sex. Guilt and questions haunted me. With new insight I became acquainted with Satan and his cunning plans. His exclusive purpose was and still is to destroy me. He is the one who instils fear and confusion in me, and makes me wonder who and what I really am. He makes me feel rejected, and without a place in life. It is Lucifer who makes it dark inside of me and who allows me to submit to senseless thoughts of suicide at times.) - From Esther’s scrapbook
During this period, Esther remained involved with Adolf. In an interesting twist, however, she also became romantically involved in another dangerous liaison with an inner-city gang leader, Ben:

...en dit was in hierdie tyd wat ek toe deurmekaar g eraak het met Ben. Hy was ’n gang leader... Al hierdie tyd was ek nog steeds betrokke by Adolf. ...maar ek was toe baie betrokke by Ben, en by hulle bedrywighede, in die bende. En met die dwelms, wat dit nou maar baie sleg gegaan het... (...and it was in this time that I became involved with Ben. He was a gang leader... All this time I still remained involved with Adolf. ...but I was then very much involved with Ben and with their activities in the gang. And things were bad with the drugs...)

Contrary to the abuse she suffered in her relationship with Adolf, Ben protected her and treated her well:

...Ben was rêrig goed vir my. Hy was ’n baie wrede mens, maar, waar Adolf ook geweldig wreed was en my verskriklik sleg behandel het – vir Adolf was ek net nog ’n hoer gewees, en hy my ook so behandel het – was Ben, al was hy ’n bendeleier, het hy my baie goed behandel. Hy’t my met baie groot teerheid behandel, en baie beskermend teenoor my opgetree, en my ook in tye van gevaarsituasies met die bende, my regtig beskerm, en baie oor my gewaak het. Ek weet dat hy regtigwaar baie lief was vir my, al was dit ook op ’n weird manier gewees... (Ben was really good to me. He was a terribly cruel man, but, while Adolf was also very cruel and treated me very badly – to Adolf I was just another whore and he treated me as such – Ben, although he was a gang leader, treated me very well. He treated me with great tenderness and was very protective of me, and in dangerous situations with the gang he really protected me and watched over me. I know that he really loved me very much, although it was in a weird way.)

This was a nerve-racking situation for Esther to be in. These two violent men knew and detested each other, but neither of them knew that Esther was also involved with the other:

Ben en Adolf het mekaar met ’n passie gehaat. En altwee was geweldig gewelddadig, so dit was alltyd hierdie ding gewees, as ek by Ben is, gaan Adolf uitvind. As ek by Adolf is, gaan Ben dit uitvind. (Ben and Adolf hated each other intensely. And they both were extremely violent, so it was always a question of whether Adolf would find out when I was with Ben or if I were with Adolf, Ben would find out.)

All the time she knew that she had no future with either of the men:
Al het ek geweet daar’s geen toekoms vir my enige plek nie, het ek tog besef ek kan nie eers dink aan ’n toekoms saam met Adolf of saam met Ben nie; daar is geen toekoms nie. (Although I knew that there was no future for me anywhere, I realised that I couldn’t even consider a future with either Adolf, or Ben. There was no future.)

David and Naomi were aware of what Esther was involved in, and discouraged her relationships with both Adolf and Ben. In the end, however, it remained Esther’s own choice:

…met Adolf het David-hulle baie keer my verbied om vir Adolf te sien, en dan’t ek gesê: “Maar, as julle my verbied dan loop ek weg.” Dan het hulle besef ek sal dit doen, daarom kon hulle nooit daai houvas wat Adolf op my gehad het, afsny nie. En dieselfde met Ben. (David and them often forbade me to see Adolf, and then I said: “But if you forbid me, then I’ll leave.” Then they realised that I would do it, that’s why they could never sever that hold that Adolf had on me. And the same with Ben.)

Esther had been told that she would not be able to fall pregnant as a result of her eating disorders and the subsequent physical effects:

…voor dit het dokters vir my gesê ek sal nooit kan swanger raak nie. Omdat, my gewig was vir te lang tye… ag ek het vir jare nooit gemenstrueer nie… So ek het nie gedink ek sal ooit kan swanger raak nie… (…before that, doctors told me that I would never be able to fall pregnant. Because for long periods of time my weight was… and for years I didn’t menstruate… So I didn’t think I would ever be able to fall pregnant.)

Contrary to all expectation and much to her dismay, however, Esther fell pregnant:

…vir langer as ’n jaar wat ek baie vas en seker gedink ek stap hierdie pad van Christen wees, en die regte pad… val ek weer van die wa af, en ek raak swanger in die proses… …en dit was vir my ’n geweldige skok gewees, toe ek besef ek is swanger. (For more than a year I was very certain that I was walking the road of Christianity, and the right way… I lost the way again and fell pregnant in the process… …And it came as a terrible shock to me when I realised that I was pregnant.)

Upon realising that she was pregnant, Esther took responsibility for her health and the baby’s by discontinuing her drug abuse. She has never used drugs since:

Daai Desember het ek gehoor ek is swanger… …die oomblik toe ek besef ek is swanger, het ek soos in finaal gestop en dit was die laaste keer ooit wat ek dwelms gebruik het. (That December I learnt that I was pregnant… …The moment I realised that I was pregnant, I stopped once and for all, and it was the last time that I ever used drugs.)
When Esther discovered that she was pregnant, she made another choice in her own interest and her baby's. She immediately severed all ties with both Ben and Adolf. Ben did not take it well:

_So toe ek besef ek is swanger, het ek onmiddellik my rug gekeer op Ben, wat ek onmiddellik alles verbreek het, hom nie verder wou sien nie... ...snaaks genoeg, omdat ek my rug op hom gekeer het – en ek dink nie hy as gang leader was gewoond gewees aan so iets nie, dat iemand sy rug op hom keer nie – het daardie liefde oorgegaan in 'n geweldige haat. En by die laaste keer, toe ek met hom gepraat het, hy vir my gesê “If I ever see you again, I will kill you.” En hy sou dit gedoen het. En ek hét hom nooit weer gesien nie. (So when I realised that I was pregnant I immediately turned my back on Ben – ended everything with him, and didn’t want to see him again... ...strangely, because I had turned my back on him – I don’t think that, as a gang leader, he was used to something like that, that someone would turn her back on him – that love turned into tremendous hatred. And the last time I spoke to him he said: “If I ever see you again, I will kill you.” And he would have. And I never saw him again.)_

And on this note the most difficult nine months of her life started. While going through a tremendous internal struggle, Esther often found herself roaming the streets of the city at night, driven by fear of what might lie ahead for her and the baby inside her:

_Daai nege maande van swangerskap was vir my geweldig gewees. Ek onthou die nagte op straat, wat ek nie tot rus kon kom nie, omdat ek te bang (was) vir myself. Ek was te bang gewees vir die gedagte, vir hierdie mensie wat in my groei. En dat ek nie vir hierdie mensie kan sorg nie, en... dat ek hierdie mensie moet weggee... Ek kon nie tot rus kom nie. (To me those nine months of pregnancy were dreadful. I remember those nights on the street when I couldn’t settle down, because I was afraid for myself. I was afraid at the thought of this little person growing inside of me. And that I wouldn’t be able to take care of this little person, and... that I would have to give away this little person... I couldn’t settle down.)_

She contemplated the possibility of abortion, seemingly not for the first time, but eventually decided to carry the baby full term:

_Ek het wel enkele kere ook met hierdie kleintjie, het ek maar deur die gedagtes gegaan van aborsie. Genadiglik het ek dit nie met hom gedoen nie. Ek het nie hierdie spesifieke keer die besluit op ‘n aborsie deurgevoer nie. Ek het dit vol termyn laat gaan, genadiglik. (...a few times, with this little one too, I considered the option of going for an abortion. Fortunately I didn’t do it with him. On this occasion I didn’t go through with the decision to have an abortion. Fortunately I allowed it to go full term.)_
Her internal debate centred on keeping the baby at all costs, versus wondering how she would be able to take care of the baby, if at all:

...ek het deur baie skommelings gegaan, wat ek gedink het niks of niemand sal hierdie kind van my wegvat nie. Dis myne. En dan ook die tye wat ek weer meer nugter kon dink, en besef het, maar ek kan nie. Ek het geen lewe nie, hoe kan ek hierdie klein mensie hou? (...I went through many fluctuations, when I was determined that nobody would take this child away from me. It is mine. And then also the times when I was able to think more rationally, I realised that I couldn’t. I have no life, how can I keep this little person?)

A core motive for her wanting to keep the baby was the prospect of finally being able to love and be loved unconditionally. She longed to love and nurture this little baby:

Miskien omdat dit nie net meer ek was nie, daar was ’n ander lewetjie gewees. Daar was so ’n klein kosbaarheid gewees, wat in my hande was, wat nie moes gewees het nie. En miskien omdat ek nooit iets gehad het om te troetel, of vas te hou, of wat my eie kon wees nie, en omdat ek nooit ware liefde kon ervaar nie, het ek maar, half, die gedagte gehad, hier is ’n ietsietjie wat ek met my hele wese kan liefhê, en kan vertroetel, en kan versorg. En miskien die begeerte dat hierdie ou klein mensie vir my sou lief wees, dat dit werklik liefde sou wees. (Perhaps because it wasn’t only me any more, there was another little life. There was a tiny treasure in my hands, which should never have been. And perhaps because I had never had anything to cuddle or hold or that could be my own, and because I had never experienced real love, I kind of had the idea that this was a little something that I could love and pamper and nurture with my whole being. And perhaps the desire that this tiny little person would love me, that it would truly be love.)

During this period Esther withdrew from the people who might have supported her, and chose to go through her ordeal alone:

... in daai tyd het ek alle hulp geweier. ...ek kan nie sê of dit ’n selfmartelingsproses was... ...ek wou alleen dra aan die geweldige pyn... (van) wat ek moet doen met hierdie klei lewetjie. (...during that time I refused all help. ...I can’t say whether it was a self-torture process... ...I wanted to bear the excruciating pain alone... of what I should do with this little life.)

Esther finally admitted to herself that she simply could not provide for the baby, and made the devastating decision to give up her baby for adoption:
Reflection 3.36 Who is she?

Who is she?
Is she girl or is she woman?
Has she felt the fruit of life growing inside of her?
Has she experienced the pain of labour?
Her arms are empty
Her womb is empty
Her emotions are shattered

En ek moes maar uiteindelik by die finale besluit kom... ek het nie ‘n keuse nie. Hierdie mensie wat hier in my groei is... ek kan nie vir hom sorg nie. Ek kan nie vir myself sorg nie, hoe gaan ek hierdie klein mensietjie help. (And eventually I had to make the final decision... I don’t have a choice. This little person growing inside of me... I can’t take care of him. I can’t take care of myself, how am I going to help this tiny little person?)

She gave birth to a son (see Reflection 3.36). On two occasions she had the opportunity to hold him, look at him and feel the warmth of his body:

... toe’s die baba nou maar aangeneem, wat ek hom toe nou maar moes laat gaan het. Ek het twee geleenthede gehad waar ek... net kon afskeid neem, waar ek hom kon sien en hom kon vashou en... hoedat ek kon sien hoe lyk hy, en... net so bietjie van die... hitte... kon ervaar, van sy lyfie... (...and so the baby was adopted, and I had to let him go. I had two opportunities just to say goodbye, to see him and hold him and... I could see what he looked like, and... experience just a bit of the warmth of his body...)

After having signed the adoption papers in court, Esther longed for the comfort and nurturing of a mother’s love. Although she had no contact with her mother at that stage, she decided to go to her. It did not have the desired effect. Her mother’s reactions caused her to try to suppress the sorrow she felt at giving up her baby:

...is ek toe na haar toe, wat ‘n baie groot fout was. Want ek was nie toegelaat om te huil nie. Daar was niks. Ek onthou die dag toe ek van die hof af kom, toe’t ek begin huil. En, sy was baie kwaad vir my. Sy’s gesê: “Vir wat huil jy?” Dit was ‘n baie abnormale tipe van situasie waar ek vir ‘n paar dae moes voorgee, dit moes doodmaak, die besef dat ek ‘n klein seuntjie moes afgee... (...I went to her, which was a huge mistake. Because I wasn’t allowed to cry. There was nothing. I remember I started crying the day that I came from court And she was very angry with me. She said: “What are you crying for?” It was a very abnormal kind of situation in which I had to pretend for a couple of days; I had to wipe out the realisation that I had to hand over a little boy...)

Reflection 3.35 Baby

Baby...
I push you out through the crust into the daylight detached from my womb but soiled with my tears soiled and infected with sorrow.

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Results of case studies: Primary participant Esther
Once again Esther was in search of her identity in reaction to the trauma she had experienced. Esther believes that her recovery was delayed by the fact that her mother did not permit her to mourn the loss of her baby:

> Ek dink regtig dit het my herstel uitgestel, want ek dink ek móés daarna deur 'n tipe van 'n rouproses gegaan het, en ek was nie toegelaat nie. (I really believe that it delayed my recovery, because I think I should have gone through a kind of mourning process afterwards, but I wasn’t allowed to do this.)

Esther realised that it was better to return to David and Naomi, where she had an emotional breakdown:

> Ek is toe daarna terug na David-hulle toe, vir 'n tydperk. Dit was hieros oop ses weke na die geboorte, wat die aanneemmamma vir my twee foto’ties gestuur het... twee foto’ties om te hou... dis... 'n ietsietjie... het ek toe so half kop verloor, waar ek half ingekonk het. (Afterwards I went back to David and Naomi for a time. At about six week after the birth the adoptive mother sent me two little photos... two photos to keep... it’s a little something... so I kind of lost my head and had a kind of breakdown.)

Esther became obsessed with the photographs of her baby, until David and Naomi intervened and took the photos away from her:

> En waar dinge vir 'n tyd lank baie abnormaal geword het. Waar ek begin klou het aan die foto's, en nie meer die foto's wou laat gaan nie, en dag en nag moes daai foto's by my wees en ek het net begin fokus op daai foto's... Totdat David-hulle toe op 'n dag die foto's heetemal van my weggemat het, en vir my gesê het dis ongesond, dit kan nie langer nie... (...and for a while things became very abnormal. I started clinging to the photos and no longer wanted to let go of the photos. And day and night those photos had to be with me, and I started focussing only on those photos... Until David and Naomi took the photos away from me one day, and said that it wasn’t healthy, it couldn’t continue...)

Slowly Esther’s process of healing began. She gradually took control of her life, paradoxically through submitting to God more and more:

> Ek moet teruggaan na Jesus en weer eens toelaat dat Hy my lewe lei en beheer. Ja, dis wat ek sal doen! Miskien sal Hy my hierdie dwaling vergewe en my help om weer op die regte pad te kom. Ek wil Jesus die antwoord maak vir my lewe. (I have to return to Jesus and allow Him to guide and control my life again. Yes, that’s what I’ll do! Perhaps He will forgive me for straying and help me get on the right path again. I want to make Jesus the answer to my life.) – From her scrapbook
At this point in Esther’s life history one needs to pause and contemplate her position on and the meaning she made of love, relationships with men, and marriage:

_Ek het nie werlik ondervinding gehad van liefde ooit nie. ...my ondervindings van verhoudings, en van huwelike, en van die seksuele was totaal en al verwronge en skeef gedraai. ...ek het half geleef met die besef dat daar nie iets is soos liefde nie. Ek was baie intens bewus van die leegheid van intimiteit, en van kontak, en van sogenaamde liefde, en die kortstondigheid daarvan en hoe vinnig dit in haat kon verander. En dat liefde beteken pyn, want liefde het vuiste, jy weet, liefde slaan jou dat die bloed loop. En liefde onteem jou van jou menswees. Liefde het baie woorde en liefde maak baie seer. Dit was my begrip van liefde gewees._

(I didn’t really ever experience love. ...my impression of relationships and marriages and of sexuality was completely distorted and skewed. ...I kind of lived with the realisation that there wasn’t anything such as love. I was deeply aware of the emptiness of intimacy and contact and so-called love, and the fleeting nature thereof, and how rapidly it could change into hatred. And that love means pain, because love has fists, you know, love batters you until the blood flows. And love deprives you of your humanity. Love has ugly words and love hurts a lot. That was my understanding of love.)

Against this background she regarded love as a fallacy and marriage as inconceivable, based on her negative associations with marriage, as well as the fact that she considered the possibility of her getting a decent husband to practically impossible:

_...ek durf nie ooit dink aan trou nie. Ek wou nie trou nie... En ek is daarmee gebore met hierdie ding, dit kan nooit werk nie. ...want daar is nie iets soos liefde nie. Ek kan nie vir altyd in 'n verhouding betrokke wees nie. ...en dan het (ek) ook dit besef dat geen man ooit met my sal wil trou nie. Geen ordentlike man buiten my leefwêreld, sal ooit... omgee vir my nie, sal ooit bemoeiens met my wil maak nie. Want ek het onmiddellik besef as hulle weet, gaan hulle beslis niks met my te doen wil hê nie. (...I dare not ever think of marriage. I didn’t want to get married... And I was born with this thing that it could never work. ...because there isn’t anything such as love. I can’t permanently be in a relationship. ...and then I also realised that no man would ever want to marry me. No decent man outside of the world that I lived in, would ever... care about me, would ever want to be concerned with me. Because I immediately realised that if they knew, they would definitely not want anything to do with me.)

In August that year Esther gave up her baby for adoption, but her recovery was advanced by an unforeseen event: the arrival of her husband-to-be on the scene of her life:
Deon was a theological student from another city, who did his practical work in the inner-city and in association with the Christian inner-city outreach organisation for which Esther had then started working again. In September, without her knowing what the future would hold, Deon saw her for the first time. Deon tells the story of how he became aware of her:

Three months later Deon returned to the inner-city, and noticed Esther once more. He describes the incident:

Esther initially knew little about Deon, but noticed that he was not streetwise at all. This is humorously illustrated in the anecdote of their different perspectives on the events that led to the start of their relationship, Deon in particular having made more of the situation than Esther:
Deon: …ek het die kar nog so buite geparkeer – musiek aan, alles – en sy het gesien hierdie ou weet niks van... (I had parked the car outside – music on, everything – and she realised this guy knew nothing...)

Esther: Dit is ‘n stupid ou die, want hy gaan toe in die gebou in en hier staan sy kar oop hier buitekant. (This is a stupid guy, because he goes into the building, and leaves his car open here outside.)

Deon: Maar met die indrafslag, toe gooi sy vir my ‘n appel. (But as I went in, she threw me an apple.)

Esther: Wat ek natuurlik glad nie kan onthou nie. (That I can’t remember, of course.)

Deon: Toe besluit ek nee wat, hierdie meisiekind hou van my. (Then I decided, no way, this girl likes me.)

Esther: Ek dog dit is ‘n stupid student. Ek hoor die ou kom van Bloemfontein af en sowaar, hy weet niks van Hillbrow af nie en hy los sy karretjie oop hier buitekant. (I thought he was a stupid student. And I hear the guy comes from Bloemfontein, as a matter of fact, he knows nothing of Hillbrow and he leaves his car open here outside.)

Deon: Ek het net ingedraf en ‘n papier gevat. (I just ran in to take a paper.)

Esther: Maar nog steeds, hulle steel jou kar binne ‘n minuut. (But still, they steal your car within a minute.)

Their relationship mainly grew from the outreach work they did together:

Aanvanklik het ons saam uitgereik en saam vir die straatkinders gaan kos gee. …ek is in daai tyd opgelei as krisisberader, wat hy vir my gehelp het met gevalle wat ek nie kon hanteer nie... (At first we reached out together and took food for the street children. ...at that stage I was trained as a crisis counsellor, and he also helped me with the cases that I couldn’t deal with...)

At first he had second thoughts, purely on the basis of their four year age difference. Esther was blissfully unaware of this, but was gradually attracted to Deon when she discovered some of his special characteristics, such as his acceptance of and empathy for, people. In the following moving excerpts Esther reflects on prostitution and Deon’s attitude towards the people of the streets:

Maar dinge wat vir my begin trek het van Deon - dalk onbewustelik - ek het gesien hy praat met die prostitute... (Lang stilte.) En dit het vir my geraak. Ek het besef daar is nie oordeel in sy hart nie... as hy met prostitute kan praat en vir hulle kan omgee, sonder om... Ek het ek het altyd gedink ‘n man verwag... van jou iets. ‘n Man kan nie net met jou praat nie. Sodra ‘n man jou nader, en met jou
Results of case studies: Primary participant Esther

In time their relationship developed, based on open communication, honesty and acceptance.
Deon: ...toe op 'n stadium het ek besluit ek hou regtwaar van haar. Ek weet ons gaan 'n verhouding verder hê, trou eendag. Toe het ons heelwat dieper begin gesels natuurlik. Nagte omgesit en gesels en dinge uitgepra oor mekaar. Sy het natuurlik meer dinge gehad om te vertel as ek. (...Then, at one stage, I decided that I really liked her. I knew we were going to have a relationship, get married some day. Then, of course, our conversations deepened. Through the night we sat and talked and asked about each other. She had more to tell than I had, of course.)

Esther: Hy was 'n soet seun gewees. (He was a good boy.)

Esther was still searching for her own identity, and far from emotional recovery. This contributed to her mixed feelings about the blossoming romance:

...sonder dat ons regtig dit so beplan het, het daar 'n verhouding begin groei. En ek was baie bang. En geweldig opgewonde. (...without really having planned it, a relationship began to develop. And I was very scared. And extremely excited.)

She told him about her past, not wanting him to reject her later when he finally discovered the truth:

...toe hy toe nou in my lewe kom het ek my voorgeneem hy gaan nie oor 'n maand of twee of drie of vier... uitvind wie ek is nie. As ek die ou moet skok dan skok ek hom nou. Hy moet nou 'n keuse maak, is hy bereid om hierdie risiko aan te gaan of nie? Maar ek het besluit, hierdie ou moet dadelik in kennis gestel word. Hy moet nie oor drie maande vir my sê: “Maar hoekom het jy nie dadelik vir my gesê nie, want nou is ek klaar in 'n verhouding met jou”. (And when he came into my life, I resolved that he would not discover who I was after a month or two or three or four. If I have to shock the guy, I will shock him now. He has to make a choice now, is he prepared to take this risk, or not? But I decided that this guy had to be informed straight away. He must not tell me in three months’ time: “But why didn’t you tell me right away, because now I am already in a relationship with you.”)

Deon reveals the key to his own unconditional acceptance of Esther, despite her questionable past:

...dis asof ek van kleins af al die gevoel of die gedagte gehad het dat... die huwelik gaan nie 'n volmaakte prentjie wees nie enne, die Here gaan dalk van my vereis om iemand te vat wat minder volmaak... Ek het so 'n gevoel gehad. (...from a young age it was as if I had the feeling or the idea that... marriage wasn’t going to be a perfect picture, and the Lord might require of me to take someone who’s less than perfect... I had that feeling.)
Less than two weeks from meeting Esther, Deon decided that he wanted to marry her. In a way, Deon fell in love with the fact that Esther loved God, as illustrated in another short anecdote:

_Deon:_ Dit was op Nuwejaarsdag rond. Ons het terug gestap. En daar was Bybels buiten onder ‘n glaskas, voor ‘n kerkie. En toe het ons daar gesit en lees, en ek het prober om my Grieks en Hebreeus uit te krap om die goeters gelees te kry. (It was around New Year. We walked back. And there were Bibles outside in a display cabinet, outside a little church. And we sat there to read, and I tried to dig up my Greek and Hebrew to try and read these things.)

_Esther:_ Ek was baie beïndruk... deur hierdie ou. (I was very impressed by this guy.)

_Deon:_ Obviously om haar te beïndruk. En sy het daar óf in Afrikaans óf in Engels Johannes 3:16 gelees, en weet jy, net die manier waarop sy dit gelees het, het vir my gewys sy is lief vir die Here. Maar dis die tipe vrou met wie ek graag sou wou trou. En, daar het ek die besluit gemaak. (Obviously to impress her. And there she read John 3:16 – either in Afrikaans, or in English – and you know, just the way in which she read it showed me that she loved the Lord. This is the kind of woman that I wanted to marry. And there I made the decision.)

_Esther_ had one fear and that was that their newfound relationship would turn out to be only a holiday romance to Deon:

...ek het net gevoel as hy nou teruggaan Bloemfontein toe, weer by die universiteit, gaan die realiteit hom daal tref en gaan hy besef dit was ‘n tipe van ‘n vakansieromanse gevoel, want ek is ouer as hy en ek het hierdie... vreeslike verlede en goed. So ek het net een voorwaarde vir hom gestel. Ek het vir hom gesê as hy teruggaan en besef dat hy ‘n fout gemaak het, moet hy my net nooit aan ‘n tynjie hou nie... moet hy my dadelik laat weet. Maar dit was toe nou nie. Nee jig, hy het hierdie brieue en gedigte... en geparste blare... (...I just felt that if he went back to Bloemfontein, back to the university, reality would dawn upon him and he would realise that it was a kind of holiday romance, because I’m older than him, and I had this... terrible past. So I had only one condition: I told him that if he went back and realised that he had made a mistake, he should never keep me on a string, he should let me know immediately. But it didn’t happen. Goodness, no, he wrote these letters, and... poems... and stuff.... and pressed leaves...)  

Her fears were unfounded. Within a year they were married. To Esther Deon had been sent by God to help her bear the loss of her child:

_Dit is asof die Here vir my ‘n iemand gestuur het om vir my te help dra aan die groot verlies, want dit was vir my ‘n verskriklike verlies gewees. (It was as if the Lord had sent me someone to help me bear the huge loss, because to me it was an immense loss.)_
Being in a serious relationship caught Esther off guard:

_Ek was so verdwaald in myself, en ek het so min geken van myself, en skielik is ek in ‘n verhouding, en dit was vir my ‘n geweldige ondervinding gewees in werkliekheid. (I was so lost within myself, and I knew so little of myself, and suddenly I was in a relationship, and in reality it was a profound experience to me.)_

3.10 MARRIED LIFE

Since they had spent little time in each other’s company before their marriage, Esther and Deon were in for a couple of surprises:

_Deon: …die honeymoon was goed gewees, maar toe die honeymoon verby is né, toe begin die sports. (The honeymoon was good, but when the honeymoon was over, the sports began.)

Esther: Tref die realiteite. (Reality struck.)_

Esther briefly thought that she had recovered from the bulimia, but was soon confronted with reality:

_Ek het nog steeds gesukkel met bulimie. …toe ons getroud is het hy geweet, alhoewel ek daardie tyd vir hom gesê het dit is verby. Maar ek het op ons wittebrood al besef, daardie kort stukkie van beheer, het verkrummel. (I still struggled with bulimia. …when we got married, he knew, although I told him at the time that it was over. But already on honeymoon I realised that that tiny bit of control had disintegrated.)_

Part of the challenge was the fact that they started working in their first congregation directly after they got married. Esther describes the context in which their married life started off:

_...ons is onmiddellik in die diep kant ingegooi... Ons trou, ons gaan op wittebrood, ons kom van die wittebrood af en hy is in ‘n gemeente. In ‘n klein baie persoonlike en intieme dorpie. (...we were thrown in at the deep end straight away... We get married, we go on honeymoon, we return from honeymoon, and he is in a congregation. In a small, very personal and intimate town.)_

The congregation must have known that all was not moonlight and roses in the house of the newlywed minister and his unconventional little wife, but they remained discreet:
...ek weet nie of die Here die mense se oë maar toegemaak het nie (lag in stem), en of die Here maar net vir hulle... 'n stukkie wysheid gegee het om hulle oë oë toe te knyp nie... ...automaties het sekere mense maar agtergekom van sekere dinge. (I don't know whether the Lord just closed people’s eyes (laugh in voice) or if the Lord just gave them some wisdom to keep their eyes closed... Obviously certain people picked up on some things.)

At times the pressure was too much for Esther to handle, and she often packed her bags, walked to the main road, and attempted to hitchhike back to the city:

En ek het baie keer daar in die begin my tasse gepak en geloop... ...tot by die grootpad. En daar gestaan en hike. Dit was regtwaar of die Here daar ook net ‘n wonder gedoen het, dat, die mense het nooit vrae gevra en goed nie. (And there in the beginning I often packed my bags and started walking... to the main road. And there I stood and hitchhiked. It was honestly as if the Lord did another miracle there, because the people never asked questions.)

She appreciates the fact that her husband always accepted her return unconditionally:

Deon het nooit ooit as ek teruggekom het, vir my gesê: “Jy is nie welkom nie.” Of: “Jy het eenkeer te veel jou tasse gepak.”...nie. (When I returned Deon never said to me: “You’re not welcome.” Or: “You have packed your bags once too often.”)

Ester did not have the personal experience or skills to meet the demands of being a minister’s wife in a small town congregation:

Ek het geen selfbeeld gehad nie, ek het geen skills gehad om te cope nie, en skielik is ek mevrou dominee, en met almal se oë wat op jou gerig is. (I had no self-image, I had no coping skills, and suddenly I’m the minister’s wife, with everyone watching me.)

Given her eating disorder, a particularly problematic issue was the various rituals and events connected with food. Not only did she have no experience in cooking and entertaining, but she still could not eat in front of people. Esther and Deon sketch the scenario:

Esther: ...’n paar keer ‘n week word ons uitgenooi vir etes, en ek kon nie cope met etes nie. Ek kon nie voor mense eet nie. (...a couple of times a week we were invited to meals, and I couldn’t cope with meals. I couldn’t eat in front of people.)
Deon: Elke slag as sy eet, dan weet sy hierdie ding (bulimia) gaan nou oorvat. Hoe eet jy voor mense en jy eet normaal? (Every time she ate she knew that thing (bulimia) would take over. How do you eat in front of people and eat normally?)

Esther: ...jy weet almal se oë is op jou. Jy moet perform. Jy moet altyd die beste voetjie voorsit. Jy moet onthaal. Mense kom kuier vir jou. Jy moet reg wees op ‘n Sondag, en, ek kon op geen manier kon ek cope nie.. So dit was oorlog. (...you know all eyes are on you. You have to perform. You have to put your best foot forward. People visit you. On Sundays you have to be prepared, and I had no way of coping. So it was war.)

As difficult as the effects of Ester’s bulimia were, the other issue was of inadequate self-regulation: her uncontrollable and severely destructive fits of rage. Their home was indeed often turned into a battlefield. Small things triggered terrible outbursts.

At such times of rage, Esther became extremely destructive and she destroyed the things around her:

She inflicted severe bodily harm on herself:

Her outbursts were further characterised by extreme profanities and verbal abuse of Deon:
Wat ek baie keer beheer verloor het, en dan wat ek probeer het om so verskriklik seer te maak en af te breek en te vernietig deur my woorde. Dit wat ek nie fisies kon regkry nie, het ek deur my woorde gedaan. ...ek het so beheer verloor, dat ek sulke verskriklike dinge gedaan en gesê het. Jy kan jou nie indink watse verskriklike dinge - jy weet, dit is regtig dinge wat die duivel in my mond kom lê - wat ek dan sal gil en skreeu en tekere gaan. ... dit is regtig 'n woordeskat uit die hel uit - oor my lippe gevloei het. ...dit is nou maar 'n paar jaar lank wat ek eers 'n volkome oorwinning daaroor getry het. (When I lost control I tried to cause intense pain and destruction through my words. What I couldn’t accomplish physically, I did through my words. ...I lost control to such an extent that I did and said terrible things. You can’t imagine the terrible things – you know, it was really words that the devil put in my mouth – and then I yelled and screamed and carried on. ...it was truly a vocabulary from hell that flowed over my lips. ...it has now been only a couple of years since I achieved complete victory in this area.)

At times she attacked Deon physically and verbally, sometimes with the intention of actually killing him. She tries to find reasons for having wanted to do so:

Om een of ander rede het ek baie keer – dit kan nou wees dat dit is omdat al die mansfigure in my lewe geweldig negatief was; dit kan wees omdat ek gekonfronteer was deur liefde wat ek nie kon hanteer of verstaan nie; dit kon doodeenvoudig wees dat die duivel daarop uit was op vernietiging – het ek baie pogings aangewend om Deon dood te maak. ...dit was soos direkte aanvalle vanuit die hel. Ek het half geglo ek moet hom doodmaak. ...daardie tye wat ek so beheer verloor het, het ek alles probeer om die ou soos in verskriklik seer te maak, en al manier wat hy dit kon beheer het was deur ure op my te sit. Dan sal ek nou later vir hom smeek en vir hom sê: “Klim net af!” Daai oomblik as hy net daai klein bietjie “gap” gee, dan is dit baie keer genoeg om weer opnuut vir hom aan te val of wat ook al. (For some reason – it could be because all the male figures in my life were terribly negative; it could be because I was confronted with love that couldn’t cope with or understand; it could simply be that the devil was out to destroy – I often attempted to kill Deon. ...it was like attacks straight out of hell. I kind of believed I had to kill him. ...when I lost control like that I tried everything to hurt the guy badly, and the only way he could control me was by sitting on top of me for hours. Later I would beg him and say: “Just get off!” The moment when he give me a “tiny gap” would be enough for me to attack him again.)

It was as if there were two Esthers, her true self who pleaded and begged and did not want to do harm, and a demonic force that was out to destroy:

...dit was asof dit twee mense was. ...ek sal huil... terwyl hy so op my sit en my vasdruk sal ek by hom pleit, en vir hom sê: “Ek wil nie, vergewe my, ek kan nie, help vir my.” En dan, daar is nie eers ‘n punt agter hierdie sin nie, dit gaan net voort in hierdie geweldige gille en vloeke en vieslikhede wat dan hier uitkom... So dit was behoorlik soos die mens, ek, wat gepleit het: “Asseblief help vir my, vergewe
my, ek wil dit nie doen nie.” En dan neem hierdie demoniese mag totaal oor, wat aan totale waansin gegrens het… baie van ons beginyte is beroof daardeur. Met nagtie wat daar nie geslaap kon word nie omdat al hierdie demone oorgeneem het. (...it was as if I were two people. ...I would cry... while he sat on top of me and held me down, and I would plead with him and say: “I don’t want to. Forgive me. I can’t. Help me.” There wouldn’t even be a full stop at the end of this sentence, then I’d continue with those horrid screams and curses and profanities... So it was totally as if I, the person, pleaded: “Please help me, forgive me. I don’t want to do it.” And then this demonic force would take over, bordering on complete insanity... ...we lost much of our time in the beginning through this. With nights that we couldn’t sleep because all those demons took over.)

When the battle was over the result was always the same - overwhelming feelings of guilt and shame and remorse:

_Deon_: Die simpel ding, daarna was sy vir twee dae... heeltemal asof sy gebroke was hier binnekant. (The silly thing, it was as if she was completely torn apart inside for two days afterwards.)

_Ester_: ...ek dink ek het in die proses baie meer seer gekry dan as Deon, want dit was vir my elke keer soos ‘n totale vernietigingsproses. ...ek wou doodgaan, jy weet, die besef wat ek gedoen het en dan die vieslike dinge wat oor my lippe gekom het...  En as ek om my kyk en ek sien die skade... Dit was vir my verskriklik...  Ek wil my net oprol en onder ‘n bed inklim waar dit donker is en waar niemand my kan sien nie en daar net bly. (...I think in the process I got hurt much worse than Deon, because to me it was a process of total destruction every time. ...I wanted to die at the realisation of what I had done and the profanities that I had uttered... And when I looked around me and saw the damage... It was terrible... I just wanted to roll myself up and climb under the bed where it was dark and where no one could see me, and stay there.)

_Deon_: Dan is dit nou so dag of twee wat dit nou lekker was. Dan is sy haarsef, en weet jy, dit is partykeer die onbenulligste ding, dan het ek nou iets gesê wat eintlik niks is nie. Dan kom daai klippie daarbo los, dan, jy kan keer-keer dat die ding net nie aan die rol kom nie maar... (And then, for a day or two, it would be fine. She would be herself. And you know, sometimes it would be the most insignificant thing, I might have said something which really meant nothing. Then that pebble would work loose at the top, and you can try to stop it from getting on a roll, but...)

She explains her behaviour as having been driven by anger and hatred. Certain behaviour was expected of her, and she simply did not have the skills to perform accordingly, which reinforced her sense of being out of control. In addition, she was still struggling with, and trying to recover from, the consequences of her childhood and adolescent experiences. She even had ambivalent emotional reactions to her new lifestyle and improved circumstances:
Despite all the hardship and challenges, Esther remains thankful for the time they spent in the small town, firstly because they established lasting relationships, and secondly because it prevented her from reverting to drugs:

Maar vandag as ons terugkyk, was dit vir ons ‘n vers kriklike kosbare tyd, want die Here het ons ver weg gevat van die stad af. En dit was ook daarom gewees dat ek nooit weer teruggeval het in dwelms ook nie. Totdat ek totaal en al kon vrykom, was daar nie vir my die geleentheid gewees om terug te val in dwelms nie. (But today when we look back, it was a very precious time, because the Lord took us far away from the city. And as a result I never relapsed to drugs. I never had an opportunity to go back to drugs, until I was completely delivered.)

3.11 BREAKING FREE

Throughout the early years of marriage, Esther was still haunted by the black dog of bulimia, needing to have the emotional void inside of her filled:

...ek het hierdie ding mos gehad oor kos wat in my is. Dit was so weird, ek was so leeg, né. Dit was hoekom ek so moes volmaak, maar kos het my nooit volgemaak nie… (...I had this thing about food inside of me. It was so weird, I was so empty. That’s why I had to fill up, but food never satisfied me...)

She desperately prayed for deliverance from the bulimia, but it did not become a reality until her focus had moved from the disorder to God, her Deliverer:

...my gebede rondom die bulimie was: “Here ek kan nie aangaan nie. Here asseblief verlos my van die bulimie. Here, hoe moet ek maak? Here ek kan nie leef met die bulimie nie!” So dit was ék. Dit was hierdie totale selfgesentreerde: “Here ek, ek, ek ek. Here ek kan nie cope nie. Here dit, Here dit.” Ek het meer soekend begin raak na die Here. …sonder dat ek werklik intens bewus was daarvan, het my gebede begin verander. Wat my gebede begin draai het na “Here ek wil meer wees soos U... meer van U in my lewe.” (...my prayers regarding bulimia were: “Lord, I can’t go on. Lord, please deliver me
from the bulimia. Lord, what must I do? Lord, I cannot live with the bulimia!” So it was me. It was this complete self-centred: “Lord, me, me, me. Lord, I can’t cope. Lord this, Lord this.” I started searching for the Lord. ...without really being intensely conscious of it, my prayers started to change. My prayers changed to: “Lord I want to be more like you... more of you in my life.”

Then something happened that distracted her. Deon was injured in an accident and ended up in hospital. Esther’s attention was focussed on the crisis at hand. Upon entering the hospital to visit Deon one day, something struck her:

So ek stap toe in die hospitaal deur sulke glasdeure, en hier is hierdie yskaste met al die sjokolades en dinge, en ek stap verby. En ek is ‘n hele ent verby en ek steek vas. En ek dink: “My genugtig. Iets is anders.” En ek draai om, en ek stap terug, en ek gaan staan voor daardie yskaste met al die sjokolades en dinge. En ek kyk. En daar gebeur soos in totaal niks nie. Jy weet, daar is geen effek, van ek móet dit in die hande kry. Ek sal gaan geld steel, maar ek moet nou eet. Daar is geen niks nie. En van daar af... so die bevrinding kon al ’n dag of twee of drie voor dit gekom het. (So I walked into the hospital through some glass doors, and there were those refrigerators with all the chocolates and things, and I walked past. I had gone quite a distance when I stopped abruptly. And I thought: “My goodness. Something is different.” And I turned, and walked back. And I stood in front of those refrigerators with the chocolates and things. And I looked. And absolutely nothing happened. You know, I didn’t have the urge to get hold of it at all cost; I will go and steal money, but I have to eat now. There was nothing. And since then... so the deliverance could have been since a day or two or three before.)

Since that day, fourteen years ago, she has been completely free from bulimia:

...dit was maar altyd hierdie periodes van totale binging en... periodes van totale starving, wat jy vir dae vir jou uithonger... dit het nog nooit weer gebeur nie. Dit was 1993 en ek het nog nooit weer ‘n periode gehad van - selfs nie eers ‘n kortstondige tyd nie - wat ek kon sê daar is ‘n maand wat ek terug geval het, of ‘n kort tydjie wat ek weer gesukkel het met kos, of nie kos nie... Maar dit het géén houvas op my nie, géén. Ek het nie ‘n saak met kos nie, ek het nie ‘n saak met kalorieë nie, want ek ooreet my nie. (...there were always periods of total bingeing and periods of total starving, when you go hungry for days... it has never happened again. That was in 1993, and it has never happened since – not even briefly – that I can say I relapsed for a month, or for a short period I battled with food... But it has absolutely no hold on me, none whatsoever. I have no issue with food, I have no issue with calories, because I don’t overeat.)

Esther still battled to overcome some other issues after having conquered the bulimia monster, with regard to which she now testifies of total deliverance. She now leads a life completely free from drugs, bulimia, alcohol, appetite suppressants, and the need to be with men other than her husband:
In a certain sense Esther might still struggle with some of the remaining issues of self-worth and inferiority. During the initial interview she expressed her feelings of inferiority stemming from her perceived lack of achievement:

...dit is regtig ‘n ding waarmee ek baie gesukkel het... is hierdie ding van ek het niks bereik in my lewe nie, ek het niks om te wys nie. Dan sê Deon baie keer vir my: “Maar jy het so baie bereik, jy het so baie behaal, jy het so baie oorwin.” Maar ek het niks om te wys nie. Ek kan sê ek is ‘n goeie mamma, ek is ‘n goeie vrou vir my man, maar baie vrouens kan sê: “Ek is ‘n goeie vrou.” (...it was really something that I struggled with... the issue of not having achieved anything in my life, not having
anything to show. Then Deon often tells me: “But you’ve achieved so much, you’ve accomplished so much, you’ve conquered so much.” But I have nothing to show. I can say I’m a good mother and a good wife, but many women can say: “I’m a good wife.”

In the second interview, three years after the first, there seemed to be a notable improvement in Esther’s self-esteem:

...in die verlede, wat ek gevoel het dat ek begeef my nou in die geselskap van iemand wat totaal my meerdere is... Ek sal heetemal onttrek ...ek was so minderwaardig, sodra ‘n suksesvolle vrou of ‘n dinamiese vrou of iemand, dan kon ek net nie cope nie... Ek sou uitgefrek het as ek nou in die geselskap moes wees van dinamiese mense. Want weet, die arme ou Ester. Wat kan sy nou sê? Jy weet, almal kyk na haar en sien haar verlede en sien wie sy is en sien hoe groot mislukking is sy. So dit is een van daardie leuens van die duiwel wat vir my geweldig gebind het vir baie lank, met die gedagte dat, ander mense is geweldig dinamies en goed en suksesvol en.. Jy weet ek is, ek is nou maar niks. (...in the past, when I felt that I ventured into the company of someone who was completely my superior, I would withdraw. I felt so inferior that as soon as (I was in the company of) a successful or dynamic woman, I couldn’t cope... I freaked out when I was in the company of dynamic people. Because, you know, that poor old Esther. Whatever can she say? You know, everyone looks at her and sees her past, and sees who she is and what a tremendous failure she is. So that was one of those lies that the devil burdened me with for a very long time, the notion that other people are very dynamic and good and successful, and I’m actually nothing.)

...as ek nou vat met hoeveel gemak ek met – soos wat ek nou sou gedink het in die verlede – met geweldig dinamiese mense, met hoeveel gemak en rustigheid ek nou met mense kan wees... sonder om te tense en sonder om bang te wees... en so bedag te wees op wat ek doen... (...and to think with what ease I am – as I thought in the past – among very dynamic people, with what ease and comfort I can now be with people... Without being tense and intimidated... and so mindful of what I do...)

Today she seldom, if ever, experiences the uncontrolled outbursts of rage that characterised her earlier inadequate coping:

Deon: Dan is dit ‘n groot strip en groot lawaai en dinge. Dit het darem nou ook al minder en minder soos wat die groei en ontwikkeling gekom het. (Then she dreadfully loses her temper and kicks up a racket and so on. At least this has also become less and less as she has grown and developed.)

Esther: Ja, ek strip darem nou nie meer nie. …ek breek nie meer goed nie… ek ervaar nie daardie verskriklike onbeheerbare woede wat in my opbou nie. (Yes, I don’t lose my temper any more. ...and I don’t break things any more... I don’t experience that build up of intense uncontrollable anger.)
One final but significant area in which Esther has seen victory has been in her parenting practices. Two years after her marriage to Deon, Esther gave birth to a little girl, and two years after that, another little girl. Even though she wanted and loved her little girls sincerely, it was another considerable adjustment in her life. In the beginning her behaviour was reminiscent of her mother’s dysfunctional parenting:

*My oudste het deurgeloop moet ek erken. Want die tyd toe ek swanger was met haar en ook die tyd daarna was maar baie deurmekaar vir my. En ek het haar baie verskree, en haar baie te lyf gegaan, toe sy klein was. Sy was ‘n baie klein babatjie, dat ek partykeer begin gel het as sy begin huil het, dan kon ek dit nie hanteer het nie, dat ek begin gel het en net nie kon ophou nie. Dat ek so half oor daai rantjie van... normaliteit partykeer bewee het. (I must admit that my eldest suffered. Because the time when I was pregnant with her, and also afterwards, was very confusing to me. I yelled at her and beat her when she was small. At times, when she was a tiny baby, she started to cry and I couldn’t cope with it, and then I started to scream and I just couldn’t stop. So sometimes I just went over the edge of normality.)*

In time, however, she broke the pattern of abusive parenting to become a mother who in later years has managed to act with love and patience:

*Die jongste het dit nooit beleef nie, want toe het ek reeds daai oorwinning behaal, so sy ken nie van ‘n mamma wat haar te lyf gaan en ‘n mamma wat haar verskree nie. Dit is hoekom so ‘n rustige mensie is. Die Here het vir my baie liefde en baie geduld gegee vir my kinders, wat ek nooit geken het nie. (The younger one never experienced it, because by then I had already achieved that victory, so she doesn’t know of a mother who beats her and who yells at her. That’s why she’s such a peaceful little person. The Lord has given me much love and patience for my children, something that I never knew.)*

### 3.12 AND NOW, TODAY

Ester looks back on her life and calculates the price she had to pay, and in some respects still pays. There are still some continuing challenges in her life. One issue she has not yet resolved is the seemingly simple matter of learning to drive a motor car. Against the background of her victory over such major life events, this may seem an almost insignificant issue, but it remains a challenge that she wants to overcome:
...soos wat ek minderwaardigheid al hoe meer begin wen het, het ek ’n geweldige verskriklike stuk minderwaardigheid oor die feit dat ek nie kan bestuur nie. Dit is vir my ’n verskriklike issue… Ek het nou al miljoene pogings aangewend om my lisensie te kry. Dit voel vir my op ’n manier al die battles oor die jare heen wat ek gewen het, het gaan konsentreer rondom bestuur. As ek agter ’n stuurwiel inklim, het al die gevoelens van mislukking en woede en aggressie en minderwaardigheid en “name” dit, het uitgekom wanneer ek bestuur. (While I managed to conquer my feelings of inferiority more and more, I still have immense feelings of inferiority about the fact that I can’t drive. To me it’s a terrible issue… I have made a million attempts at getting my license. In a way it feels as if all my victories over the years have centred on the issue of driving. Whenever I got behind a steering wheel to drive, all the feelings of failure and anger and aggression and inferiority emerged.)

The more significant remaining hindrance for Esther today is seated in her difficulty with certain cognitive processes. To a certain extent she has difficulty learning, remembering, concentrating and communicating:

...ek is bewus daarvan dat ek breinskade opgedoen het... Dit is baie keer soos ’n mislaag of soos ’n redelike digte swart fluweel gordyn wat oor my brein getrek word. (...I realise that I have suffered brain damage... It is often as if fog settles on my brain, or as if a fairly heavy black velvet curtain is drawn across my mind.)

...my konsentrasie is geweldig aangetas, en ek kan nie leer nie. Hoe graag ek ook al wil. Ek het al pogings aangewend en ek kan nie. Dit is maar vir my ’n stryd... dat ek sukkel om te konsentreer, dat ek sukkel om inligting te onthou... (...my concentration has been seriously affected, and I can’t study, no matter how badly I want to. I have made attempts, but I can’t. It remains a struggle... that I have difficulty concentrating and difficulty remembering information...)

...dit is vir my asof my brein baie keer soos ’n sif is... ...daar is baie keer dae wat my brein baie dof is... ...ek moet oor en oor en oor gaan voordat dit êrens vasgebind kan raak aan my brein, maar dit is kort termyn, want na ’n tyd is dit weer weg. Dis asof my vermoë om te liasseer half verlore gegaan het. Ek sukkel om inligting te stoor. (It is often as if my brain is like a strainer... ...There are many days that my brain is fuzzy... ...I have to go over and over and over something before it gets fixed somewhere in my brain, but it is only for a short time, because after a while it disappears again. It is as if I have lost my ability to file information. I have difficulty storing information.)

This problem has an emotional effect on her, in terms of feelings of depression, concern, despondency and inferiority. At times she is concerned that her cognitive processes might never recover, but then she chooses to consider this one of the last fortresses to be conquered on her road to victory:
...dit gee vir my ’n gevoel van minderwaardigheid. En ek weet dit mag nie, dit hoef nie, die Here het vir my baie groot oorwinnings gegee, en as dit die laaste dingetjie is wat oorwin moet word, hoe ek nie toe te laat dat dit my minderwaardig maak nie. Maar dit doen. (...it gives me a sense of inferiority. And I know it must not, it need not, the Lord has given me many great victories, and if this is the last little thing that has to be conquered, I needn’t allow it to make me feel inadequate. But it does.)

A number of Esther’s resilient coping strategies are demonstrated by the way in which she approaches this cognitive hindrance. She resists pondering the consequences of her cognitive drawback. Instead she chooses to deal with the related emotions by praying about it and trusting God to heal this aspect as He had done in the various other areas of her life:

...dit is ’n ding waarteen ek baie waak, maar waarteen ek ook baie stry... ...ek bid baie daarteen en ek glo die Here gaan nog volkome herstel gee. (...it is something that I both guard against, and struggle against... ...I pray about it and I believe the Lord will give me complete healing.)

Esther resists the temptation to think of herself as unintelligent, and believes that her true potential and intelligence is still unable to emerge:

...ek sê vir Deon (lag effens): “Weet jy, ek is nie “s tupid” nie.” Hy sê: “Natuurlik is jy nie stupid nie.” Ek sê: “Maar ek weet ërens... onder hierdie kombers, is daar intelligensie.” Maar dit is asof dit vir my wegkrui up met tye, of ek sukkel om werklik die mens wat ek kan wees, die potensiaal wat daar ërens in my opgesluit is, te kan bereik, want ek het nie die vermoë nie. (...I say to Deon (chuckles): “You know, I’m not stupid.” He says: “Of course you’re not stupid.” I say: “But I know somewhere... under this blanket, there is intelligence.” But it is as if it goes into hiding at times, as if I struggle to really be the person I could be, to achieve the potential that is locked away somewhere inside of me, because I don’t have the ability.)

In this realisation Esther also takes responsibility for having caused this handicap through her own actions, resulting in malnutrition and drug abuse. She seems to equate this handicap to an inability really to be the person she wants to be:

...met die baie wanvoeding van baie jare, want jou liggaaan en jou brein benodig baie belangrike voedingstowwe, en maar met die dwelms. (...as the result of the malnutrition of many years, because your body and mind need many important nutrients, and with the drugs...)

En dit pla vir my as ek besef ek het die potensiaal, die vermoë in my om werklik iets te kan wees, het ek vernietig. ...die feit dat ek aan my eie hand dinge vir my vernietig het, maar dis baie keer mos maar mense wat vir baie jare met dwelms betrokke was. Jy kry tog maar ’n geringe breinskade... Ek is rêrig...
baie bewus van dat my brein nie meer funksioneer soos wat dit moet funksioneer nie. (And it bothers me when I realise that I destroyed the potential, my ability to really be something. ...the fact that I was responsible for destroying things for myself, but this is often the case with people who have been involved with drugs for many years. You do get minimal brain damage... I am really very aware that my brain no longer functions as it should.)

She chooses not to make too much of this matter by avoiding unnecessary discussion with people other than her husband:

Dit is nou regtigwaar dinge wat ek eintlik met niemand deel nie hoor, dit is nou regtigwaar nie ’n issue nie. …want ek gaan nie by my vriendinne sit en sê: “Weet jy, ek dink ek het breinskade opgedoen” nie. (This is something that I really don’t share with anyone; it’s honestly not an issue. …because I don’t go and sit with my friends and say: “You know, I think I’ve suffered brain damage.”)

She reframes the problem by viewing it firstly as a small price to pay for the life she had lived in the past and secondly in terms of the benefit that it holds:

…dit is maar eintlik ’n klein prys om te betaal, die feit dat die Here vir my uitgelig het bo die omstandighede... So dit is seker ’n klein prys, want... dit gee vir my die geleentheid om te werk aan my verhouding met die Here. Ek hoef nie te gaan sit met boeke en met allerhande pogings nie; ek kan net gaan sit en groei in die Here. (…it is actually a small price to pay for the fact that the Lord has elevated me above those circumstances... So it’s probably a small price, because... it gives me the opportunity to invest in my relationship with the Lord. I don’t have to sit with books and all kinds of efforts; I can just sit down and grow in the Lord.)

Despite Esther’s continuing challenges, she recognises a series of personal and spiritual victories through the grace of God. In an attitude of openness she looks to the future with the expectation of more victory and more personal growth:

Ek weet ek is baie bevoorreg... ek weet daar is nog baie, nog verskriklik baie, wat ek nog moet leer. ...ek weet daar is groot oorwinnings behaal, en ek weet daar gaan nog groot oorwinnings kom. ...as ek terugkyk byvoorbeeld dan weet ek dat die Here se genade baie groot was oor my en ek weet daar is nog baie groei. Maar wat ek my ook troos dis nie net ek wat moet groei nie. Ons almal, op een of ander terrein, het hy ’n groeiproeses... (I know I’m very privileged... I know there’s still much, still a very great deal that I have to learn. ...I know considerable victories have been achieved, and I know there will still be significant victories. ...when I look back, for example, I know that the Lord was very merciful to me and I know I still have much growing to do. But it comforts me to know that I’m not the only one to grow. All of us, one way or the other, have to grow.)
The remainder of Esther’s life can be described as a process of learning to life victoriously. In many ways she has managed to break free and recover from her adverse past and its consequences, but it has been a struggle. She looks back in amazement at what should have been and what might have been, especially at all the instances when she might have died, yet she is alive:

...as ek terugkyk dan besef ek eintlik moes ek maar doodgegaan het érens langs die pad - of my ma my nou doodgelê het, of sy nou ook al gegaan het vir aborsie, of met een van die oordosisse, of een van die selfmoordpogings, of in die omstandighede waarin ek geleef het, waar dit nie vreemd was as mense rondom jou doodgegaan het nie. So as ek terugkyk besef ek die Here se hand was al die jare oor my gewees. (...when I look back I realise that I should actually have died somewhere along the way – whether my mother had lain on me till I died, or whether she had gone for an abortion, or with one of the overdoses, or one of the suicide attempts, or in the circumstances in which I lived, where it wasn’t strange when people around you died. So when I look back I realise that the Lord’s hand was on me all those years.)

It was against all odds that she would recover from drug addiction, anorexia, and especially from bulimia, yet she did:

...ek sê dit ook in afhanklikheid van die Here - maar goed soos die anorexia, en die bulimie en die dwelms en daai tipe van dinge, daar is sekere dinge wat ek weet, soos absoluut weet, dit het geen houvas meer op my nie. ...dit is iets waarvan ek volkome vry is. (...I say this too in dependence on the Lord – but things such as anorexia and bulimia and drugs and that kind of thing, these are certain things that I’m absolutely convinced have no hold on me anymore. ...these are things that I am completely free from.)

It was improbable that she would ever have children and a family of her own, even more improbable that she would meet the social criteria of a good mother, yet she does:

En ek is baie bewus daarvan dat dit net my anker in die Here is wat maak dat ek... ’n goeie mamma is...
(I am so aware that only the fact that the Lord is my anchor allows me to be a good mother...)

It was extremely unlikely that she would have found love and acceptance within a happy marriage, yet she did:

Ek weet menslik gesproke en statisties gesproke is dit seker dat ek, dat my huwelik ’n mislukking moes wees, omdat ek geen benul gehad het van hoe werk jy in ’n verhouding nie. Jy weet, my idees van ’n verhouding... was mishandeling, en woede en seer, so ek het geen verwysingsveld gehad om vanaf te
Herman’s work... omdat ek geen basis van liefde gehad het nie. …as dit nie vir die Here was nie sou my huwelik baie jare terug al geëindig het. En ook omdat ek weet dat die Here Deon vir my gegee het. …bitter min mans... sou bereid gewees het... om daardie pad te stap. (I know, humanly and statistically speaking, my marriage should have been a failure, because I had no idea how to function in a relationship. You know, my ideas of relationships included abuse and anger and pain, so I had no frame of reference to work from... because I had no basis of love. ...if it hadn’t been for the Lord, my marriage would have ended many years ago. And also because I know that the Lord gave me Deon. ...very few men would have been prepared to walk that road.)

Her testimony of success is based on an all-encompassing awareness of the presence of and relationship with God as change agent in her life:

...ek is baie bewus van die Here se teenwoordigheid in my lewe... En daar is nog verskriklik baie ruimte vir groei met die Here, maar ek weet ek staan in ‘n baie nabye verhouding met die Here. En ek weet dit is al wat maak dat ek werklik kan sê ek is okay. (...I am so aware of the Lord’s presence in my life... And there’s still much room for growth in my relationship with the Lord, but I know I am in a very close relationship with the Lord. And I know that really only because of this I can say that I’m okay.)

As in any successful human relationship, Esther recognises the importance of spending time with God as a means to cope:

Ek spandeer geweldig baie tyd met die Here... En dit is in ‘n sekere mate vir my al die beloning van alles wat ek wil hê. …my verhouding met die Here, dit is vir my die kosbaarste geskenk wat ek ooit wil hê. (I spend a tremendous amount of time with the Lord... And in a sense this is all the reward I want. ...my relationship with the Lord, it is the most precious gift that I would ever want.)

God is the source of Esther’s stability and normality:

...al verloor ek vir hom (Deon) en die kinders, mag ek nooit daai vrede en dit wat ek ervaar in my verhouding met die Here. Dit moet so sterk staan dat ek dit nooit sal verloor nie, dat my anker en my stabiliteit en alles wat ek hê, net vir die Here sal wees. Want as dit nie vir dit was nie, sou ek dit nie gemaak het nie, sou ek nie normaliteit gehad het nie. Ek is bly dat ek soveel normaliteit kon terugkry. Maar as dit nie vir dit was nie sou ek seker in Sterkfontein maar weer geëindig het. (Even if I should lose Deon and the children, may I never lose that peace and what I experience in my relationship with the Lord. It must remain so strong that I’ll never lose it, that my anchor and my stability and everything I have, will only be for the Lord. Because if it hadn’t been for that, I wouldn’t have made it, I wouldn’t have had normality. I’m glad that I have managed to regain so much normality, or else I would have ended in Sterkfontein again.)
Still, her husband’s supportive and guiding role in her recovery process cannot be underestimated. He chose to remain patient and to persevere in his commitment to Esther, but also recognises the role of Divine intervention in their marriage:

Deon: …op die ou end het heelwat wonderwerke en heelwat ingryping van die Here se kant af ontstaan. Ook ’n pad wat maar ’n groot stak volharding gevra het. En dit vra maar volharding van elkeen wat saam is in die prentjie. (…eventually there were many miracles and much intervention by the Lord. Also a path that required much endurance. And it required endurance from all who were in the picture together.)

Esther: …êrens moes hy maar baie vinnig wysheid en krag van die Here af kry om hierdie dinge te kon hanteer. (…he rapidly had to get wisdom and power from the Lord to be able to deal with these things.)

Although Esther told Deon the bulk of her personal history before they entered into a serious relationship, there have been certain things that she has only managed to bring out into the open with him in recent years. She realises that Deon must have been deeply affected by the details of her past trauma and the reality of its present consequences. Somehow, through the years, he had to come to terms with Esther’s life:

En dan sekere dinge wat ek toegemaak het, wat vir my te erg was, wat ek nooit kon hanteer nie, het ek seker nou maar so ’n jaar terug dan nou vir hom moes vertel. En ek besef maar net, dat iwers, sonder dat ek dit weet, moes hy maar... daai dinge hanteer... en verwerk. (And then there were certain things that I concealed because it was just too dreadful and I had never dealt with it, which I had to tell him about a year or so ago. And I realise that somehow, without my knowing it, he simply had to deal with and come to terms with those things.)

3.13 PERSPECTIVES ON HER FUTURE

At the time of the initial interview, Esther saw many possibilities and opportunities. She shared her hopes for the future with me:

Die Here het my die vermoë gegee om met mense te kan werk, en ek sal baie graag wil. Ek het al in die verlede, maar ek weet ook die Here is besig om die tyd vir my nader te bring, wat ek ’n werklke pad sal kan begin stap met mense, veral vroue... wat self deur dinge gegaan het. So ek weet daar is baie moontlikhede en baie geleenthede, vir my. (The Lord has given me the ability to work with people, and I would like to do so. I already have done so in the past, but I know the time is coming for me really to
go the distance with people, especially women, who have gone through things themselves. So I know there are many possibilities and opportunities for me.)

During the follow-up interview three years later, her plans and confidence had grown significantly. She was troubled by the fact that women believe certain untruths about themselves, and she felt the need to address these issues:

En ek sien soveel vrouens wat leef met soveel leuens. Wat leef met hierdie ding van “ek is ‘n produk van verwerping.” Of, “ek is ‘n produk van dit.” Of “ek is so.” Dis leuens, wat hulle glo, en wat realiteite geword het in hulle lewens... (I see so many women who live with so many lies, who live with this issue of “I’m a product of rejection.” Or: “I’m a product of this.” Or: “I am like this.” These are lies that they believe and which have become reality in their lives...)

Central to the message Esther wishes to share with others is her experience of God’s unchangeable love for them:

…dit is ook iets wat ek baie graag vir mense wil deurgee, daardie absolute sekuriteit en liefde wat jy in die Here het. Wat niks of niemand ooit kan verander nie, maak nie saak wat nie... (...This is also something I would like to convey to people, that absolute security and love one has in the Lord, which nothing and no one could ever change, no matter what...)

Her message is clear:

...my totale hartsbegeerte, is om vir vrouens te gaan sê die Here het groter planne vir hulle. Om vir vrouens te sê: “Jy hoeft nie ‘n produk van jou verlede te wees nie. Maak nie saak of jy nou die minimum verkeerde dinge gedoen het... of ‘n geweldige groot mislukking gemaak het nie.” My begeerte is om voor vrouens te staan en vir hulle te sê: “Maak klaar. Die Here het groter dinge vir jou in gedagte. Maak oop julle oë, maak oop julle ore, maak julle harte oop vir die Heilige Gees se werking, en maak klaar. Gaan deur jou lewe en kyk watter leuens is daar. Dis nie God se wil nie. God het ‘n groter plan vir jou.” (...my complete heart’s desire is to tell women that the Lord has greater plans for them, to tell women: “You don’t have to be the product of your past, irrespective of whether you did only a few things wrong, or whether you experienced a terrible failure.” My desire is to stand in front of women and to tell them: “Finish. The Lord has greater things in mind for you. Open your eyes, open your ears, open your hearts to the work of the Holy Spirit, and finish. Go through your life and spot the lies. It’s is not God’s will. God has greater plans for you.”)
3.14 CONCLUSION

So much remains unsaid. In this chapter I have presented the results of the study, with specific reference to the life history of the main research participant. We read about her childhood hardship and adolescent errors. We learnt how she made particular choices and established certain relationships that supported her in turning her life from one of extreme exposure to risk, to living in resilient victory. In the next chapter I will introduce three other participants and their resilient responses to the trauma they had to deal with in their lives.
CHAPTER 4: PHASE 1 (CONTINUED): RESULTS OF CASE STUDIES: SECONDARY PARTICIPANTS

4.1 INTRODUCTION

In the previous chapter I introduced the main research participant, Esther. In some respects her life history resembles aspects of some of the other participants' lives, but for the most their life events differ significantly. In this chapter I will present the life histories of the three other participants: Christine, Ronel and Ria. Once again, their stories will be told chronologically and the life histories will be presented one at a time.

The first participant whom I would like to present to you is Christine.

4.2 CHRISTINE

The following Biblical passage came to mind when I first heard Christine’s life story. It reflects her awareness and appreciation of her own coming into existence:

“For you formed my inward parts; you covered me in my mother’s womb. I will praise you, for I am fearfully and wonderfully made; marvellous are your works, and that my soul knows very well. My frame was not hidden from you when I was made in secret, and skilfully wrought in the lowest parts of the earth.” Psalm 139:13-15

My first meeting with Christine and her best friend, Ronel, takes place in a cosy coffee shop in a Gauteng suburb. Christine comes across as a confident, well-rounded woman in her late thirties. She is attractive and well-groomed, and speaks with enthusiasm and openness. Christine’s philosophy in life is strongly based on her faith in God:

“...ek glo die Here het ’n doel met alles... ek meen, die Woord sê: “God allows sorrow in your life, to bring repentance.” (I believe the Lord has a purpose in everything... I mean, the Word says: “God allows sorrow into your life to bring repentance.”
This is her story.

4.2.1 Birth and the issues surrounding it

Christine, like Esther, believes that her life history begins with the circumstances leading to her conception and birth:

_Ek gaan nou by my geboorte begin... By my geboorte of voor my geboorte, my conception (lag). (I will now start at my birth... At my birth or before my birth, my conception (laugh)._)

Christine is the biological daughter of an unmarried woman of whom she knows very little, but has a number of theories about. Christine’s existence, like Esther’s, was unplanned. She is uncertain about the circumstances surrounding her conception. On some level she relates the fact that she is particularly emotional to her theory that her mother must have been very emotional. She believes, like Esther, in the determining role of the circumstances surrounding conception on the emotional well-being of the baby. Based on this assumption, Christine firmly believes that her biological mother had the desire to keep her:

_My biologiese ma... het swanger geraak as jong meisie... Ek weet nie die omstandighede waarin ek geconceive is nie. As ek net dink ek ervaar goeters baie emotioneel. Sy moes baie emosioneel gewees het en, ek glo absoluut daaraan... die omstandighede wat daai babatjie in geconceive is, dra oor in daai kind se lewe. ...as jy nie die kind wil hé nie, gaan daai kind met verwerping gebore word. ...ek weet sy wou my gehad het... (My biological mother... became pregnant as a young girl... I don’t know under what circumstances I was conceived. I experience things with a lot of emotion. She must have been very emotional. I really believe the conditions under which a baby is conceived affect that child’s life. ...if you don’t want the child, that child will be born with rejection. ...I know that she wanted me...)_

Christine enjoys telling the story of the events surrounding her birth. She relates much detail and emphasises the fact that her biological mother had seen her, had given her a beautifully unusual name, and had registered her birth:

_En, sy het my gesien. Sy’t my gesien met die geboorte en my genoem. Sy het my my naam gegee, my geregistreer. (And she had seen me. She saw me at birth and named me. She gave me my name and registered me.)_
For Christine, much significance is locked up in her mother’s choice of name for her. To her it serves as confirmation that her mother had wanted her, had not rejected her, and had a generally positive attitude towards her:

"Maar die feit dat ek genoem is, dat my ma my so spesiale naam gegee het... het vir my soveel betekenis. Dit het vir my beteken sy voel vir my. Sy het nie my verwerp nie, sy het nie my weggegee nie, sy het vir my half bevestig dat, sy wou my gehad het. En ek het geweet... sy wou my gehad het. Sy wou my hê. Dit is omstandighede waarin sy was wat veroorsaak het dat sy my moes opgee. Hoekom sy dit moes doen weet niemand nie. (But the fact that I had been named, that my mother had given me such a special name... meant so much to me, it meant that she had feelings for me. She did not reject me, she did not give me away, she more or less confirmed that she had wanted me. And I knew ... she wanted me. She wanted me. It was due to the circumstances in which she lived that she had to give me up. Why she had to do that, nobody knows.)"

She believes that her biological grandparents were opposed to the pregnancy, and that her biological mother was subsequently forced to give up her baby for adoption:

"Sy wou my gehad het en haar ouers wou dit nie toegelaat het nie. Ek weet dit, ek weet nie hoekom ek dit weet nie, ek weet dit net. ...en sy is toe maar in die situasie geplaas dat sy hierdie baba moes opgee. (She wanted me, but her parents would not allow it. I know that. I don’t know why I know it, but I just know it. ...so she was placed in a situation where she had to give up this baby.)"

In her teenage years – upon accidentally discovering the truth – Christine was told about her biological mother. She was told that her biological mother was attractive and talented. She could sing beautifully, and played a number of musical instruments. The fact that Christine’s adoptive father was quite musical seemed to have been a contributing factor for the placement of Christine with her adoptive parents:

"En die dag toe hulle... hof toe gegaan het, om my wettiglik - jy moes nog as 'n gesin hof toe gaan en papiere in die hof voor die magistraat of die judge of wat ook al hulle hom daardie tyd genoem het – toe het hy vir my aaneenuers gesê my ma was beeldskoon, soos hierdie beeldskone meisie, sy was vreeslik talentvol. Sy kon sing dat die biesies bewe. Sy kon 'n paar instrumente bespeel. En al hoekom hulle my by hulle geplaas het was omdat my pa so musikaal was. Dit was die wenner. As hy nou nie musikaal was nie, het die landdros of die judge of die magistraat, wou my eintlik gehad het. Ek was eintlik in die proses om sy kind te wees. (The day they went to court to adopt me legally – you had to go to court as a family for the papers before the magistrate or the judge. Whatever they called him then, he told my adopting parents that my mother was beautiful, like this beautiful girl, she was very talented. She could sing like a nightingale. She could play a number of instruments. The only}
reason they placed me with them was because my father was so musical. That was the deciding factor. 
If he had not been musical, the judge or the magistrate had wanted me. I was in the process of 
becoming his child.)

She was also told that she was specially selected to match her adoptive family, not 
only based on the musicality of the father, but also on the fact that she seemed to 
resemble her adoptive father’s family physically.

Christine’s mother and grandmother acted wisely when they finally revealed the truth 
concerning Christine’s adoption to her when she was sixteen. They ensured that 
she knew she had been much wanted in their family - she was their first choice. She 
was told that her parents had had a choice between her and a little boy who was 
also up for adoption, but that her adoptive father had chosen her without hesitation:

Maar hulle kon kies tussen die dogtertjie en die seuntjie... En, die seuntjie het daar gelê en die 
dogtertjie daar. En sy sê my pa het daar ingestap en gesê: “Sy’s myne.” Hy’t nie eers geweet, nie eers 
mooi gekyk hoe ek lyk nie, maar hy’t gesê: “Daar’s my kind! Dis my kind daardie!” (But they could 
choose between the little girl and the little boy. And the little boy lay here and the little girl there. And 
she said that my father walked in and said: “She’s mine.” He did not even know, he did not even look 
at me properly, but said: "There’s my child! That is my child!”)

Not only did Christine’s mother ensure her that they as adoptive parents were very 
keen on having her as their child, but also that she was loved and accepted by the 
extended family as well. The larger circle of family and friends were caught up in the 
excitement, and even her father’s colleagues had to be shown the baby on the day 
that they received her. When the story of her arrival at home is told, the family still 
becomes emotional. The story is related in great detail, from the outfit she was 
dressed in, to the appearance of her room, to the reaction of their relatives:

Ons huil almal snot en trane as my ma die storie oor die babatjie gaan haal vertel. Kom by die huis 
aan en my pa het vir my 'n blou rok uitgekees... om aan te trek. Met blou booties. En dis hierdie blou 
kamer, en dis nou sneaks as jy nou dink 'n dogtertjie, maar dis blou. En die familie was daar... Almal 
was altyd so in 'n toestand oor my ma-hulle nie kon babas hê nie. Ek dink dis iets soos sewe of tien 
jare wat hulle gewag het en geprobeer het en niks het gebeur nie. (When my mother tells us this story 
of how the little baby was fetched, we all cry our hearts out. When we got home my father had chosen a 
blue dress for me... to wear. With blue booties. And there was this blue room, and it’s funny to think of 
that now, a little girl, but it’s blue. And the family was there... Everybody was always so concerned that
my mother and father were childless. I think that it was something like seven or ten years that they had waited and tried, but nothing had happened.)

Christine’s life started off on a high note, and continued that way for the first eight years of her life.

4.2.2 Christine’s childhood

As a little girl who grew up knowing that she was welcome and wanted in her family circle, Christine occupied a very special position. She likens herself to a porcelain doll that had a particularly protected childhood:

En ek het nou groot geword in die Louw-familie as hierdie dogtertjie. Almal het - vandat ek gebore is tot nou toe - is ek hierdie porseleinoppiektjie wat hulle net beskerm. Ek mag niks doen nie. Ek mag nie vuil word nie. My hande moes altyd skoon wees en vreeslik beskermd groot geword. ...dis asof die familie my absoluut opgehemel het. (And so I grew up as this little girl in the Louw family. Ever since my birth everyone has seen me as this little porcelain doll that they have to protect. I was not allowed to do anything. I wasn’t supposed to get dirty. My hands always had to be clean and I was raised very protectively... it was as if the family absolutely adored me.)

Christine was adored both by her parents and the extended family. Her childhood memories are marked by stories of loving rituals within the family circle. Although she enjoyed playing games with her parents, their family life revolved around music. A variety of musical instruments featured, and family get-togethers were characterised by making music.

Esther fondly remembers the family customs at her grandparents’ farm, such as the special feather mattress her granny had made especially for her to sleep on:

En as ek nou by my oupa en ouma gaan kuier op die plaas is daar altyd vir my goed. Ek het my kamer gehad. Ek het ‘n buksak gehad. Maar hierdie buksak was nie gestop met vesel nie, met gansvere. My ouma het vir my ‘n buksak gepak met gansvere. En dit was my bed, dit was hemels. (And when I visited my grandfather and grandmother on the farm, there was always something for me. I had my own room. I had a feather bed, made with goose feathers. And that was my bed, it was divine.)

Having been raised in a nurturing, loving environment, Christine seldom needed to be disciplined. Her parents’ approach consisted of providing adequate positive
interaction with their daughter, thus not leaving much room for inappropriate behaviour from her. If she needed to be corrected, they did so in a gentle manner:

...hulle het nooit met my baklei nie, ek het nie pak slae gekry nie. Maar tog het hulle op ’n baie mooi manier met my gepraat as ek stout was. Ek dink ook nie ek was baie stout nie. Daar was nie vir my ruimte om stout te wees nie, want my ma en my pa was altyd daar. (...they never quarrelled with me, and I never got a hiding. But they spoke to me in a very nice way whenever I was naughty. I don’t think that I was very naughty. There was actually no room for me to be naughty, because my mother and father were always there.)

Christine grew up in a very sociable household, with friends and family coming and going regularly:

In hierdie huis het dit altyd net mal gegaan van mens. Dit was pêlle en kuiers en braais, constantly, as dit nie hier was nie, was dit by hulle. Dit was nou in die tyd wat my pa geleef het. My pa-hulle se familie ook, ons het baie bymekaar gekom. (But in this house it always went crazy with people coming and going. It was pals and visits and braais, constantly. If it wasn’t here, then at their homes. That was when my father was still alive. My father’s family also, we often got together.)

Central to all the activity was Christine’s father. He was besotted with his little girl, and she often accompanied him to the office. Once a week he treated her to a new soft toy. On shopping outings he allowed her to have whatever she wanted. She describes herself as having been spoilt rotten by a father whom she adored:

...my pa was my absolute hero. (My dad was my absolute hero.)

From the age of eight years, Christine’s idyllic life began to change dramatically. It all started with her father’s unexpected illness. The initial diagnosis was influenza:

...toe ...begin my pa siek word en hy begin vreeslik te hoes. En die dokter sê vir my ma-hulle dis griep. Griepsimptome. Hy sal maar beter word. Ag, en ek het aanvaar dis griep. (...then ...my dad got ill and began coughing terribly. And the doctor told my mother that is was flu. Flu symptoms. He’ll get better. Oh, and I accepted that it was flu.)

He was later diagnosed with lung cancer, however no-one discussed the actual diagnosis and her father’s prognosis with the young Christine. In her eight year old mind she still believed that her father had the flu:

Ek was agt. En, toe begin my pa vir operasies gaan en hy’t toe nou longkanker gehad, maar hulle het dit nie vir my so uitgespel dis longkanker nie. Ek het geweet my pa is baie siek. (I was eight. And then
my father began going for operations because he had lung cancer. But they didn’t spell it out like that to me, that it was lung cancer. I knew that my father was very ill.)

Her mother had to continue working, while taking care of Christine’s father. Christine moved in with close friends of the family. She ascribes this to the fact that she was very close to her mother, and that her mother did not have the time or resources to accommodate her while taking care of her father:

En, my ma het vir my gaan aflaai by ‘n vriendin.³  Ek dink nie sy het die krag gehad om vir my onderaf, want ons was baie close. En dit was te close, sy’t nie tyd gehad vir my nie, sy moes hierdie man versorg. En dis werk en sy moes vir my pa versorg. (And my mother dropped me off at a friend.) I think that she didn’t have the energy for me, because we were very close. And it was too close, she didn’t have the time for me, she had to nurse this man. So she had a job and she had to nurse my father.)

Having come from a secure emotional base, Christine does not seem to have perceived this experience as rejection, and adapted well to her changed environment and her parents’ absence. Somehow, in her childhood mind, she seemed to have understood her mother’s motives:

Maar dis nie vir my en issue nie, want my ma se vriendin was so in ons lewe in daai gesin, dat dit was maar amper familie...  En ek het nou maar daar gekuier altyd. Gereeld... en toe nou maar sommer daar gebly ook. En net naweke so nou en dan vat hulle my dat ek my pa sien en my ma sien... (But this was not an issue for me, because my mother’s friend was so involved in our family life that she was almost considered family... And I visited her often. Regularly... and eventually stayed there. And now and then on weekends I was taken to see my father and my mother...)

In spite of her father’s illness, the family attended a family get-together at the coast. Christine has fond recollections of her father playing with her, and although she was aware that he was very ill, she did not realise that he was dying:

³ These words recall Esther’s words about her mother who dropped her off and left her at Sterkfontein Psychiatric Hospital, although at a much later stage in her life.
Maar ek weet my pa is siek en ek besef dit in my kindergedagte, my pa is siek, want hy is baie maer en hy lyk nie goed nie. ...in sy siektetoestand het hy my nog steeds ge-aeroplane – weet, soos hulle draai, die kindertjies draai, ge-aeroplane – en met my gespeel. Ek het op sy skoot gesit en hy’s met my gesels en baie nog dingetjies met my gedoen. So ek het nie regtig gedink hy gaan dood nie. (But I knew that my father was ill and I realised in my own thoughts that my father was ill, because he was very thin and he didn’t look well at all... in his illness he still aeroplaned me – you know, as they turn, turn little children around, aeroplaned – and he played with me. I sat on his lap and he talked to me and he did all kinds of things with me. So, I really didn’t think that he was going to die.)

While travelling home by car, Christine developed severe motion sickness, and vomited a number of times. During the same period of time her father started vomiting too. She believed that her condition had caused him to become sick, and she felt responsible and guilty:

En ek word karsiek. En nou moet ons elke halfuur stop en en my laat ‘ots’. Hoe meer ek ‘ots’, hoe meer ‘ots’ my pa. En ons kom toe naderhand by die huis en my pa is baie siek. En ek kry skuldgevoelens. Ek dink ek het my pa nou siek gemaak. (And I became car sick. And so we had to stop every half an hour so that I could vomit. The more I vomitted, the more my father vomitted. And eventually we arrived home and my father was very ill. And I felt guilty. I thought that I had made my father ill.)

Back home, she returned to their friends’ home, because of the deterioration in her father’s condition. She visited her father in hospital and realised that something out of the ordinary was happening. She clearly recalls a dream of a bed surrounded by angels she had had as a young child. It was a dream that had a profound impact on her. On the day of her father’s death, she relived that vision in the realisation that something was happening over which she had no control:

En, ek was toe nou nege... En al my pa se broers en susters en almal staan so om sy bed. En hy en my ma lê so in die bed. En ek onthou as ’n klein dogtertjie het ek een aand so wakker geword – ek het tussen my ma-hulle geslaap, ek het nie eers in my eie bed geslaap nie – en ek het my ma wakker gemaak en gesê: “Ek het iets gesien. Liewe Jesus het iets gestuur.” Ek was voorskool. En ek sê vir my ma ek het gesien die hele bed staan so vol engele, en ek sien die engele staan daar en die lug is oop. Maar dis wat ek nou as ’n dogtertjie ervaar het, seker ’n visioen. En die visioen of wat ook al dit was, het my vreeslik ontstel. En die dag toe ek sien al die mense staan om die bed herleef ek daai visioen. Ek weet iets gebeur vandag hier wat ek nie in beheer van kan wees nie. En ons staan so om sy bed en ek herleef die ding van die engele wat so om sy bed staan. (And, I was then nine years old... And all my father’s brothers and sisters were standing around his bed. And he and my mother lay on the bed. And I remember that as little girl I woke up one evening to find that I had been sleeping between my mother and father. I did not even sleep in my own bed. And I woke my mother and said to her: “I have seen...
something. The Lord Jesus sent something.” I was still pre-school age then. And I said to my mother that the whole bed was surrounded by angels, and I saw them standing there and all the heavens were open. But this is what I experienced as a small little girl, probably a vision. And this vision, or whatever it was, upset me terribly. And when I saw all these people standing around the bed, I relived that vision. I knew then that something was going to happen that day and that I could not control what was going to happen. And as we were standing around the bed I relived the thing about the angels standing around his bed.)

She greeted her father as always, and was taken home with her family friends. The father of the family she was staying with later arrived and announced that her father had died. She was overwhelmed with shock and disbelief. Never had she suspected that her father was going to die. And still she felt responsible:

En ons het trampolien gespring en gespeel. En oom Dawid het daar gekom en hy’t net vir my so gekyk en vir my gesê: “My kind, jou pa is dood.” My hele lewe val in mekaar… want hoe… meen jy nou hy’s dood? Wat, hoekom, niemand het vir my gesê hy het kanker… ek het geweet hy’s siek maar niemand het gedink hy gaan doodgaan nie. En, ek het gedink dis my skuld. (And we played on the trampoline and jumped. Then Uncle David came to me, looked at me and said: “My child, your father is dead.” My whole world tumbled down … for how…what do you mean his dead? What, why, nobody told me that he had cancer... I knew that he had been ill but nobody thought that he would die. And I thought that I was responsible for his death.)

Being a child, and a guilt-ridden child at that, meant that Christine was unable to verbalise what she experienced within:

Maar, jy’s nou ook ’n kind, jy kan nie praat nie, kan dit nie vir iemand vertel nie. (But, you’re a child, you can’t say a thing, you can’t tell this to anybody.)

Probably in an attempt to shield Christine from further trauma, she was kept away from the events surrounding her father’s illness, death, and funeral. She was also kept from her mourning mother. She interpreted it as a sign that “they” were displeased with her and held her responsible for her father’s illness and subsequent death:

Almal het my soort van weggehou van die hele begrafnis en die siekte. Ek moes eintlik baie…op ’n afstand ervaar. So ek… het nie gehuil nie. Niks. Ek het eintlik my half toegemaak vir alles omdat ek gedink het dis my skuld. Daarom hou hulle my weg van alles. Hulle is kwaad vir my. Want ek was nou die oorsaak van dat hy sick geword het, en hy’s nou dood. (Everybody sort of kept me away from the funeral and from his illness. I had to experience a lot … from a distance. So I … didn’t cry. Not a
drop. I actually closed myself off to everything because I thought that it was my fault. That is why they are keeping me away from everything. They are angry at me. Because I was the cause of his illness and now he is dead.)

Christine’s mother never shared her own feelings and experiences regarding her husband’s death with her:

...my ma het ook nooit met my gepraat oor hoe sy voel nie. Ek het haar gesien huil die dag van die begrafnis en dit is dit. Klaar. Sy’t gereeld begraafplaas toe gegaan, ek het nie. (...my mother also never spoke to me about what she feels. I saw her crying the day of the funeral and that was that. Finished. She went to the graveyard frequently, but I didn’t go.)

Christine’s entire life had changed. She had lost her father and her hero.

Christine and her mother did not have much opportunity to deal with their bereavement, though. They were soon faced with a most unusual series of traumatic events in their close-knit family within six months of her father’s death. Her grandfather had a heart attack and a stroke, and she and her mother stayed with her grandmother so her mother could provide some support. Three weeks later her mother’s youngest brother – who lived in the same town with his wife and two young sons – was diagnosed with brain cancer. In the meantime, the mother of that family had a miscarriage and had difficulty coping, and Christine’s mother subsequently intervened. On the night of Christine’s grandfather’s death, her grandmother fell and broke her hip. Again her mother had to take control of the situation, including the funeral arrangements. Within a month or two her uncle died of brain cancer and her mother once more took responsibility and provided support. For six more months Christine and her mother lived in that town, during which time she did not attend school:

Ek het daai hele jaar nie terug gegaan skool toe nie, want dit was te veel om Johannesburg toe te ry en dan weer terug. (I didn’t go back to school during the whole of that year, because it was too much to go back and forth to Johannesburg.)

Despite her repeated exposure to experiences of death and loss within her family, Christine gave the most vivid description of loss when she related the events leading to the death of her best friend in primary school. When she finally returned to school, she discovered that her friend had leukaemia:
Angie’s death seemed to have been the final straw after a year of illness and death related trauma among all the people who meant something to Christine:

*My ma sê daar’t ek gecrack.  Ek kan dit glad nie onthou nie.  Daar is ‘n jaar wat ek glad nie kan onthou van my lewe nie.  (My mother said that that was when I cracked. I can’t remember this at all.)*

There is this year of my life that I cannot remember a thing.

After the traumatic series of events over a period of about five years which all affected Christine’s life in some way or another, she had reached a maturity far beyond her young age.

### 4.2.3 Teenage and adolescence

Christine’s teenage years were made up, on the one hand, of tremendous academic frustration and an inability to adjust to high school life, and on the other hand a degree of fulfilment found in dancing and figure skating. Mostly, however, this was characterised as a lonely and traumatic period in her life. She considers herself to have been emotionally numb, and she came across as being hard and expressionless:

*Hier het baie goed verkeerd gegaan in my lewe.  Dit was dood.  My ma’t ‘n standerd nege foto van my, as jy daarna kyk sé sy vir my: “Jy was kliphard.”  My uitdrukking op my gesig en alles was kliphard.  Daar was geen emosie nie.  (This is where a lot of things in my life went wrong. It was death. My mother has a standard nine photo of me and looking at it she says: “You were as hard as a rock.” The expression on my face and everything else was hard. There was no emotion.)*
Christine experienced difficulty adapting to high school life and her behaviour reflected this:

Ek kon nie aanpas nie. Ek het heettemal hande uitgerak. (I could not adapt. I completely lost it.)

Christine had only one friend with whom she could identify to some extent: their neighbours’ daughter who was four years her senior. In retrospect she does not regard such a friendship as having been appropriate or beneficial:

...die bure langs ons se een... dogter, was vier jaar ouer as ek. Dit was nou my maatjie. Ek kon met haar associeer. ek sal dit nie aanbeveel nie want, sy het my goed geleer waarvoor ek nog te klein was. (...one of our neighbours’ daughters, next door to us, was four years older than me. She was now my playmate. I could associate with her...but I could not recommend this because she taught me things for which I was far too small.)

Other than that, she struggled socially. She found it difficult to make friends and could not identify with her peers. Physically she was an early developer, and emotionally she was much more mature after her experiences of the previous few years:

Ek het nie vriendinne eintlik gemaak nie. Ek is een wat met een maatjie maak. ...ek was baie lank, vir my ouderdom. Almal het eers op hoërskool begin groei en ek was klaar uitgegroei. ...ek dink van die skok van my pa het ek groot geword net na hy dood is. So ek het borste gehad, ek het gemenstrueer as dogtertjie... Ek is hierdie groot vrou en al hierdie klomp kleintjies om my, dit het my so getriseer. (I did not actually make friends. I normally make only one friend... I was quite tall, for my age. Everybody only started growing when at high school whilst I was already fully grown. ...I think that because of my father’s death, I became fully grown. So I had breasts, I menstruated as a girl ...I am this grown woman with all these small ones around me. This irritated me very much.)

Christine experienced a lack of companionship and felt intense loneliness during her teenage years:

Hier was dit vir my baie lonely. Baie, baie lonely, ja. Ek het net gedans en ek was absoluut op my eie. My ma het gewerk. En dit was wragtig net ek en my ouma wat in die huis gebly het. (Here it was very lonely for me. I danced, but was completely on my own. My mother was working. And it was honestly only my grandmother and I who lived in this house.)

Despite the fact that her grandmother lived with them, she had no-one to talk to:
Daar was nie iemand na wie toe ek kon gaan om te praat nie, dit was net ek. My ouma was te oud en sy was in haar eie wêreld. (I had nobody with whom I could talk, I was all alone. My grandmother was too old and she lived in her own world.)

The generation gap seems to have been a contributing factor in the lack of communication between the three women sharing a home. Christine could identify with neither her grandmother, nor with her mother:

...my ma was in daai gaping, sy was te oud vir my. Ek kon nie met haar assosieer nie. En sy’t voldag gewerk. ...daar was glad nie kommunikasie tussen ons gewees nie. As daar iets was wat my gepla het moes ek dit self uitsorteer. (...my mother was in the same age group gap, she was too old for me. I could not associate with her. And she worked full time... there was absolutely no communication between us. If there was anything which worried me, I had to sort it out myself.)

The physical absence of her mother was intensified by the fact that Christine’s mother became involved in a long-term relationship with a man whom Christine disliked intensely. She felt that he had taken her mother away from her and from home, and she was left behind with her grandmother:

Hulle het sewe jaar lank so aangegaan, en dit was my hele hoërskoolloopbaan, jy sien. Sy was versot op hierdie man gewees. As ’n tiener kon ek sien wat was hy besig om met haar te maak. Want hy’t baie geld gehad. En hy’t baie geld op haar spandeer. Dan vat hy haar met vakansies, dan kan ek nie saamgaan nie. Dan moet ek by die huis bly en ek moet vir ouma oppas, want wie gaan vir ouma oppas? My ma het die wêreld gesien en ek het by die huis gebly. (They went on like this for seven years, which spanned my whole high school career, you see. She was infatuated with this man. As a teenager I could see what he was doing to her. He had plenty of money. And he spent a lot of money on her. He would take her on holiday but I could not go along with them. Then I must stay at home and look after my grandmother, because who was going to look after my grandmother? My mother saw the world, but I had to stay at home.)

Even when her mother was physically present, Christine remembers her as having been emotionally unavailable. Her mother was focussed on reclaiming her own happiness. Christine speculates that, having been a child, she might have been considered a responsibility and not someone who could fulfil her mother’s needs:

My ma was hier, maar sy was ook nie hier nie. Sy was so besig om haar eie lewe te leef en haar eie geluk te vind, en ek was nie deel van dié nie. Ek moes... grootwoord. Ek was ’n kind. Wat sy moet leer en opvoed en alles. Dit was nie deel van haar emotional happiness nie. Nie om dit lelik te maak nie, maar, ek’s haar kind. Ek kan nie haar emosies en haar needs... vul nie. Sy’t hierdie man in haar lewe
tose gesoek. Want sy was lonely, haarself, dink ek. (My mother was here, but not here. She was so busy living her own life and looking for her own happiness, and I wasn’t part of it. I had to grow up. I was a child she had to teach and educate. That was not part of her emotional happiness. Without sounding nasty, I was her child. I couldn’t fulfil her needs and emotions. She was looking for this man in her life. I think she was also lonely.)

Christine’s secondary education was tainted by what she experienced as being misunderstood and disliked by her educators. Her teachers neither understood her as a person, nor what she tried to convey through her work. She ascribes this to her perception of academically inclined people as being unable to understand more artistically inclined people:

Ek was een van daai kinders wat mense nie van gehou het nie. Jy kry nou mos maar kinders... party mense kan jy net nie mee assosieer nie. Onderwysers het ek baie gesukkel mee. Ek was een van daai misunderstood children... Jy doen goeters net op ‘n ander manier. Jy praat op ‘n ander manier. Jy bring ’n vraag oor op ‘n ander manier. En mense verstaan dit nie. Jy sê een ding, hulle neem dit anders op... so akademiese mense verstaan nie jou kunstige... Die onderwysers het my vreeslik drama gegee. (I was one of those children people were not fond of. You get children ... people with whom you just cannot assosiate. You do things differently. You talk differently. You ask questions in a different way. People don’t understand that. You say one thing, and they understand another ...so the more academic people don’t understand your artistic... The teachers gave me plenty of drama.)

In addition to the lack of rapport with her teachers, another factor contributed to Christine’s negative experience of high school. Due to the series of death and illness-related family events mentioned above, she had missed a crucial six months of schooling:

...ses maande van skool het ek nie gehad nie. ...daar érens het ek die grondslag van wiskunde verloor...(I missed six months of school... somewhere there I lost the foundation of Maths...)

Her problems with Mathematics and Accountancy were amplified by the fact that these had been considered important skills by both her deceased father, a chartered accountant, and her mother. In general, she had great academic difficulty and struggled with learning:

En, baie gesukkel op skool. Baie gesukkel om te leer. Studeer... dit was nie ek nie. (I achieved poorly at school. I struggled to learn. Studying... was not for me.)
Despite Christine’s academic and social challenges, she experienced success and fulfillment outside of school. She excelled in various forms of dancing, ice-skating and attended art classes:

So ek het nooit goed gedoen op skool nie. Maar, dit het my nie so erg gepla nie want ek het my uitgeleef in my dans. Ek het getap, ek het ge-ballroom, ek het modern dancing gedoen, en ek het ekstra drie grade hoër klas gedoen. ... elke dag het ek ’n aktiwiteit gehad buite die skool. Ek... het figure skating gedoen. Ek het... my uitgeleef in my ysskaats. (I never achieved well at school, but that did not bother me much, as I could get fulfillment from my dancing. I did tapdancing, ballroom and modern dancing and I was dancing in a class three grades higher. Every day I had an activity outside of school. I... did figureskating. I... found fulfillment in my skating.)

Thinking back to the main participant’s story, Esther’s mother was at best apathetic to her daughter’s involvement in extra-mural activities, and at worst sabotaged her daughter’s attempts to express herself, for example through ballet and music. The same can be said of Ria’s mother (to be discussed later in this chapter). By contrast, Christine’s mother contributed to her daughter’s self-esteem by encouraging her to develop skills and take part in constructive activities that she enjoyed:

Maar my ma het my baie goeters laat doen om my besig te hou. Om my gedagtes af te vat van goed wat my pla. My ma moes voldag werk. (My mother allowed me to do lots of things to keep me busy. To take my mind off things that worried me. My mother had to work full time.)

4.2.4 Altered identity

Within Christine’s environment of emotional isolation, a significant incident occurred. Throughout her childhood Christine had never suspected that she was an adopted child.

It was purely by accident that she one day discovered the truth regarding her adoption. She was looking through some of her grandmother’s old photographs when she came upon an envelope containing her adoption papers:

...my ouma het hierdie mandjie met al hierdie ou foto’s en ek is vreeslik lief vir familie, geskiedenisgoed. Ek lê dit so uit. Ek wil weet wie is dit en dit en pak dit so uit op die bed en hier is ’n bruin koevert hier onder in die mandjie. En ek maak oop en ek lees, toe is dit die aanemingspapiere. Maar ek lees net, my naam was nie Christine nie, dit was Coral Ann Bickford, maar ek het dit nie gesien nie. Ek het net die aanemig gesien en toe weet ek. (... my grandmother has
this basket with old photos, and I love family, and historical things. I lay them out. I want to know who this is and who that is, and I lay them on the bed and here, at the bottom of the basket, is a brown envelope. I open it and read, and they are the adoption papers. But I just read. My name wasn’t Christine, it was Coral Ann Bickford, but I did not see that. I saw the adoption order, and then I knew.)

Her initial reaction was to run away and keep running. After a fruitless search by the police and her relatives, she returned home on her own. She expressed her shock and intense emotions by screaming in rage. She took time to digest the new information and then until she finally came to terms with this disturbing new aspect of her identity:

...en toe het ek nou maar myself uitgewerk, en gedink en geskreeu en was kwaad en alles, en ek het dit toe maar so uitgewerk. (...I just worked things out for myself; I thought it through, shouted, was angry. I then just worked through it.)

In recent years Christine’s mother gave her the adoption papers, and only then did she discover what her original name was. This turned out to be a key issue in her life. She suddenly knew who she was:

Toe sê sy: “Hier is jou papiere.” Toe het ek verlede jaar eers gesien ek het ‘n ander naam. En weet jy, toe ek sien Coral Ann Bickford, toe weet ek wie ek is. Ek het al hierdie tyd so identiteitloos grootgeword. Ek het nooit geweet wie is ek, waar is ek, waar pas ek in nie. ...ek het rérig gevoel daar is ‘n gap in my lewe. (So she said: “Here are your papers.” So only last year did I see that I had another name. You know, when I saw Coral Ann Bickford, I knew who I was. I had grown up without identity all along. I never knew who I was and where I fitted in... I really felt there was a gap in my life.)

Christine made an attempt to find her biological mother, but without success:

Ek het aansoek gedoen by die welsyn dat hulle haar soek. Al wat hulle vir my kon sê sy is Helen Rose. My ma se naam is Helen Rose, maar hulle weet nie waar sy is nie. (I requested that the welfare find her. All they could tell me was that she was Helen Rose. My mother’s name is Helen Rose, but they did not know where she was.)

She also has reason to believe that she has a biological sister, who was also given up for adoption. She has always sensed that there were unknown others in her life, in particular a sister. She speculates about the possibility that they might have been twins:
Ek wil so graag my sussie sien, want ek het geweet, al hierdie tyd, daar is hierdie ander in my lewe. Sy moet daar wees, daar is hierdie gaping in my lewe. So ek het my lewe lank geweet daar is ‘n gemis in my lewe daar moet iemand wees. Ek voel daar moet iemand wees. Nou weet ek nie, ek het so baie vrae. Is dit ‘n tweeling wat ek nie van weet nie? (I so badly want to see my sister. I always knew there was this other person in my life. So I always knew there was something missing in my life – there must be someone. I feel there must be someone. Now I don’t know, I have so many questions. Is there a twin that I don’t know about?)

As a child Christine had a longing for siblings. At one stage her parents attempted to adopt a son as well, but the adoption fell through. Christine describes what she recalls:

En ek wil verskriklik graag boeties en sussies hê. En my ma en my pa - my pa het nog geleef - en hulle wil toe hierdie seun aanneem, en ek ontmoet hierdie boetie en ek is verskriklik lief vir hom. En daai tyd was die reël by die welsyn so, as jou ouers, jou biologiese ouers jou eenkeer ‘n jaar by die weeshuis bel, dit is kontak, dan mag daai kind nie uitgegee word vir aanneming nie. En ‘n week voordat hulle daai seun sou aangeneem het, toe bel die pa. En daai aanneming val deur die mat. Toe het ek nou nie meer ‘n boetie nie. (I badly wanted brothers and sisters. And my mother and father – my father was still alive – wanted to adopt this boy, and I met him and got to love him. At that time the rule at the welfare was that if your parents telephoned you once a year at the orphanage, that was contact, and then that child was not up for adoption. A week before they were to adopt him, the father telephoned. And the adoption fell through. And then I did not have a brother anymore.)

Having a brother was a theme that featured even in Christine’s dreams:

Daar’t ‘n stadium, het ek vreeslik drome gehad het oor my broer. Ek het drome gehad van hierdie, ek weet presies hoe hy lyk, as ek hom sien gaan ek weet wie hy is. Maar ek droom dit is by ‘n begrafnis, en ek sien hom in ‘n rolstoel, maar met sulke arms vol geel rose. En ek kan dit nie vir jou verklaar hoekom droom ek dit nie. Ek het droom op droom met hierdie man met hierdie geel rose, en by die begrafnis. (There was a time that I had terrible dreams about my brother. I knew exactly what he looked like. If I see him I will recognise him. I dream that it is at a funeral, and I see him in a wheelchair, with arms filled with yellow roses. I cannot explain to you why I dream that. I have dream after dream about this man with the yellow roses, and at the funeral.)

She tries to make sense of the dreams, but is faced with only the yellow roses her husband gives her on their wedding anniversary each year:

Ek weet nie waar pas die goed bymekaar nie en weet jy, in al hierdie tye was my anniversary vir my ‘n vreeslike belangrike dag. Rupert het net geweet, as jy nie iets doen daai dag nie, dan is jy dood. En elke anniversary koop hy vir my geel rose. En ek het nooit die twee bymekaar gebring nie, maar daar
moet érens, ek weet nie hoekom nie. Ek weet nie wat is my ding met hierdie geel rose, of ek érens in my lewe iets beleef het met hierdie rose, maar geel rose is vir my iets. Dit doen vir my iets. (I don’t know how these things fit together, you know, but in all these times my anniversary has been a very important day for me. Rupert knew that if he did not do something on that day, he’d be dead. And every anniversary he buys me yellow roses. I never connected the two, but there must be something. I don’t know why. I don’t know what my issue is with these yellow roses, but yellow roses mean something to me. They do something for me.)

Christine is not overly concerned about the unknown biological relatives in her life, mostly because her present life is emotionally demanding in itself. However, she does consider this an unfinished chapter in her life.

4.2.5 Early adulthood

Christine became involved in a serious relationship with an attractive and intelligent young man, Zane, shortly after having completed her school career:

Ek het …ook weights gedoen, in die gym, om myself fiks te hou vir die dans en alles. En hy was ‘n weight after. Vreeslik aantreklik. O! My voete onder my uitgeslaan. Baie intelligent…hy’t ook ingenieurswese geswot. Tall, dark and handsome. En ek het sy voete onder hom uitgeslaan. Ons raak toe… over the moon verlief. Gaan so vir twee, drie jaar uit... (... I also did weights, in the gym, to keep myself fit for the dancing and so on. And he was a weight lifter. Most attractive. Oh! I was bowled over. Very intelligent ... he was studying engineering. Tall, dark and handsome. And I bowled him over. We were very much in love. Dated for two or three years ...)

At a time and in a society in which it was still considered shameful, Christine fell pregnant at the age of 19. Zane was the father. Contrary to what might have been expected, she was overjoyed. Her family, however, did not share her excitement at first. Christine had little understanding of the fact that they were visibly upset:

Dis die wonderlikste ding wat met my kon gebeur en ek kan nie verstaan dat niemand saam met my dink dis wonderlik nie. My ma’s in trane, die familie’s ontsteld en kwaad vir my. Ek is in die sewende hemel. Wat gaan aan met hierdie mense? (It is the most wonderful thing that could happen to me and I cannot understand why nobody else shares my joy. My mother’s in tears, and the family is upset and angry with me. I am in seventh heaven. What is the matter with these people?)

In response to this new development Zane distanced himself from her. He suggested that she undergo an abortion, which Christine found unacceptable. She did not seem to have had much difficulty in letting go of the relationship:
...hy wil nou toe hê ek moet gaan vir aborsie en al hierdie dinge en dit is nie vir my nie. Ek's te happy oor hierdie baba. Ek maak toe met hom uit, ek sê vir hom: "Laat jy gaan, ek stel nie belang nie. As jy nie saam met my is nie, dan is jy nie saam met my nie." (...he then wanted me to have an abortion, but that is not for me. I'm too happy about the baby. I ended the relationship and said to him: You go, I'm not interested. If you are not with me in this, you are not with me.")

In her excitement, she took full responsibility for the baby:

_Dis my babatjie, dis myne. En ek kan nie wag om hierdie babatjie te hê nie. Ek's in die sewende hemel._ (This is my baby, mine. I can’t wait to have this baby. I’m in seventh heaven.)

As was customary in middle class Afrikaans society in the eighties, Christine’s mother expected of her to start working after she had completed her secondary school education – albeit grudgingly – as a typist. Typical of the patriarchal discourse underlying society particularly at that time, it was one of a few careers that were considered suitable for a woman:

...maak toe klaar met skool, en my ma't my onmiddellik in hierdie tiksterspos geplaas. Oeg. Wat my gegrief het, want dis nie ek nie. Maar jy moet gaan tik. Jy moet gaan werk, dis al wat daar is vir 'n vrou. (...finished school, and my mother immediately got me placed in a typist job. Oh it annoyed me, because it wasn’t for me. But you have to go and type. You must go to work, and that is all there is for a woman.)

She started working at a law firm, but soon got bored and needed a change. She moved from one firm to the next, in search of job satisfaction:

_Gaan werk toe nou maar, maar ek skiet van die een werk na die ander ene. Ek word nie vervul nie. Ek kom op 'n punt, ek kry reg wat ek regkry, dan’s daar niks vir my nie. Dan’s ek ongelukkig. Dan gaan ek na 'n volgende firma toe... Begin by die prokureursfirmas en ek het daar gebly. (So I went to work, but moved from one job to the next. I don’t get any satisfaction. I get to a point when there is nothing in it for me. I’m unhappy. Then I move to the next firm.. Started with the law firm and stayed there.)

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4 There is a certain resemblance between her own reaction to her unplanned pregnancy and her idea of her biological mother’s attitude towards her pregnancy with Christine. One could speculate that she might even have kept her baby in reaction to the fact that she was an adopted baby.
Christine finally started working at law firm X. She was appointed as the typist for the nephew of the owner. He was a young lawyer who had recently completed his studies, and who had just started his articles at the firm:

*Rupert het nou net daar begin, en het nou net klaar Regte geswot. Hy article daar. Ek moet vir Rupert tik.* (Rupert had just started there, and just finished his law studies. He was doing his articles there. I did Rupert’s typing.)

Christine was two months pregnant when she started working at firm X. At first only the owner of the firm knew about the pregnancy, and Christine’s very first encounter with Rupert set the stage for the long relationship which was to follow:

*Rupert kom in met net ‘n pak lêers en hy plák dit so op die tafel neer maar dit skuif sommer so na my toe. En ek kyk hierdie man so en dog: “bliksem boetie”. En ek vat daai lêers en ek stamp dit so af grond toe. Jy sien net lêers trek, en ek sê: “Jy gooi nie vir my lêers nie. Jy vra my om vir jou iets te tik.” Net daar toe is hy oor sy ore toe verlief. Van daai dag af elke oggend as ek by my tikmasjien kom, is dit twee Crunchies. Toe begin hy nou vreeslik hier te kuier, hoor. (Rupert comes in with a bundle of files which he plonks down in front of me. I look at him and think: “Damn it”. I push the files onto the floor and say: “You don’t throw files at me. You ask me to do typing for you.” There and then he was head over heels in love with me. From that day on, every morning when I got to my typewriter I found two Crunchies. Then he started visiting me often.)

In the absence of the baby’s biological father, Christine had a number of other supporters who shared her optimism about the baby and who assisted her throughout the pregnancy. The reaction of Christine’s immediate relatives soon changed as they recovered from their initial shock and became accustomed to the idea of the new baby. Her grandmother showed her support by making Christine some maternity outfits, while her mother bought necessities for the baby. Christine’s mother was to remain an invaluable resource in Christine’s life for many years to come.

On being diagnosed with pregnancy diabetes, Christine needed to receive treatment at a local training hospital. There she joined a group of other single pregnant girls who met weekly. She repeatedly mentions how much fun they had together, and how they supported each other.

*Die meisies met hul magies, ons het so fun gehad daar onder mekaar. En nie een van hulle was getroud nie. Ons het soveel fun gehad en mekaar so bygestaan. (The girls with their bellies, we had*
such a lot of fun. And not one of them was married. We had such a lot of fun and we assisted one another.)

They proactively requested the help of a nursing sister to assist them with exercises, because they intended to remain slim. A number of the moms-to-be were admitted just before their due dates, and were in the same ward. While having fun, they learnt much about their own pregnancies by hearing the instruction the medical students received while in their ward.

In time Rupert learnt that Christine was pregnant, but that did not prevent him from actively pursuing a relationship with her. On one occasion he declared his love for her, as well as his intention of accepting her and her baby as his own:5

Hy sê vir my: “Weet jy wat, ek is verskriklik lief vir jou. Ek gaan jou vat met jou baba, en jou baba is my baba. Ek vat julle twee net soos julle is, daar’s geen worries meer oor, nooit in jou lewe te worry oor hierdie kind groot maak nie. Ek vat julle. Julle is myne.” (He said to me: “You know what, I am terribly in love with you. I’m going to take you and your baby, and your baby will be my baby. I’m taking the two of you just as you are, there will be no more worries, never ever again in your life will you worry over the raising of this child. I’ll take you. You are mine.”)

Rupert kept his promise. He supported Christine through the remainder of the pregnancy and during the successful birth of the baby, her eldest son, Ben:

...hy’t die geboorte saam... met my beleef. Hy’t alles saam met my gedeel. Elke doktersondersoek, het hy langs my gestaan, elke... elke dingetjie by daai hospitaal het Rupert saam met my gedoen. Hy was wonderlik. Hy’t my op sy hande gedra. (...he went through the birth with me... he experienced it with me. He shared everything with me. Every visit to the doctor, he stood next to me, every... every little thing at that hospital he did together with me. He was wonderful. He carried me through everything.)

At the time of her son’s birth, Christine was staying with her mother. When she came home with the newborn, her mother took control of the situation, leaving Christine feeling frustrated:

En my ma wil my ni... so ‘n minuut gee met hierdie kind nie. Sy’t nou toe seker maar gevoel sy wil onorneem... sy weet beter... want ek is maar twintig. En ons het ‘n helse fight. (And my mother did not

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5 Rupert’s unconditional acceptance at this stage recalls the way Deon accepted Esther, despite her personal history.
want to give me a minute with this child. She probably felt that she wanted to take over... she knew better... because I am only twenty. And we had one hell of a fight.

As might be expected, this new mother struggled with the baby, who had difficulty falling asleep. In addition, her mother’s approach to parenting a baby differed from her own, resulting in significant conflict between the new mother and the first-time grandmother! Drastic action soon followed:

*Ek bel vir Rupert in snot en trane en sê ek kan dit nie meer vat nie, ek kan nie, as daai baba squeak sê, dan tel sy hom op. En ek wil nie, ek los hom. Ek wil hê hy moet leer, hy moet slaap. Dan tel sy hom op. Dan sus sy hom. En, nou dink jy ek’s stupid, wat weet ek nou, ek moet dit ook seker maar doen. Nou doen ek nou maar dieselfde. Nou sit ek met die baba. O, hene, en hy was ’n moeilike baba. Hy wou net nooit slaap nie. (I phoned Rupert in tears and said that I could not take it any more, I can’t, when the baby squeaks she picks him up. And I don’t want to, I leave him. I want him to learn that he must sleep. Then she picks him up. Then she rocks him. And, now you’ll think I am stupid, what do I know, I should also do the same. So I do the same. Now I sit with the baby. Oh crumbs, and he was a difficult baby. He just wouldn’t sleep.)*

Soon after Rupert arrived with his father in a bakkie, announcing that he had come to fetch Christine and the baby to stay with him. He set her mother at ease, and that day mother and baby moved in with Rupert. (He was still living with his parents at the time.)

Christine was unwilling to marry Rupert before her baby, Ben, was a year old. She wanted to allow some time to see whether he would cope with the baby, which he did. He adored the baby, and often took care of Ben while Christine caught up on lost sleep:

*Ek het vir hom gesê ek wil nie trou... nie voor Ben ’n jaar oud is nie. Ek wil eers sien of gaan hy en Ben cope. Gaan hy kan cope met my en die baba. Wat ek gevoel het was ’n volwasse besluit. En dit gaan goed. Hy is mal oor Ben. Hy’t my laat slaap en hy’t met Ben daar rondgelooi in die huis, en die liggies gewys, in die kar geklim en gery, laat in die nagte laat ek kan slaap. (I said to him that I didn’t want to get married... not before Ben was a year old. I first wanted to see if he and Ben could cope. Would he cope with me and the baby? This I felt was an adult decision. And everything went well. He adored Ben. He let me sleep whilst walking around the house with Ben, and showed him the lights, got into the car and drove around in order to let me sleep.)*

In all aspects Rupert was a committed and caring father for the little boy, as if he were his own:
Christine admits that she did not give Rupert’s relatives and their reaction to the situation much thought when she moved in with him:

... weet jy dat ek nie gedink het hoe sy ma voel nie. Wat dink sy ma, sy broer en sy suster daaroor nie. Ek’s maar net te happy. (...do you know that I didn’t even think of how his mother felt. What his mother might think about it or his brother and sister. I was only too happy.)

At first Christine was blissfully unaware of the effect her relationship with Rupert had on his family. In actual fact they strongly disapproved of his involvement with a woman who was pregnant with another man’s child:

En ek was nie bewus van die ongelukkigheid in die familie oor my nie. Hierdie familie van hom was nie happy met hierdie poppie, hierdie swanger vrou wat nie eers sy eie kind het nie. (I wasn’t aware of the unhappiness about me in the family. His family was not happy about this doll, this woman, pregnant with another man’s child.)

Christine’s friend (the next participant in this study) Ronel, testified to this. She was not yet personally acquainted with Christine at the time, but knew Rupert and some of his relatives fairly well. She recalls how Rupert’s entire circle of male friends tried to persuade him not to marry Christine, not to marry a woman who was pregnant by another man, leaving Rupert to take responsibility for raising the child.

After the engagement, Rupert and Christine started planning their wedding. Christine naively assumed that everyone shared her excitement, and only later discovered that some relatives were not as enthusiastic as she had assumed. Since Christine had always been the much loved niece and cousin of her family, an elaborate wedding was the order of the day:
En reël hierdie massiewe troue. Kyk, ek's die enigs te, die eerste niggie wat nou so groot geword het, beskermd en almal is lief vir my en ek's die poppietjie. Poppie trou, en almal is nou excited oor die troue. (And arrange this huge wedding. I’m the only cousin who grew up so sheltered, and so loved. Everybody was so excited about the wedding.)

Christine’s in-laws fabricated a reason for distancing themselves from the forthcoming wedding. Rupert had a friend named Ernst, who showed some romantic interest in Christine. He declared his feelings to her, but she set him straight by reaffirming her commitment to Rupert. Her in-laws, however, insinuated that she had a relationship with Ernst. When Christine explained the facts to Rupert, they agreed to continue with their wedding plans. His relatives, unfortunately, unanimously announced that they would not attend the wedding:

Nie een van hulle gaan daar wees nie. Hulle is baie kwaad. Niemand praat met my nie en ek verstaan nie hoekom nie. (None of them were there. They were very angry. Nobody talked to me and I didn’t understand why.)

Unexpectedly, what should have been the wedding of the year was shrouded in distasteful social politics. It was an important test for Christine. Her response to the situation was based on skills her mother had taught her: “Always take one step up, never one step down. If they treat you like a dog, you treat them like kings”, which is what she did. She remained pleasant and amiable, as if nothing was wrong.

One day Rupert unexpectedly announced that they were to be married within a couple of days at the magistrate’s court. To Christine it was a crisis. She had a designer wedding dress prepared for an elaborate wedding, which then hastily had to be converted into something suitable for a brief wedding in the local magistrate’s court. She took the new arrangements in her stride, but was disappointed:

Dit was nie vir my so lekker nie. Want... elke meisie wil haar dag hè. (That wasn’t so nice for me. Every girl wants her day.)

The wedding was a serious anticlimax. She worked till twelve o’clock the morning of her wedding day. Only a handful of people knew that they were getting married then. Not even his parents knew. Christine arranged with Rupert to inform them, and on recommendation of her wise mother she included them in a celebration lunch. At the restaurant Christine noticed that Rupert’s parents did not seem happy
about the situation. Her response was to hug her mother-in-law lovingly, reassuring her that she loved and admired her. Christine’s mother later commented that they seemed to cringe in disbelief when Christine hugged and kissed them.

After a very brief weekend honeymoon, Christine returned to work, only to be told that she was no longer welcome there. Her boss (Rupert’s uncle) declared that he did not believe she should work with her husband. Without warning, she lost her job:

_Eers kom ek by die werk en Frans sê ek’s nie welkom by die werk nie. Nou’t ek nie meer ‘n werk nie. Nee, dis nou ‘n familieding. Ek kan nie saam met Rupert werk nie. Hy glo nie daarin nie. (I got to work and Frans said I wasn’t welcome there. All of a sudden I was unemployed. It was a family thing. I couldn’t work with Rupert. He didn’t believe in it.)_

Fortunately she was soon appointed to a similar position at another law firm.

On the same traumatic day that Christine was fired from her job, her life took another unexpected turn. Her new husband did not return from work as usual. He only arrived home in the early hours of the morning, highly intoxicated. That became a pattern which remained for many years to come:

_...en ons het terug gekom die Sondagmiddag en Maandag begin jou getroude lewe. (Snak na asem) Wat ‘n skok! ...daai Maandag was vir my baie traumatiek, die Maandag na Donderdag se troue. ...Rupert kom nie huis toe nie. ...ek weet nie of hulle ‘n uitval gehad het in die kantoor of wat hulle daar gedoen het nie, maar, kom hier tweeuur in die nag so dronk soos ‘n tor by die huis aan. En van daai Maandag af tot en met nou onlangs het dit so gegaan. (...and we came back on the Sunday afternoon and on Monday married life began. (Catches her breath) What a shock! ...that Monday was very traumatic, the Monday after Thursday’s wedding. ...Rupert didn’t come home ... I don’t know whether they had an argument at the office, or happened there, but he came home at about two that night, very drunk. And since that Monday till recently, it went on like that.)_

This turned out to be another disillusionment for Christine. She explains that she had not idealised married life, but she had expected that they would be a family. Her expectations were shattered, and from that day onward their circumstances steadily deteriorated:

_Jy’t nou hierdie ideaal van hierdie huwelik en hoe dit moet wees, nou’x dit jy, jou man en jou kind. Julle is nou ‘n gesin. Julle gaan nou hierdie wonderlike lewe hê. Met sy ups and downs. Ek het geen illusie gehad, dit gaan net maamslyn en rose wees nie. ...Maar nooit besef dit kan so erg wees nie. En dit het net van daai dag af erger en erger en erger geword. (You have this ideal about this marriage,}
and how it should be; you, your husband and your child. You are now going to have this wonderful life. With ups and downs. I had no illusions that it would only be moonlight and roses... but I never thought it would be that bad. And from that day on, it became worse and worse.)

4.2.6 Alcohol abuse and its consequences

Christine explains the change in Rupert’s behaviour and lifestyle as the combined result of conditions at the law firm where he worked and the responsibility of having to take care of Christine and her baby. He was busy with his articles and needed the position at his uncle’s firm, but Christine believes that his uncle had put him under a great deal of pressure. The habit of drinking after work was part of company culture at the firm where Rupert worked. After work the men went for drinks, and the drinking steadily increased.

Under the influence of alcohol, Rupert became aggressive to the point where he turned violent. He directed his anger at Christine and assaulted her severely. Her mother, upon seeing the effects of Rupert’s attacks, encouraged Christine to leave Rupert:

En Rupert het baie aggressief begin raak, dat hy handgemeen geraak het. Op ’n gereelde basis. Ons het in woonstelblok... gebly net om die hoek van my ma. Dan loop ek na my ma toe. Dan lyk ek... asof ek uit die oorlog uit kom. Dan sê my ma: “Wat nou?” Dan sê my ma vir my: “Kind, los hierdie man. Dit gaan nie werk nie.” (And Rupert became very aggressive, to such an extent that he physically attacked me. On a regular basis. We lived in a block of flats... just around the corner from my mother. Then I’d go to my mother, looking as if I’ve come from the wars. Then my mother would say: “What now?” Then my mother would say to me: “Child, leave this man. It is not going to work.”)

Despite having ample reason for leaving Rupert, Christine remained in the abusive relationship. She cannot explain why, but speculates that it might have had something to do with her sense of responsibility and hope:

Hoekom bly jy? Maar jy’t gebly. Ek het half, ek weet nie of dit verantwoordelikheid is of hoop wat dit is nie... (Why do you stay? But you stay. I don’t know whether it was responsibility or hope or what it was...)

Christine – still ostracised by her in-laws – attended family events with bruises clearly visible. It was obvious that she was being abused, yet her in-laws showed no
concern, nor did they provide any support. Instead of reaching out to her, they sang the praises of Rupert:

...dan gaan ek met blou oë na daardie familie toe, dat hulle Rupert so ophemel. Dan sit ek daar, dink jy hulle sien hoe lyk ek? Julle sien hoe lyk ek en julle vat nie my part nie. Niemand kom vra vir my: "Hoor hier, wat gaan aan?" nie. “Is jy oukei?” (...then I go to that family with black eyes, but they sing the praises of Rupert. Then I sit there, and do you think they see what I look like? You see what I look like and you do not take my side. Nobody asks me:”What’s going on? Are you alright?”)

Not only was Christine’s abuse physically evident, but also emotionally. She became socially withdrawn and reserved. Christine had reason to believe her mother-in-law was aware that Rupert was abusing her, yet her inlaws did nothing. She presumed that their apathy might have been the result of their hope that Rupert would leave her.

Christine claims that her husband was very seldom home. It was the exception when he went home after work. He usually returned later, drunk and aggressive. Conflict followed. Christine was unaccustomed to a lifestyle revolving around alcohol abuse, having come from a home without alcohol:

Rupert was nooit by die huis nie. Daar was tye wat hy na werk huis toe gekom het. Baie skaars tye. Dan was daar tye wat hy so negeur, tienuur by die huis gekom het. Klar gedrink. Klar aggressief en dan het die vonke gespat. En ek het natuurlik in ‘n huis groot geword wat glad nie drank ken nie. (Rupert was never home. There were times when he came home. Seldom. Then there were times when he got home at about nine or ten o’clock. Intoxicated and aggressive and then the sparks flew. Of course I was raised in a house where alcohol was unknown.)

Rupert’s absence and frequent drunkenness resulted in Christine’s growing isolation and need for a more intimate marital relationship:

...daai persoonlike verhouding van ‘n man en ‘n vrou dat hulle bietjie uitgaan. Bietjie gaan fliek. Bietjie, daai goeters het ek gemis. Ek het glad nie van dit gehad nie. Rupert het my net nooit uitgevat nie. (...that personal relationship of a man and a woman, that they go out a bit. Go to see a film. Those things I missed. I had nothing of that. Rupert never took me out.)

At social events such as the military dances that were attended by Rupert and his group of friends, the men spent their time around the bar and became very drunk.
Their well-dressed wives were left alone, feeling dejected, tired and wanting to go to bed:

Christine and her little family later moved from the small flat where they had lived previously into a lovely town house. To Christine, life in the flat was associated with hardship and limited material possessions. Something of her optimistic nature was revived at the prospect of an improved new environment:

...daar het ek bietjie hoop gekry. Nou gaan dit lekker. Ons het nou so baie swaar gehad in die woonstel. Ons het net 'n bed, 'n kot en ons klere gehad. En so 'n bietjie... kombuisgoedjies. Nou nie vreeslik baie nie, maar dit het my nie die minste gepla nie. Ek het so geglo ons gaan happy wees. Van dit af na dit toe is 'n bietjie groei. Jy voel natuurlik in jouself 'n bietjie beter. (... there I became a bit hopeful. This is going to be good. We had had such hardship in the flat. We had a bed, a cot and our clothes. And just a few ... kitchen things. Not very much, but that did not worry me at all. I so believed that we were going to be happy. From that to this was a little growth. You just feel a bit better about yourself.)

The couple decided to have another baby, and Christine soon fell pregnant. As with her first pregnancy, she was positive and enjoyed the experience of being pregnant.

Ons beplan toe ons wil nog 'n babatjie hê. Raak toe swanger met Roxy, sommer gou-gou. Hene, dit was vir my lekker. Ek het pienk gevoel. Jy weet as jy soos 'n regte feetjie voel... (Then we planned to have another baby. I soon became pregnant with Roxy, very soon. To me that was wonderful. I felt pink. You know, when you feel like a real fairy ...)

There were, however, complications with the pregnancy and the threat of miscarriage. For the last part of the pregnancy she was instructed to remain in bed. She and Rupert agreed that she would resign from her job and remain home. Christine loved being a homemaker. During the mornings Ben attended pre-school, which allowed her much freedom at home. She enjoyed cooking for Rupert, even though he generally did not come home for supper:

En dan kom hy nie huis toe nie en dan eet hy nie my kos nie. (And then he didn’t come home, and he didn’t eat the food I had prepared.)

At Roxy’s birth, both parents fell in love with their new baby:

Ag, sy was die mooiste babatjie. Ek was so verlief op hierdie klein dogtertjie. Rupert... in sy lewe het ek hom nog nooit gesien huil nie, maar toe sy gebore is het hy snot en trane gehuil... Dit was vir hom
die mooiste… Sy’t net haar oë oopgemaak en sy’t net oë vir haar pa gehad. (Oh, she was the most beautiful baby. I was so in love with this little girl. Rupert, I have never seen him cry, but when she was born he was in tears ... This was to him the most beautiful ... She just opened her eyes and she only had eyes for her father.)

These changes in the family and their circumstances did not have a lasting effect on Rupert. His alcoholism steadily worsened. Despite this good start in his relationship with the children as babies, Rupert was the absent father personified. Christine was left to parent the children on her own:

Ek was ma en pa vir 16 jaar lank. Hy was glad nie betrokke by die kinders nie, niks nie. Hy het geen verhouding met sy kinders nie… Dit was net ek en die kinders. (I was mother and father for 16 years. He was not at all concerned with the kids. He had no relationship with his children. It was just the children and I.)

Christine reacted to her husband’s choices with anger and frustration, but at times she realised that her best option was not to dwell on the matter:

Ander dae sluit ek my net af. Ek dink net: “Moet ne t nie daaraan dink nie, just leave it..” (On other days I just distance myself. I just think: “Just don’t think about it, just leave it.”)

4.2.7 Change and challenge

Somewhere along the way Christine became tired of resisting Rupert’s alcohol abuse. She came to a destructive turning point where she made the mistake of choosing to stop fighting and instead to join him in his wayward lifestyle:

...ek dink dit was basies op dieselfde stadium wat ek ook daai attitude naderhand begin neem het, if you can’t beat them, join them. Doen nou maar net wat hulle doen. Drink saam met hulle, kuier saam met hulle. Ten minste bring hy die mense huis toe. Die fout van my lewe. Ek moes dit nooit toegelaat het nie... (I think it was at that stage that I decided to have the same attitude: if you can’t beat them join them. Do what they do. Drink with them and socialise with them. At least he brings people home. The mistake of my life. I should never have allowed it.)

Rupert continued to have difficulty in his relationship with his uncle and employer, Frans. Christine and her mother joined forces to convince him to start his own practice:
Hy is geweldig intelligent en hy het soveel potensiaal in hom... he was born for greatness. En ons oorreed hom om op sy eie te gaan. En hy bedank en hy begin sy eie besigheid. Ons koop ons nuwe huis, nuwe besigheid. Dieselfde tyd. Maar dit gaan goed met die besigheid want hy het kliënte saamgevat. (He is extremely intelligent and has a lot of potential... he was born for greatness. And we convinced him to go on his own. He resigned and started his own business. We bought our new house, new business. At the same time. But it went well with the business because he had brought his clients with him.)

Unexpectedly Christine fell pregnant with her third child. Once again she enjoyed being pregnant and enjoyed having the baby, her younger son, Jan. Fairly soon, however, the three children became a demanding handful:

...nou’t ons Roxy en dit is die babatjie en dit is Ben en, ek is besig om van my kop af te raak met al die kindertjies. (... now we have Roxy and the baby and Ben, and I am going off my head with all the little children.)

Financially Christine and Rupert were doing well, having acquired a new house and new motor car. Christine had creative decorating plans for the new house, because that it was quite a step up from their previous abode:

Vir my was dit ‘n mansion. Mooiste tuin. Elke hoekie het ‘n vreeslike interessante dingetjie en ietsie gehad en you name it, en ek droom oor wat ek alles gaan doen by hierdie huis. (To me it was a mansion. The loveliest garden. Every corner had something interesting, and I dreamt of everything I wanted to do at that house.)

With the birth of her third child commenced an extremely trying and challenging period in her life. When he was about one year old, her youngest, Jan, fell ill with a mysterious disease:

En ek sien sy bene van hier tot by sy voetjies is so in sulke rye, sulke bloedkolle. Dit lyk asof iets op hom geloop het, hom gebyt het, maar dit is nie bytmerke nie, dit is soos jy jou gestamp het...(and I saw his legs, from here to his little feet, full of bloodspots. It looked as if something had walked on him, but not like bite-marks, as when one had bumped oneself ...)

She immediately called on her mother for advice, who insisted that Jan be taken to the doctor without delay. The doctor referred him to the cancer section of a local hospital, where he was diagnosed with a disease called ITP. ITP (idiopathic thrombocytopenic purpura, also known as immune thrombocytopenic purpura) is an autoimmune disease in which the platelets are marked as foreign by the immune
system and eliminated in the spleen or the liver (http://www.pdsa.org/itp-information/index.html). Christine describes it as follows:

...hy het ‘n virus in sy liggaampie, waar die virus en die rooibloedplaatjies dieselfde vorm anneem. En jou witbloedplaatjies vreet die viruses, hy val dit aan en hy vreet dit op. Nou omdat die rooibloedplaatjies dieselfde as die virus lyk, het die witbloedplaatjies die rooibloedplaatjies opgevreet. So hy het inwendig gebloei. Waar jy aan hom gedruk het, so bloei dit. (...he had a virus in his little body. The virus and the red blood cells took on the same pattern. And your white blood cells eat the virus, they attacked it and eat it. Now when the red blood cells look the same as the virus, the white blood cells consume the red blood cells. So he bled internally. Wherever one pressed against him, it bled.)

Normal platelet counts range from 150,000 to 400,000 per cu/ml. Those with ITP have a lower platelet count. It can range from severe cases that hover close to zero to more mild cases where the counts stay in closer to 100,000. 30,000 is often considered a ‘safe count,’ one that is high enough to protect against cerebral haemorrhage (http://www.pdsa.org/itp-information/about-platelets.html). In Jan’s case the prognosis was dangerous:

En die bloedplaatjietelling moet ‘n 165 000 wees. Toe hulle sy bloed trek en dit meet, toe is dit drie. Ek dink my kind is besig om dood te gaan. Ek is in ‘n toestand. (...he had a virus in his little body. The virus and the red blood cells took on the same pattern. And your white blood cells eat the virus, they attacked it and eat it. Now when the red blood cells look the same as the virus, the white blood cells consume the red blood cells. So he bled internally. Wherever one pressed against him, it bled.)

Jan was admitted to hospital, and Christine insisted on remaining with him. Rupert had to make arrangements for the other two children to be taken care of by Christine’s consistent support resource, her mother:

...hulle boek hom in die hospitaal, want hulle moet toe nou elke drie ure bloed trek. ...en jy weet, hulle kry nie ‘n aar op ‘n baba se arm nie. So dis ‘n gestoei. En ek het net vir Rupert gesê: “Daar is net nie ‘n manier wat ek by die huis bly nie. Ek bly met hierdie kind in hierdie hospitaal. Ek is baie jammer. Sorg jy dat jy iemand kry om daai ander twee op te pas. Bel my ma, doen wat jy kan, I don’t care. Ek is by Jan in die hospitaal.” (...they admitted him to the hospital, as they had to draw blood every three hours... and you know, they don’t easily find a vein on a baby’s arm. So it was a struggle. And I just said to Rupert: “There is no way that I am going to stay at home. I’m staying with my child in this hospital. I am very sorry. See to it that you get somebody to look after the other two. Phone my mother, do what you can, I don’t care. I am with Jan in the hospital.”)
They remained in hospital while blood was drawn three hourly. In time the little boy resigned himself to the procedure without crying:

Ons is vir 10 dae in die hospitaal wat hulle so elke dag bloed trek en bloed trek en bloed trek en hy is naderhand... so dat hy glad nie eers meer gehuil het as hulle sy bloed getrek het nie. Hy het intendeel gesit, dan sit hy die ou armpie so uit laat hulle maar gate steek tot hulle sy bloed trek. Dit het naderhand vir hom so ’n gewoonte geraak. (We were in hospital for 10 days where they drew blood every day, drew blood, drew blood and after a while... he did not even cry any more when they drew his blood. In fact, he just sat there and stuck out his little arm so that they could prick holes and withdraw his blood. After a while it became such a habit for him.)

The situation did not improve, and Jan had to be taken for status checks every day. Rupert’s uncle and employer refused to allow Rupert to take leave from work, insisting that there was nothing wrong with their son. Rupert subsequently appointed a driver to take Christine and Jan to hospital for the checkups. The process was not as much a journey as a rollercoaster ride, because of the sudden and radical changes in Jan’s bloodplate count:

Dan is dit tienuur, dan is dit so 96 000, dan is ek so happy, ons is in ons sewende hemel, die kind word nou gesond. Dan gaan jy die volgende dag, dan bel jy, dan is dit weer vier. So dit het verskriklik gewissel. (Then it’s ten o’clock, then it’s around 96 000, then I’m so happy, we are in seventh heaven, the child is actually getting better. Then you go the following day, or you phone, then again it’s only four. So it fluctuated terribly.)

This erratic situation continued for a year and a half without improvement. Their medical aid became depleted, while expensive imported medication was required, leading to a decline in the family’s financial situation. For Christine it was heartbreaking to see her child’s agony and inability to lead a normal life. In despair Christine made a very specific request to God:

...ek het een aand so in die bed gelê en ek het vir die Here gesê: “Gee my net drie maande. Ek gaan nou hierdie kind terugvat hospitaal toe môre. Ek wil nie weer hê hulle moet hierdie kind vol gate steek nie. Ek wil nie weer hospitaal toe gaan nie. Ek wil nie weer drips hê nie”, want toe begin ons finansies opraak. Ons trek in die huis in, en ek sê vir die Here: “Gee my net drie maande. As hierdie kind dit nie maak nie, dan kan jy hom kom haal.” (...one evening I lay in bed and said to the Lord: “Just give me three months. Tomorrow I’m taking this child back to hospital. I don’t want them to prick this child full of holes again. I do not want to go to hospital again. I do not want drips again,”
because our finances were running out. We moved into the house and I said to the Lord: “Give me just three months. If this child does not make it, then you can come and fetch him.”

The following day the doctor suggested that Jan would probably recover within three months. Three months later Jan and Christine’s long trial was finally over:

En ek gaan die volgende dag gaan ek na professor Con toe en hy kyk en hy sê: “You know what, let me give you three months and if nothing happens, then I don’t ever want to see you again.” En ek het hom nooit weer gesien nie. (And the following day I went to Professor Con and he looked and said: “You know what, let me give you three months and if nothing happens, then I don’t ever want to see you again.” And I never saw him again.)

During their trial, unknown clergy came to pray for Jan. Christine firmly believes that God had healed her son at a point where she no longer had the strength to carry on:

...het daar pastore van kerke gekom om vir hierdie kind te bid, wat ek nog nooit in my lewe geken het nie. Ek weet nie van watter kerk hulle gekom het nie, ek weet nie wie het hulle gesê nie, ek weet nie hoe het hierdie mense by my uitgekom nie, maar hulle het vir hierdie kind kom bid. Ek glo met my hele hart en siel - die Here het my kind genees. (...and pastors of various churches came to pray for this child, people I had never known. I do not know from which church they came or who told them, I do not know how these people got to me, but they came and prayed for this child. I believe with my whole heart and soul – the Lord healed my child.)

Throughout this ordeal she remained a devoted mother to her vulnerable child. A particularly close bond developed between Christine and Jan due to the nature of his disease, but unavoidably at the expense of her other children:

Jan mag nie geloop het nie, ek moes hom dra. Want as hy hom gestamp het, kon hy hom doodbloei, en ek weet nie daarvan nie. Ek kan die volgende oggend daar kom en hy is dood. So Jan het op my heup grootgeword. Dit was ek en Jan. Ek en Jan het daar in die sitkamer gesit en dit is dit. Ben het my verskriklik gehelp met die kleintjie, met Roxy. Ek dink hy het Roxy groot gemaak. Hoe oud was hy? Ek weet nie, seker net so voor skool, graad 1 in daai tyd. So hy en sy sussie het groot geword, ek kan nie onthou hoe het hulle grootgeword nie, want ek was so vas, so om Jan gewees en soveel in die hospitaal... (Jan wasn’t allowed to walk, I had to carry him. Because if you bumped him he could bleed to death without my knowing. I could get there the next morning to find that he was dead. So Jan grew up on my hip. It was Jan and I. Jan and I sat in the lounge and that was that. Ben helped me tremendously with the little one, with Roxy. I think he was responsible for Roxy growing up. How old was he? I don’t know for sure, maybe just pre-school age, grade one in those days. So he and his sister grew up, I can’t remember how they grew up, because I was tied up, being around Jan all the time and so often at the hospital.)
To Christine this was a solitary journey, since there seemed to be no-one else who could understand her ordeal:

"Niemand gaan verstaan wat ek voel oor hierdie kind nie. Ek meen hoe vertel ek dit vir jou, en jy kan vir my sê: “Ek weet hoe jy voel.” Nee jy kan nie. (Nobody will understand how I feel about this child. I mean, how can I tell you about it, and you can say to me: “I know how you feel.” No, you can’t.)"

Her supportive mother provided much stability for Christine’s elder children, Ben and Roxy. Other than that she did not have much of a support network. Again there was no backing from her in-laws:

"...my skoonma-hulle het dit maar net afgemaak as nog een van daai dinge. (...my mother-in-law and them just acted as if it was just one of those things.)"

There are a number of similarities between Christine and Ria’s experiences with their sons’ long-term medical conditions. One aspect is the fact that neither of their husbands took up their parenting responsibilities when needed most during the uncertain times of their sons’ medical treatment and hospitalisation. Christine experienced intense anger towards her husband. She did not yet have a driver’s license, and was alone with three children and without other support. Meanwhile Rupert continued his alcohol abuse and often did not return home at night:

"Rupert het glad nie in die aand huis toe gekom nie, en ek was verskriklik kwaad vir hom. Ek het hom gehaat met ‘n passie. Hoe kan hy my alleen los met hierdie klomp kinders, en so drink? My ma werk, sy moet werk, sy pas my ouma op. Sy kan my nie rondry nie. Ons het net een kar. Ek kan nie met die kar alleen ry nie, ek het toe nog nie eers ‘n lisensie nie, so dit help ook nie ek ry nie. O, ek was kwaad vir hom. (Rupert did not come home at all in the evening, and I was terribly angry with him. I hated him passionately. How could he leave me alone with this lot of children, and drink such a lot? My mother works, she has to work, she cares for my grandmother. She can’t drive me around. We have only one car. I can’t drive around with the car all on my own, and I didn’t even have a licence, so it wouldn’t have helped if I did drive. Oh, I was very angry with him.)"

Rupert distanced himself from his son’s disease and remained caught up in his work, socialising and drinking. Christine was left with the unlikely companionship of only the driver who shared in her and Jan’s ordeal:

"...en Rupert drink dat die biesies bewe. Hy het net glad nie geen deel aan Jan se siekte gehad nie. Geen deel nie. Ek het alles alles alleen beleef. Ek en hierdie boy, Phineas, het hierdie kind se siekte alleen beleef. (...and Rupert drank like a fish. He had no share whatsoever in Jan’s illness. No
I experienced everything, everything on my own. This boy – Phineas and I, experienced this child’s illness on our own.)

During this traumatic period Christine was treated for depression. The particular medication left her devoid of emotion and unable to provide her usual nurturing parenting. She went about her business mechanically:

Dit is op en af en op en af en ek raak manies depressief, en die dokter skryf vir my Prozac voor. En ek raak totalmente hooked op hierdie Prozac, want Prozac laat jou voel... jy het absoluut net geen emosie nie. Daar is nie jammerte, simpatie, empatie, kwaad, liefdevol, niks nie. Jy bestaan net. Ek het geweet ek is hier. Ek het geweet ek moet my kinders kos gee. Ek moet hulle bad, hulle aantrek, hulle hare kam. Ek het sekere goed geweet, en dit was my roetine, en ek het in my roetine gebly. Ek het nie liefde gegee nie...  

( It was up and down, up and down and I became manic depressive, and the doctor prescribed Prozac for me. And I got totally hooked on this Prozac, because Prozac makes you feel... as if you have absolutely no emotion. There is no pity, no sympathy, no empathy, no anger, no love, nothing. You just exist. I knew that I was there. I knew that I had to feed my children. I had to bathe them, dress them, comb their hair. I knew certain things, and that was my routine, and I maintained that routine. I gave no love...)

Christine remembers little of what took place during that period of time. She blames her lack of memories on the other medication that was prescribed for her:

Ek kan net for the life of me nie onthou nie, want ek dink ek was so gedrug ook. Want toe die Prozac naderhand nie meer vir my lekker werk nie, toe moes ek nog steeds die Prozac drink, maar hulle het vir my Tripeline ook gegee, want ek het neuroties begin raak. As Jan se bloedplaatjietelling af is, dan raak ek histeries. ( For the life of me I just cannot remember, because I think I was also drugged. Because when the Prozac didn’t work so well for me afterwards, I still had to take the Prozac, but they also gave me Tripeline, because I became neurotic. When Jan’s blood cell count was down, I became hysterical.)

Her built up anger surfaced as physical aggression towards her husband. She felt that he had betrayed and failed her. He had failed to share her burden and he was not there for her. Having been without other supportive resources as well, she felt deserted, not only in practical terms, but also emotionally:

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6 Christine’s inadequate understanding of depression and its treatment is highlighted here, emphasising the need for psycho-education on mental health issues and the effects of treatment.
En as Rupert te laat in die aand by die huis kom, dan val ek hom aan. Ek het hom fisies aangeval. Ek het ...my aggressie op hom uitgehaal, en ek het die drank as verskoning gebruik. Hy kom dronk by die huis: “Hoe kan jy dit aan my doen? Ek sukkel met hierdie siek baba, ek sukkel met hierdie ander twee kinders, ek kan nie voorbly nie. Ek weet nie meer wat om te doen nie, en jy is nie hier nie! Hoekom is jy nie hier nie? Hoekom help jy my nie?” ...maar nou dat ek daaroor praat en dink, besef ek nou ek het my aggressie op hom uitgehaal oor hy nie daar was nie. Ek was vir hom verskriklik kwaad. Daar was niemand wat my kon help nie. Daar was niemand wat my bygestaan het nie. Daar was niemand met wie ek gepraat het nie. (And when Rupert came home late at night, I attacked him. I attacked him physically. I did... I took out my aggression on him, and I used his drinking as an excuse. He comes home drunk: “How can you do this to me?” I am struggling with this ill baby, I am struggling with the other two children, I can’t keep up at all. I don’t know what to do anymore and you’re not here. Why aren’t you here? Why aren’t you helping me?” ...but now that I mention it and think about it, I realise that I took out my aggression on him, because he wasn’t at home. I was terribly angry at him. There was nobody who could help me. There was nobody who assisted me. There was nobody with whom I could talk.)

Jan’s illness had taken its toll on Christine and Rupert’s financial situation. Their medical aid was exhausted and they were forced to sell their dream house. Another blow struck unexpectedly: Christine’s mother announced that she was about to get married again. It came as quite a shock to Christine, who had relied a great deal on her mother for help with the children and for emotional support. The timing of her mother’s marriage turned out to be perfect, however. It gave her and Rupert the opportunity to sell their own house and move into her mother’s house, and in so doing relieve some of their financial pressure.

4.2.8 Some forms of support

Despite her sense of isolation throughout these challenging years, there were certain key figures who provided Christine with indispensable support. Christine’s mother has been mentioned before, and she was certainly been there for Christine from the beginning of her marriage. Christine chose to stay geographically close to her mother for that reason. Her mother was always the one whom she could go to when circumstances at home got out of hand. Her mother co-parented Ben when he was little.

Toe begin ek maar Ben by my ma los. As daar ’n familie do is los ek Ben, Ben het amper by my ma groot geword. ...my ma het my baie gehelp met Ben. ...ek was maar baie by my ma. Ek het altyd
(I then began to leave Ben with my mother. When there was a family do I left Ben. Ben practically grew up at my mother’s... my mother helped me a lot with Ben... I was at my mother a lot. I saw to it that we always lived close to my mother...)

Her mother, together with their domestic worker, simply took over responsibility for the older children when Jan fell ill.

During the difficult years in which Christine had to deal with Rupert’s addiction and its consequences, she found an indispensable friend and companion in Ronel. For many years to come they were to share one another’s burdens with a deep understanding which results only from exposure to similar experiences. They are both amused when they recall their first meeting:

Christine: Soos sy sê, daai een aand wat ek hom met die vuis deur die hek geslaan het (lag).
(Ronel: At that stage Rupert, he came to us. He was half drunk and then Louis let him in and they carried on drinking. He actually came in but Louis had to take him home. This happened time and time again. Till the evening when she (with reference to Christine) decided to lock the gate.)

Christine: Nou’s ek klaar. Nou kom jy nie weer in nie. Ek’s nou moeg vir jou. Nou’s ek is moeg vir hierdie lewe... Sy tassies daar gepak. Ek het vir hom ‘n dag se klere vir die volgende dag en alles. En hy ruk toe aan die hek en ek besluit jis jou bogger. Nie vanaand nie, en ek slaat...
(Ronel: Ja! Ek sit in die kar en ek kyk nou wat gaan nou daar aan. Naderhand toe dog ek, wag laat...toe’ ek haar nog nie persoonlik ontmoet nie. Enne, dit is toe eintlik die eerste keer wat ek regtig met haar te doen kry. En ek klim toe uit want ek dog toe wag, hier gaan die ding nie regkom nie, laat ek gaan kyk wat gaan daar aan. (Ronel: I sat in the car and watched what was going on there. I hadn’t met her yet. It was actually the first time I had had anything to do with her. So I got out, because I thought, here things were not going to change for the better, I had better go and see what is going on.)
That was the start of Christine and Ronel’s friendship. They were to spend much time together, often linked to their husbands’ social and addictive behaviours.

Support did not always come from Christine’s significant others. One acquaintance who provided support just by being sensitive and understanding, was her daughter’s pre-school teacher. She had a quiet understanding of the family’s circumstances, including the fact that Christine was physically abused. This emphasises the potential contribution teachers may make towards providing stability and support when a learner’s domestic circumstances are unstable:

…gelukkig die vrou het my omstandighede geken met Rupert, met die aggresiewe goed, soos as ek daar aankom en sy sien hoe ek lyk, dan weet sy moenie met haar praat vandag nie. Weet, sy verstaan. En sy het half vir Roxy onder haar vlerk ingeneem... (...luckily the woman knew my circumstances with Rupert, the aggressive things, like when I arrived and she saw what I looked like, she knew not to talk that day. You know, she understood. And she more or less took Roxy under her wing ...)

Other supportive acquaintances in Christine’s life were Thea and Belinda. They were women in the community who had invited Christine to join them on their daily walks. During these walks Belinda became a coach and mentor to Christine. She gave Christine the opportunity to talk freely while she listened uncritically:

Thea was oorspronklik my haarkapster en sy en ‘n vriendin het elke oggend gestap... Thea se vriendin Belinda, sy was toe al in haar vyftigs, maar wat ’n dinamiese vrou. Sy het my so mooi gecoach. Sy het nou wragtig so mooi met my gewerk. Sy het my genooi om in die oggende saam met haar te gaan stap, toe gaan stap ek. En dan het ek my hart uitgestort en sy het nou net geluister... En ons het so vriende gebly. (Thea used to be my hairdresser and she and a friend went for a walk every morning... Thea’s friend Belinda, she was in her fifties, and a dynamic woman. She coached me well. She really handled me so well. She envited me to go walking with her in the mornings, which I did. I opened my heart completely and she just listened... And we remained friends.)

During this time Christine chose to discontinue the use of the antidepressants she had been on:

Ek het so half heeltemal van my pille afgegaan - van die Prozac afgegaan - en ek dink daar het my oë oopgegaan. En ek het gesien wate dooie lewe het ek gehad, hoe dood maak daai pille jou... (I half, totally stopped taking my pills, I went off the Prozac – and I think there I came to my senses and realised what an empty life I had and how those pills deadened my senses...)
Through the walks with Thea and Belinda, Christine and Ronel came to attend their weekly home cell meeting (a home-based church meeting). Although at first she did not believe in their prayers, she continued going to the meetings. She went because, on the one hand, it was an outing, and on the other hand it was therapeutic:

“En hulle vir my gebid het en alles, en ek het dit glad nie aanvaar nie. Maar ek het gegaan hoor... Al was ek in watse toestand het ek nog steeds gegaan. ...dit het vir my net gevoel ek is uit die huis uit. En ek het nie saam met hulle gebid nie. As hulle gebid het het ek gedink hulle praat rubbish. (They prayed for me, but I could not accept it. But I went ... whatever state I was in, I still went. ... I just felt I was getting out of the house. And I didn’t pray with them. While they prayed I thought they were talking rubbish.)

In these meetings, Christine experienced the therapeutic benefits of expressing her emotions within a secure and accepting environment. The members of the group continued to pray for her, and somehow she felt uplifted at the end of these meetings:

“As ek daar gekom het, het ek begin huil en ek het gehui en ek het gehui en dan is ek huis toe. En dan gaan ek die volgende Donderdag en dan gaan huil en huil en huil ek maar weer (lag). Hulle het jou baie opgetel... baie Donderdae was ek plat op die vloer dan... En jy kan huil. ...jy voel beter ...en jy is okay. (When I got there, I started crying, and I cried and cried and then I went home. And the next Thursday I went again and cried and cried (laugh). They were very uplifting... many Thursdays I was completely down and... And you can cry ... and you feel better ... and you are okay.)

At another stage when both Christine and Ronel were employed again, they resumed the habit of weekly prayers, this time with Ronel’s mother as the third member of the group. Not only did they pray together, but they also shared each other’s burdens. They both considered these meetings very helpful:

...na werk, dan't ons gebid. En dit was ons dag wat ons die week se... (sug)... hierdie goed van die drinkery, en die problebe by die huis, op mekaar afgestort het. Want een week is hulle okay, en ons is weer nag-nella. En dit het so gegaan, die hele tyd. Gaan hulle deur ’n ding, twee weke later gaan ons deur presies dieselfde ding. Vrydae was ons dag wat ons op mekaar afgepak het, en dit het vrééslik baie gehelp. (...after work, we prayed. And that was our day on which we... (sigh)... shared the week’s problems of the drinking and the problems at home. One week they’re okay, and we’re in a bad state. And so it went on all the time. If they go through something, after two weeks we go through the same. Fridays were our day to share with each other, and it helped so much.)
Christine’s relationship with God became a key source of support in her life. One result of Christine’s weekly attendance of the home cell meetings was that she made the choice to surrender her life to the Lord. To her this was the first constructive turning point in her married life:

_Voet het ek myself heelmanal, my lewe aan die Here gegee en absoluut aan Hom toegewy en ek dink daar het dinge vir my begin draai. Ek het baie positief begin raak._ (Then I totally surrendered my life to the Lord and lived devoted to Him, and I think there things started to change for me. I became very positive.)

### 4.2.9 The turning point

Christine’s main turning point when she surrendered her life to God was soon followed by another constructive choice. She came to realise that nothing she did would change her husband or his drinking:

_In daai... opset, het ek op ‘n stadium maar net bese f, ek kan nie vir Rupert verander nie, ek gaan nie die drank stopsit nie. Ek kan dit nie verander nie._ (And then... at some stage, I realised that I could not change Rupert, and I could not stop his drinking. I couldn’t change that.)

She decided to take responsibility for herself and her own well-being:

_Ek moet vir myself sorg. En toe is ek op daai mission: me and myself and I._ (I had to fend for myself. And then I was on that mission: me, myself and I.)

From that point onward, she and Ronel decided to go their own way rather than allowing their lives to be dominated by their husbands’ addictions and the detrimental consequences thereof:

_...ek dink daar het ek en Ronel half ons eie paadjie s begin loop._ (... and I think that was when Ronel and I more or less started going our own way.)

One consequence of Christine’s decision firstly to follow the Lord Jesus Christ and secondly to put her own well-being first, was the decision to attend church. Although Rupert disapproved strongly, Christine and her three children became involved in their church community:

_En ek en sy (Ronel) het nogal baie... betrokke begin raak by die kerk. ...ek het begin voorsing in die kerk. Kinders alles, die hele “works”. Ben speel drom, en die kinders gaan kyk, en hulle geniet dit._
En ons het fun. Dit was vir my verskriklik lekker. (And she and I (Ronel) became quite involved with the church. I started leadsinging in church. And the children, the “works”. Ben played the drums, and the children watched, and enjoyed it. And we had fun. I enjoyed it very much.)

Christine soon took on too much, however, and was in church almost every day.

4.2.10 Living with an alcoholic

In the meantime Rupert’s addiction was worse than ever. Christine and Ronel identified a pattern: The men’s drinking escalated from their golf weekend in October, throughout the festive season, until New Year. At these times Rupert sometimes left work early and did not return home. At times the men spent days on end drinking:

Christine: ...ek moet darem sê twee jaar terug het dit op sy ergste begin raak. Die gedrinkery. Hy het elke dag van sy lewe gedrink. ...elfuur in die oggend gery en net nie weer teruggekom werk toe nie. Gekuier en gekuier. Hier in Oktobermaand begin ons bang raak, want dan is dit nag nella. (Christine: ...I must say that two years ago things were at their worst. The drinking. He was drinking every day of his life. ...left at eleven in the morning and did not return to work. Drinking spree after drinking spree. In October we started getting afraid, because everything was horrific.)

Ronel: Want dan is dit sommer dwarsdeur die dag. (Ronel: Because then it went on all day long.)

Christine: Dwarsdeur die dag, volgende dag, non stop. Dit gaan aan. Kersgety. (Christine: All day long, every day, non-stop. It just went on. The festive season.)

Ronel: Hulle begin die Christmas feeling kry. O. Hulle begin by daai gholfnaweek, hier in Oktober. Dan begin die partytjies. Dan is dit... glybaan. (Ronel: They started getting the Christmas spirit. O, they start with the golf weekend in October. Then the parties start. Then it is ... down hill.)

On a practical level it was almost unbearable to live with an alcoholic husband. Christine’s descriptions of having to deal with the intoxicated Rupert in the early hours of the morning are detailed and plentiful. She experienced the effects of life with an alcoholic on an emotional and physical level. Christine (like her friend Ronel in similar circumstances) started blaming herself for her husband’s behaviour. She became convinced that Rupert disliked her, disliked what she did, what she talked about, what she looked like. She believed that he did not enjoy being with her, and
her self-esteem plummeted. Her approach changed and she started to think of ways that might entice him to go home:

Christine: ...hoe langer dit gaan dink jy: “Hy hou nie van my nie. Niks wat ek doen is reg nie. Hy hou nie van die goed waaraor ek praat nie. Hy hou nie van hoe ek lyk nie. Dis nie vir hom lekker om by my te wees nie. Wat moet ek doen vir hom om dit lekker te maak vir hom om huis toe te kom?” Dan begin jy met sexy onderkleres... Dan dink jy: “Miskien moet ek bietjie meer sexy lyk.” Dan naderhand sien jy, nee dit werk nie. Dis nou nie eintlik dit nie. \(\text{Christine:... after a time you start thinking:} \) “He doesn’t like me. Nothing I do is right. He doesn’t like the things I talk about. He doesn’t like my appearance. He doesn’t like being with me. What should I do to make him want to come home? Then you start with sexy undies... Then you think: “Maybe I should look a bit sexier.” Then you see, no, this isn’t working. Not really.)

Christine could never understand Rupert’s aggression and anger. She found herself asking what she had done to annoy him so:

...ek kon nooit ‘n konneksie maak met sy aggressie nie. Hoekom is Rupert so aggressief nie. Waaroor is hy kwaad? Wat doen ek verkeerd? \(\text{... I could never see a connection with his aggression. Why is Rupert so aggressive? Why is he angry? What do I do wrong?)} \)

In the early years of their marriage, Christine experienced the impact of Rupert’s absence and alcohol abuse intensely with (at that stage) two children to take care of. She became depressed and felt neglected and rejected. She even started withdrawing from the only friend she could go to, her mother:

Dit was vir my verskriklik moeilik, toe met die twee kindertjies. En ek het verskriklik afgeskeep gevoel. En ek dink ek het oor ‘n tydperk so baie depressief begin raak, en ek het vreeslik verwerping ondervind, jy weet, met Rupert. Ek was nie meer lus om na my ma toe te gaan nie want... wat moet ek nou daar gaan maak? Ek kan net soveel vir haar sê en dit is dit. Dis al na wie toe ek kon gaan. \(\text{I found it extremely difficult, with the two small children. I felt extremely neglected. I think I started suffering from depression over a period of time, and suffered dreadfully from rejection, you know, by Rupert. I didn’t feel like going to my mother anymore because ... what must I do there? I can only tell her so much and that’s that. She was all I could go to.)} \)

Christine’s health suffered and she lost a considerable amount of weight. In her 15th year of marriage she – a tall woman – weighed a mere 48kg:

Die drinkery het vir my verskriklik erg geraak verlede jaar. Verlede jaar was vir my nag. Ek het 48kg geweeg. Ek het verskriklik maer geword. Ek het onseettend gestress oor die drankstorie. \(\text{Last year} \)
I experienced the drinking as very, very bad. Last year was a nightmare. I weighed 48kg. I became extremely thin. I was badly stressed over the alcohol abuse.)

Due to the usual late night upheaval upon Rupert’s arrival at home, Christine started suffering from insomnia. She took sleeping tablets, which had the added benefit that she no longer heard Rupert’s destructive arrival at home. Christine utilised coping strategies such as planning ahead and establishing a daily routine in the household to help her and her children adapt to Rupert’s lifestyle:

Slaaploosheid was 'n verskriklike groot ding by naderhand. My dag se mission was om te werk te werk te werk vir die kinders... Ek het weer begin by die kantoor om al hierdie werk te doen dat ek net sewe-uur klaar is, ek wil net sewe-uur in my bed klim, los my net uit. Jy sorg dat jy agtuur aan die slaap raak, sodat wanneer hy by die huis kom, jy 'n stukkie geslaap het, anders is daar niks vir jou nie. Dan kom hy so enige tyd van 12 uur af. Dit kan vyfuur die volgende môre wees, maar jy wag vir daai tyd. Dan word ek wakker 12 uur, dan lê ek nou en wag. Dan gaan maak ek my bed in die sitkamer.
(Insomnia became an extremely big problem in time. My day was filled with work, work, work for the children... I started at the office again, and worked just to be done by seven. I just wanted to get to bed by seven, just leave me alone. You see to it that you are asleep by eight, so that when he gets home, you have had some sleep. Otherwise there is nothing for you. He comes anytime from about 12o’clock. It could be at five the next morning, but you wait for that time. I woke up at 12 o’clock and then I waited. Then I went and made my bed in the lounge.)

Christine’s life was often disrupted by late night phone calls with news of Rupert. He was frequently involved in motor car accidents and displayed destructive behaviour when under the influence of alcohol. Rupert occasionally arrived home safely, but then could get no further. Christine took responsibility for getting him inside the house and into bed, always trying not to wake and upset the children. By then she would be wide awake and have difficulty falling asleep again:

O, dis nag (sigh). Dan is jy so moeg en ek is net klaar wakker en ek slaap net glad nie weer nie. Dan lê ek nou maar en TV kyk op daai matras... (Oh, it’s night (sigh). Then I am so tired and I am fully awake and I just can’t sleep again. Then I lie on that mattress and watch TV...)

Christine tells a number of stories illustrating Rupert’s nocturnal commotions:

Ek onthou een aand… En dit het gereën dit het gesou s, en daai Rupert pass uit in daai modder. O nou is ek bang hy versmoor, want hy asem al die modder in, want ek sien hoe maak daai liggaam so en hy kry nie asem nie. Ek kry hom nie omgedraai nie, want hy weeg blêddie 140 kilogram. Hy het ‘n dooie dooie gewig. Nou draai ek eers sy bene dat sy bene kruis. Dan het ek sy arms dat sy arms kruis, en
dan sit ek daar en dan stoot ek hom met my voete om. Dit is nou in die modder, en dit reën. Nou het ek hom onder die arms en ek trek en ek trek. Ek het hom net daar in die sitkamer gelos, modder, die works. (I remember one evening... And it was raining, it poured down, and that Rupert passed out in the mud. Oh, then I was afraid that he would smother himself in that mud, because he was inhaling all that mud, because I saw what his body was doing and that he didn’t get any air. I could not turn him over because he weighed bloody 140 kilograms. He was a dead, dead weight. Now I first of all turned his legs so that they crossed. Then I took his arms so that they crossed, and then I sat there and I pushed him with my feet. This was in the mud, and it was raining. Then I held him under his arms and I pulled, I pulled. I just left him there in the lounge, mud and all, the works.)

Christine was a devoted mother who tried to act in her children’s best interest, illustrated for example, by her habit of making her bed in the lounge at around midnight every night. She chose not to do it while the children were still awake so as to prevent the children from learning of the nightly upheavals:

Toe begin ek eers – ek wil nie hê die kinders moet weet nie – maak vir my bed in die sitkamer. (I then began ... I didn’t want the children to know... I made a bed for myself in the lounge.)

She tried to keep Rupert’s drunken behaviour from the children as far as possible:

...jy moet dit so hanteer, want jy wil nie hê jou kinders moet dit sien nie. Jy wil nie hê jou kinders moet dit beleef nie... En dit het my kinders ook begin pla, Roxi ook. Sy kon ook nie slaap nie, daarom het ek maar al die TV’s aan. (You have to do it this way, because you do not want your children to see this. You do not want your children to experience this... And it also began to worry my children, Roxy as well. She could also not sleep, that’s why I have all the TV’s on...)

On some occasions, though, the children witnessed their father’s offensive behaviour:

Rupert pass uit in die badkamer maar, soos hy so staan slaan hy reg agteroor netso woep, slaat hy oor maar met so ‘n moviese slag. Jan skreeu histeries: “My pa is dood!” Nou het hy vir hom benat en alles en dit lyk nie goed nie, dit ruik nie goed nie. O dit is ‘n gemors. En die kinders is histeries, en ek moet nou die kinders bedaar en verduidelik: “Jou pa is nou net siek, hy is nie dood nie.” Kry die kinders in die bed. Nou moet jy hierdie man skoonmaak. Jy moet die gemors skoonmaak. (Rupert passed out on the bathroom floor. He fell straight over backwards with an enormous bang. Jan screamed hysterically: “My Dad’s dead!” Hy has now wet himself, etc. It doesn’t look good and it doesn’t smell good. It’s a mess. And the kids are hysterical, and I now have to calm them and explain: “Your Dad’s just sick, he’s not dead.” Get the kids in bed. Now you have to clean up this man. You have to clean up the mess.)
For years Christine did not share a bed with her husband, firstly because of his excessive snoring, secondly due to the fact that he slept restlessly, and thirdly because of the repugnant odour of his alcohol-drenched body:

...by het ‘n reuk afgegee wat ek vir niemand kan beskryf nie. Jy kan dink as hulle wyn maak, daai gegiste suur reuk gee hulle af. Jy raik hom ‘n myl ver. Dit het my so verskriklik afgesit. Jy weet sy asem, sy vel... As hy jou ‘n drukkie gee en jy ruik so, dit is suur suur vrot suur reuk, daai oppooi suur reuk. Dit is hoe dit ruik. Konstant. Jy kan nie by daai man slaap nie. (...he had an odour that I cannot describe. You know when they make wine, that fermenting sour smell. You could smell it a mile off. It put me off completely. His breath, his skin... If he cuddles you, and you smell that rotten sour smell, that vomit sour odour. That’s what it smells like. Constantly. You cannot sleep with that man.).

The morning after the night before was almost always the same: Rupert would not show any regret or make any apologies for his behaviour the previous night; on the contrary:

Hy dink dit is ‘n groot grap. Hulle spog met hierdie insidente (He thinks its a fine joke. He brags about these incidents.)

Christine, on the other hand, still lived with the memories of the previous night each day. Sometimes she was angry, sometimes depressed, at other times just numb. At that stage Christine worked with Rupert at his law firm, but she often chose to ignore him. At times she managed her thoughts by opting not to think of the recent events:

Baie oggende is ek baie kwaad. Baie oggende is ek baie af. Dood. Toe. Ek ignoreer hom flat en hy weet, moenie met haar praat vandag nie. Ander dae sluit ek my net af. Ek dink net: “Moet net nie daaraan dink nie, just leave it.” (Many mornings I’m very angry. Many mornings I’m very down. Numb. I ignore him completely, and he knows, don’t speak to her today. Other days I just shut myself off. I just think to myself: “don’t think about it, just leave it.”)

Rupert’s system was seldom without alcohol and he was seldom completely sober. He was simply unaffected by his wife’s plight and deaf to her pleas. He showed no reaction when she tried to tell him or write to him about her struggles and pain:

...ek dink nie hulle was ooit nutger genoeg om te besef dit wat jy vir hulle probeer vertel van, hoe swaar jy kry, hoe seer het jy... Ek het al baie briewe geskryf. ... jy voel net jy moet iets doen, jy kan nie meer so aanhou nie. (...I don’t think they were ever sober enough to understand what you were trying to tell them, how hard it is for you, and how you hurt... I often wrote letters. ...you feel you have to do something, you can’t just carry on.)
Christine wonders why she remained with him, and speculates that it might have been due to a sense of responsibility or it might have been the result of her sense of hope:

Hoekom bly jy? Maar jy’t gebly. Ek het half, ek weet nie of dit verantwoordelikheid is of hoop wat dit is nie... (Why do you stay? But you stay. I don’t know whether it was responsibility or whether it was hope...)

4.2.11 Finally taking action

For 16 years this was Christine’s life, but she arrived at a point where she no longer wanted her meaningless existence to continue. She wrote another letter and left it at home for Rupert, then she went to her mother’s home. Rupert phoned her to find out what was going on, but simply continued drinking, yet again unaffected by her words or actions:

...in Januarie het hy ook weer op so ’n drinking spree gegaan, skryf ek vir Rupert ’n brief: “Rupert, as daar iemand anders op my pad kom gaan ek nie sterk genoeg wees om te kan sê nee nie. Ek weet nie hoe ek dit gaan doen nie. Ek kan nie meer saam met jou leef nie. Ek kan nie meer saam met hierdie drank leef nie. Jy is net nooit daar nie. Ek wil ’n ander lewe hê, en as jy nie vir my ’n ander lewe kan gee nie, gaan ek ’n ander lewe soek.” (...in January he again went on such a drinking spree. I wrote Rupert a letter: “Rupert, if somebody else crosses my path, I won’t be strong enough to say no. I don’t know how I would manage it. I cannot live with you any longer. I cannot live with this alcohol any longer. You are never there. I want a different life, and if you cannot give me a different life, I am going to find a different life.”)

At a later stage she confronted him, wanting to know if he had any intention of saving their marriage. He agreed to stop drinking and she believed him:

Sy woorde was: “Ek weet ek kan ophou, en ek gaan dit doen. Ek belewe jou.” Ek glo dit weer. (His words were: “I know I can stop, and I will. I promise you.” I believed it again.)

Rupert could not break free from his addiction. He went on an extended drinking spree, and eventually returned home with a serious hand injury, claiming to have been beaten up. For Christine this was the final straw. She had a breakdown and detached herself emotionally from him and their children, her only remaining goal being her own survival:
...dit was net too much, en ek het heeltemal ingegee... Toe sê ek vir hom: “Vat die kinders, maak net wat jy wil, gaan waar jy wil, doen wat jy wil.  I don’t care.  Ek survive nou net.”  (... this was just too much, and I gave up completely...  Then I said to him: “You take the children, do just what you like, go where you like.  I don’t care.  Now I just need to survive.”)

She cried incessantly and collapsed completely:

Ek het in survival mode ingegaan, maar ek het elke dag gehuil.  Nie trane nie, ek het genuine waar gehuil.  ...ek het net ingegee, heeltemal ingegee.  (I went into survival mode, but cried every day.  Not tears, genuine grief...  I collapsed completely.)

Together Christine and Ronel went to their pastor to discuss their marital predicaments.  He recommended that Christine divorce Rupert, on the basis of the fact that he was not a Christian and that his illicit relationship was with alcohol, rather than with another person.  Christine heard what she wanted to hear:

...ek sê toe: “Dankie Here, nou is ek in Jou wil, ek doen die regte ding.”  (... so I said: “Thank you Lord, now I am doing Your will, I’m doing the right thing.)

The love-starved Christine went to God with her request:

...voordat ek die dagvaarding getik het vir Rupert, het ek vir die Here gebid en gesê: “Here, stuur vir my iemand wat vir my kan lief wees.  Iemand wat vir my kan liefde gee wat ek verdien.”  (... before typing Rupert’s summons, I prayed and asked: “Lord send me someone who can love me. Someone who can give me the love I deserve.”)

Although Rupert was unaware that Christine had started the legal proceedings, he seemed to become concerned.  For the first time he realised that she was serious and he tried to talk to her.  She was no longer open for discussion:

En ek weet hy het begin met sy pêlle praat... sy woorde aan sy vriende en sy familie was: “Ek het droog gemaak.  Hoe maak ek hierdie situasie reg?  Christine is adament sy wil skei.  Sy gaan my los.  Wat moet ek doen om dit reg te maak?”  Hy het besef hy is verkeerd en hy het probeer om met my te praat.  En ek het net gesê: “Rupert, los my uit.  Ek wil niks met jou te doen hê nie.”  (And I know he started talking to his pals  ... his words to his family and friends were: “I messed up.  How do I rectify this situation?  Christine is adament that she wants a divorce.  She’s going to leave me.  What must I do to fix things?”  Hy realised that he was wrong and tried talking to me.  I just said: “Rupert, leave me alone.  I want nothing to do with you.”}
In the meantime Christine had found a friend in the person of Bill, a man who played in their church band. He was also having marital difficulties, and the two of them could relate well to each other in this regard, and soon there was the suggestion of romance. Naively, Christine did not question or consider the consequences of their relationship:

The two friends – as far as Christine was initially concerned – shared jokes and stories about their various dilemmas at first, but the scenario soon changed. Christine realised that he was pursuing her, and she loved it:

Bill, having ulterior motives, approached the love-deprived Christine very effectively. He wrote her a letter in which he declared his admiration. He paid attention to detail concerning her and gave her the affirmation which she longed for:

Bill was in love and made no secret of it:
declarations of love, and I... just lapped it all up. This was the most wonderful thing that could have happened to me.)

Christine wanted to postpone a serious relationship with Bill till after her divorce, but he was persistent. Christine realised that she needed time to heal and took responsibility for her own well-being. She set some boundaries to avoid being pressured into a serious relationship prematurely:

Maar ek is nie van plan om iets ernstig te doen nie, ek wou dit nie gehad het nie. Ek wou eers myself genees voordat ek in ’n ernstige verhouding betrokke raak. (But I was not planning on doing anything serious. That I didn’t want. I wanted to heal myself before getting involved in a serious relationship.)

Christine made no secret of her blossoming relationship with Bill, and soon Rupert realised that she was having long telephone conversations in the office with another man. He confronted her and she admitted that she was seeing someone else, with the potential for a serious relationship. Finally Rupert took action:

En toe is dit nou vakansie, toe stuur ek my kinders vir my ma… o, en Rupert het baie hard teruggeveg. ...hy het opgehou drink saam met die pêlle. Hy het my elke aand uitgevat vir ete, en ons het gechat... En ek het hom alles presies vertel van Bill, hy weet alles, en hoe ek voel, en alles oor van ons getrouid is tot daai tyd toe. Wat, hoekom, hoe het ek geroer, wat het hy alles aan my gedaan, wat hy alles gedaan wat hy nie eers kan onthou nie. (So it was holiday time, and I sent my children to my mother... and oh, Rupert fought back... he stopped drinking with his pals. He took me out to dinner every evening, and we chatted... And I told him everything about Bill, he knew it all, and how I felt, and everything since the time we got married to that time. What, why and how I felt, what he had done to me, and everything he had done which he couldn’t even remember.)

The couple decided to work at their marriage again. Rupert agreed to end his drinking sessions with his friends and agreed to go to church with Christine. He actually started courting her again:

En dit bid in die oggende, bid vir my, en hy koop chocolates, en hy doen net... al die regte goed wat hy nooit gedaan het nie. En komplimente en hy koop vir my goed en hy bederf my nou behoorlik. Dis nou die Rupert wat ek geken het toe ek swanger was. Nou is hy weer die Rupert wat hy moet wees. (And he prayed in the mornings, prayed for me, and he bought chocolates ... all the right things that he never did before. Full of compliments, and he bought me things and really spoiled me. This was the Rupert I knew when I was pregnant. Then he was again the Rupert he should be.)
They made a new start. What convinced Christine to give him another chance was the fact that Rupert took responsibility for their failed marriage and her subsequent involvement with Bill:

(...)ek dink wat die draai vir my gegee het van nou gaan ek die egskeiding maar los, is toe hy vir my gesê hy is verantwoordelik vir wat met my en Bill gebeur het... Hy het my so verwaarloos dat dit iemand anders gekos het om hom wakker te maak. (...)I think what made me change my mind and decide to abandon the divorce, was when he said that he was responsible for what had happened between Bill and me... He had neglected me, and it took someone else to awaken him.)

When the romance with Bill came to an end, Christine realised that his wife was heartbroken, and that in part she was to blame. She rationalised the situation by refusing to take responsibility for Bill and his wife's marital problems:

(...)ek voel half asof hy my gebruik het om haar seer te maak. Maar dis nie my probleem nie... Ek is nie die probleem van hulle huweliksprobleme nie. Ek dink ek was net die cherry op die koek. (...)I have the feeling that he used me to hurt her. But that is not my problem... I am not the cause of their marital problems. I think I was the cherry on top.)

Although Christine and Rupert were starting to sort out their relationship, she was not prepared for the fury that was to strike from Bill's wife:

En toe eendag by die kantoor bel Bill se vrou my, en sy sê... sy weet van ons verhouding. Ek sê: “...daar is nie ’n verhouding nie.” Want daar is nie ’n verhouding nie. Daar was geen fisiese verhouding... daar was nie ’n gevry, of seks betrokke of niks nie. Vir my was daar niks nie, maar Bill het dit geskets. Asof daar hierdie intieme verhouding was. (Then one day at the office Bill’s wife phoned me, and said that she knew of our relationship. I say: “...there is no relationship”. Because there was no relationship. There was no physical relationship, no love-making, no sex, nothing. For me there was nothing, but Bill implied it. As if there was this intimate relationship.)

Bill's wife was a woman scorned, and she started fighting for her marriage. Christine was the enemy, and Bill's wife went all out against her. At first Christine was upset, but then realised what it was all about. Her self-preservation strategy necessitated that she distance herself from the harassment and focus on reviving her own marriage. In retrospect Christine tries to view the situation from the perspective of Bill's wife, and relates many of the variables to the appearance and age of herself as opposed to Bill's wife, Vivian:
En sy voel nou nog bedreig oor, hier het haar man wat 10 jaar ouer as ek is hierdie jong bokkie. Sy ervaar ek is ‘n jong bokkie wat mooi maer is, en sy is vet en oorgewig. Jy weet jy kan al die verwerping, ek kan dit verstaan, ek is nie kwaad vir haar nie... Ek verstaan hoekom sy my vloek en skel. Ek sal nooit teenoor haar terug vloek en skel nie, ek sal dit nie doen nie. Ek sal haar nooit konfronteer nie, ek sal nie. ...sy is tien jaar ouer as ek. Jy kan mos nou maar dink hoe gaan jy voel, hier kom hierdie jong vrou, en sy is maer. En jou man stel belang in ‘n ander vrou. En jou kinders hou van die vrou, dit is nie lekker nie. (And she still feels threatened. Here her husband, ten years my senior, has this young girlfriend. She sees me as a young girl, nice and slim, and she is fat and overweight. I can understand the feeling of rejection, I’m not angry with her... I understand why she swears at and curses me. I’ll never curse and swear at her, I won’t do it. I won’t confront her, I won’t... she is ten years older than me. You can understand how she feels; here is this younger woman, and she’s slim. And your husband is interested in this other woman. And your children like this woman. That is not pleasant.)

What Christine appreciates is the fact that Rupert took it upon himself to protect her from the attacks of Bill’s wife:

En hy het haar gebel en dit met haar uitgesorteer... Hy het gedeal met dit. Hy het daai verantwoordelikheid gevat om my half te beskerm. (And he phoned her and sorted it out... He dealt with it. He sort of took the responsibility to protect me.)

During Christine’s involvement with Bill she managed to keep the truth regarding that relationship from her younger children, although her eldest, Ben, knew what was going on. In fact he and Bill’s son had had a hand in the situation from the beginning:

...hy en Bill se jongste seun was sulke maats gewees. En die twee het onder mekaar vir my en Bill op plekke bymekaar uitgebring sonder dat ons dit geweet het. Bill se seun was mal oor my. ...baie het hy daar kom kuir en ons het lekker gechat, en minwetend het hy altyd gesorg dat sy pa op die plek is waar ek is. En sy eie woorde was: “I wish that you and my father could end up together.” (...he and Bill’s youngest son were great friends. And between the two of them, they arranged for Bill and me to be in the same place without us knowing it. Bill’s son was mad about me. ...He often came visiting and we had nice chats, without me knowing that he always saw to it that his father was wherever I was. His own words were: “I wish that you and my father could end up together.”)

When Christine and Rupert decided to recommit to their marriage, there was one person who strongly disapproved - Ben:

Ben was ongelooflik kwaad gewees, oor ek besluit het ek gaan Rupert terugvat... Hy het verskriklik rebels geraak. Hy het aan die drink gegaan homself. Ek dink hy wou my seer maak. Hy wou my spite.
(Ben was unbelievably angry because I had decided to take Rupert back... Hy became very much of a rebel. He then started drinking. I think he wanted to hurt me. He wanted to spite me.)

Rupert rose to the occasion and reached out to Ben. It seemed as if his efforts started paying off:

Toe hy nou sien sy pa stel belang in hom, sy pa praat met hom, hy wil met hom praat, hy wil rêrig probeer, toe het die kind begin terugdraai na sy pa toe. (When he saw that his father had an interest in him, his dad talked to him, he wanted to talk to him, he truly wanted to try, the child started to warm towards his father.)

Christine looks back at the episode in her life of which Bill was the key figure, and considers that it was all meaningful. Her own marriage is on the way to recovery, and so is Bill's. She gives God the credit for having created something beautiful out of the mess they were in:

...ek glo die Here het ‘n doel met alles. Hy het dalk toegelaat, ek meen die Woord sê God allows sorrow in your life, to bring repentance. So daar moes in altwee van ons gesinne hierdie sorrow gebeur het, vir repentance, laat hierdie huwelike net weer kan regkom. Om uit ‘n gemors iets mooi te skep. (...I believe the Lord has a plan with everything. He perhaps allowed it, I mean the Bible says God allows sorrow in your life to bring repentance. So in both our families there had to be this sorrow, for repentance, so that these marriages could be put right. To create something beautiful out of the mess.)

Although the Bill-saga has ended, Christine is not without remorse. She thinks that the relationship they had was a betrayal of her own values:

Ek het verskriklik skuldig gevoel, want ek het myself te na gekom. ....dit wat ek gesê het ek sal nooit doen nie, het ek gedoen. Ek meen jy hoef nie fisies ‘n verhouding met ‘n man te hé nie, jy kan dit dink en dit is daar. (I felt extremely guilty, because I had caused harm to myself. ...that which I said I would never do, I had done. I mean, you don't need to have a physical relationship with a man, if it is in your thoughts, it is there.)

She still has feelings for Bill, but mainly in the sense of appreciation for his having been there and having supported her during a particularly difficult time in her life. Although they do not see each other any longer, she has realised that his dreams were shattered. On a moral level Christine considers that her relationship with Bill was a mistake. As a responsive parent she knew she had to apologise to her son, Ben.
...die dinge wat ek toegelaat het was verkeerd. ...as ek gewag het tot ek geskei het dan sou daar iets ontwikkel het. Maar ek was nog nie geskei nie. ...daar is sekere goeters wat net nie reg was nie, en ek het my kind om verskoning gevra. Ek het gesê: "Mammie was verkeerd daar. Dit was ‘n verkeerde ding. Dit moes nie so gebeur het nie." (...the things I allowed were wrong. ...if I had waited till after the divorce, something would have developed. But I wasn’t divorced yet. ...some things were just not right, and I apologised to my child. I said: "Mom was wrong in that. The whole thing was wrong. It should not have happened like that.")

4.2.13 Conclusion

This was the story of Christine. She has endured the traumatic exposure to the death of significant others, severe illness of her child, physical and emotional abuse, and many years of vulnerability as a result of her husband’s alcohol addiction. For the most part, she has recovered. She has developed the skills to cope and adapt to the adversity which confronted her. She has also grown into a woman who maintains her beliefs, who admits her mistakes, and who optimistically starts each day in a less than perfect context.

4.3 RONEL

The next participant is Ronel, a mature and practical woman who makes a living as a primary school music teacher. She also happens to be Christine’s best friend and confidante.

4.3.1 Off to a good start

Ronel’s story is in some respects quite different from those of the other participants, mainly because she experienced her childhood and adolescent years very positively. Even the negative factors that were present were overshadowed by the many joys that were part of her young life:

Ag ons het eintlik ‘n rustige kinderlewe gehad. ...ek het ‘n goeie kinderlewe gehad... (Actually we had an uneventful childhood. ...I had a good childhood...)

In a way she grew up in a protective environment which she likens to a cocoon:

Weet, jy’t in hierdie kokonnetjie grootgeword... ...ons het nie geweet van seks, en die swaarkry van die lewe, jy weet, jy’t nie van daat goed geweet nie. Die lewe was net mooi. Die wêreldsdinge was van
You grew up in this little cocoon... ...we didn’t know about sex, and the hardships of life, you know, you just didn’t know about such things. Life was just beautiful. Worldly things were kept away from us.)

She grew up with a strong sense of belonging, mainly based on her social ties with peers from her neighbourhood. As children, they were not concerned with their parents or other adults and enjoyed an uncomplicated childhood:

(Ons het in die dam gaan jol en ons het fietsgery en... baie ongekompliseerde kinderlewe. Dis wat ek sê ons het ons nie eens aan grootmense gesteur nie. Ons het regtig absoluut ons eie lewe geleef. Weg van grootmense af. Ons klomp kinders in die straat was pêlle, en die grootmense het op die stoep gesit. (We went to play in the dam and we cycled and ... a very uncomplicated childhood. That’s what I say, we didn’t even worry about grown-ups. The bunch of kids in the street were pals, and the grown-ups sat on the stoep.)

Ronel grew up with a strong sense of community. There was free access between their home and those of their neighbours, and the neighbours’ daughter was her best friend and study partner:

...ons bure en ons was baie goeie vriende. En ek en sy was boesemvriendinne, en my broers en haar broers. Ons twee families het eintlik baie so saamgeleef. Ons het tot die heining tussen ons weggevat. So ek het baie by haar gaan slaap. Ons het nie eers gevra om oor te slaap nie. (...we were very good friends with our neighbours. And she and I were best friends, and my brothers and her brothers. Our two families were closely connected. We took away the fence between us. I often slept over at her house. We didn’t even ask permission to sleep over.)

Ronel was hard-working and disciplined. When she and the neighbours’ daughter stayed over at each other’s homes, it was often to study or to work on Mathematical problems from the early hours of the morning:

Maar ons het nie gaan slaap sommer vir fun nie. Dan staan ons drie-uur op dan begin ons Wiskundeprobleme doen. Ek en sy het saam gesit, en dan kry ons daai oplossing, dan sê ons eureka! (But we didn’t just sleep over for fun. We would get up at three o’clock to do Maths problems. She and I sat together, and then we discovered the solutions and said eureka!)

She enjoyed school and studies. Her school experiences were generally positive, and she does not relate any unhappy events from her formal education:

...my skoollewe het rustig gegaan en daar was nooit hickups nie. Maar ek het hard gewerk, ek was ‘n baie dedicated scholar. Ek het geleer, ek het elke dag al my huiswerk gedoen, ek het my oefenwerk
gedoen, baie getrou. (...my life at school was uneventful and without any hiccups. But I worked hard, I was a very dedicated scholar. I learned, I did all my homework every day, I did my exercises, very faithfully...) 

Even though her father had a life characterised by alcohol abuse, marital discord, and infidelity, he had one priority for his daughter’s life: that she learnt to play the piano. He took personal responsibility for seeing that goal achieved in Ronel's life: 

*Hy’t besluit ek sal musiek neem. So ek het in standerd 2 begin met klavierlesse – so ou, mankolieke klavier – en so twee jaar later het my pa vir my ‘n goeie klavier gekoop. Ons was arm, maar in daal arm omstandighede het hy vir my ‘n klavier gekoop, want hy’t besluit ek sal klavier speel. ...snaaks genoeg my pa het, hy’t hom nie gesteur aan die familie nie. Hy’ t ook maar sy eie ding gedoen. Maar as ek moet gaan eksamen speel, het hy gekom en hy’t my gevat. (He had decided that I take music. So I started with piano lessons in Standard 2 – such an old, dilapidated piano – and about two years later my dad bought me a new piano. We were poor, but despite those poor circumstances he bought me a new piano, because he had decided that I would play the piano. ...strangely enough my dad didn't take any notice of the family. He actually did his own thing. But when I had to play in piano exams, he came and took me there.)*

**4.3.2 Parents and their issues**

Ronel was the eldest of five children, of whom the parents were married, albeit not happily. She recalls her parents having arguments, but was mostly unaffected because her parents sheltered the children from their own marital problems. (Later in life Ronel would, like her mother, attempt to protect her children from the consequences and effects of their father's alcohol abuse):

*My ma en pa het maar hulle ructions gehad, maar maar ons as kinders is buite dit gehou. Ons het dit nie agtergekom nie. (My mother and father had their ructions, but we as children were kept out of it. We didn’t suspect anything.)*

She was probably protected from her parents’ relationship difficulties by the popular educational philosophy of the time that children should be seen and not heard. It had the distinct advantage that children were less affected by adult issues and could probably remain carefree for longer:

*...ons het grootgeword, kinders word gesien en nie gehoor nie. So jy was nooit in grootmense se geselskap toegeleë in die eerste plek nie. As my ooms en tannies kom kuter is die kinders uitgeboender. So daai grootmense kon oor issues praat en die kinders het dit nie gehoor nie. So ‘n*
kind was 'n kind, en jy... mag nie na grootmensstories luister nie. (...and we grew up, children should be seen but not heard. So you weren’t allowed to be in the discussions adults had, in the first place. When my uncles and aunts visited us, the children were thrown out of the house. So those grown ups could discuss issues and the children would not hear what was said. So a child was a child, and you... weren’t allowed to listen to grownups’ stories.)

Her father abused alcohol, but in her early childhood years it had not yet become a problem. Later Ronel became aware that her father arrived home late at night and she remembers waking up to the sound of her parents’ arguments. At times like these her father frequently left home again to continue his drinking:

Die eerste keer toe dit my begin tref het, is toe my pa laat in die aand begin huis toe kom het. Dan word jy wakker en jy hoor jou ma en pa baklei. Hulle maak rusie. My pa het die gewoonte gehad... dan spring hy in sy kar, gaan hy na een of ander kroeg toe, dan gaan drink hy nou verder lat my ma kan afkoel, en dan... Ons weet nie eers wanneer het hy teruggekom nie. (The first time I became aware of this was when my father started coming home late at night. Then you would wake up and hear your mother and father fighting. They were arguing. My dad had the habit... he’d jump into his car and go to one or other bar and continue drinking in order for my mother to cool down, and then... We didn’t even know when he came back.)

Being a railway worker, he often spent time away from home. During these periods, however, he had become involved in an extramarital affair. Ronel only became aware of this relationship when during her matric year her father left their home to move in with the other woman. His drinking had also increased:

Die eerste keer wat ek daarmee gekonfronteer was, is toe ek in matriek was, toe’t my pa eintlik redelik die huis verlaat. Hy’t... die spoorweg het hy breakdowns gedoen. So as trokke breek dan’t hy uitgegaan en dit gaan regmaak, en dit het hom partykeer twee, drie weke van die huis af weggevat. Toe op ‘n kol het hy begin rondloop. En my ma het gedink hy werk... ...dit het al moeiliker geword. En hy’t meer gedrink. En... toe ek in matriek was, het hy eintlik al by die ander vrou gebly... Van hy met die ander vrou deurmekaar geraak het was hy heeltemal uit ons lewe uit. (The first time I was confronted with this was when I was in matric, when my father actually sort of left home. He did... at the railways he did breakdowns. So whenever trucks broke down he went out and repaired them, and it sometimes took him two, three weeks away from home. Then at a certain stage he began gallivanting. And my mother thought that he was working... it all became more difficult. And he drank more. And... when I was in matric, he was already staying with the other woman... Since he became involved with this other woman he was completely out of our lives.)
Matters in the family home became complicated when her mother realised that she was pregnant at more or less the same time when Ronel’s father started living with his mistress. Ronel clearly recalls her mother’s despair and attempts to terminate the pregnancy:

_Ons het nou al vier saam grootgeword, toe verwag my ma. Dit was too much vir haar. Dit het my ma geknak. En dit het alles totaal omgekeer. Sy kon dit nie vat nie, sy’s daai tyd enige boereraad om die swangerskap af te bring, het sy ge-try. Maar dit het gebly. (The four of us then all grew up together, and then my mother fell pregnant. This was too much for her. This broke my mother. And this turned everything upside down. She couldn’t take it, she tried any home remedy to terminate her pregnancy, she tried this. But the pregnancy stayed.)_

For the first time Ronel became witness to her mother’s anger at her father. She realises that her mother’s reaction has had a negative influence on her perception of her father:

_Oe, en dan het sy nou teenoor my... uitgeblaker oor al die goed wat my pa verkeerd doen. Sy’s my eintlik vreeslik teen my pa outomaties opgemaak... (Oh, and then she would spill out everything that my father had done wrong. She actually automatically influenced me against my father.)_

Due to the pregnancy Ronel’s mother had to stop working, and suddenly they were faced with financial hardship:

...sy’s haar hele lewe gewerk. Toe hou sy nou op werk, en toe’s daar nou nie genoeg geld nie. Ons het baie gesukkel. (...she had worked hard her whole life. Now she stopped working, and so there wasn’t enough money. We struggled terribly.)

### 4.3.3 A mission of her own

Ronel remained largely unaffected by her mother’s predicament, because she chose to distance herself. This was possible due to the fact that she left home to further her studies in education. Even her mother’s financial difficulty had no influence on Ronel’s life, because she received adequate bursaries based on her matric results:

_Kyk ek het my eie mission gehad. Ek luister toe na my ma se stories, maar ek is kollege toe. Daai tyd kon ons nog studeer op lenings en ons het beurse maklik gekry. Eersteklas, ’n paar beurse gekry. (Look I had my own mission. I listened to my mother’s stories, but went to college. At that time we could still study on loans and we could get bursaries easily. First class, got a few bursaries.)_
To Ronel the best years of her life were those she spent as a student at a teacher training facility:

To Ronel the best years of her life were those she spent as a student at a teacher training facility:

Ag nou my vier kollegejare is die beste tyd van my hele lewe. Ek het ‘n ball gehad! Daar is nie ‘n beter ding vir ‘n jongmens as om ‘n student te wees, maar jy moet in die koshuis wees. (Oh those four years in college were the best times of my life. I had a ball! There is nothing better for a young person than to be a student, but you should be in a hostel.)

Once again she had a carefree life, far removed from domestic problems:

Jy neem niks ernstig op nie. Jy’t ‘n dak oor jou kop, jy’t kos wat jy nie voor betaal nie, jy’t niks om oor te worry nie! Jy draf klas en as jy nie lus is nie gee jy af en, party dae besluit ons om te massa... en my oë het so oopgegaan vir die lewe. (You don’t take things seriously. You have a roof over your head, you have food for which you’re not paying, you have nothing to worry about! You attend classes and if you don’t feel like attending, you simply stay away and some days you all decide to stay away en masse... and so my eyes were opened at the way I was looking at life.)

Her fulfilment was mostly based on her strong social network, this time mainly consisting of her friends at the church she belonged to at the time:

En die AGS-kerk is net so ‘n blok van die koshuis af, so vervoer was nie ‘n probleem nie. Jy’t geloop waar jy wou wees. En, ek het baie dinge daar gedoen. Ek het tot sendingwerk gedaan... ons jeug was ‘n wonderlike groep jongmense bymekaar. (And the AFM-church was just a block away from the hostel, so transport wasn’t a problem. You walked wherever you wanted to be. And I did many things there. I even did missionary work... our youth group was a wonderful group of young people.)

During her college years Ronel developed a close friendship with a man by the name of Francois. They had similar interests and enjoyed each other’s company, although they were never romantically involved. When she started teaching, her friendship with Francois continued through correspondence:

...ek het hierdie pêl gehad maar dis ‘n man, Francois. Hy was ‘n dramastudent. En daai mense intrigue my, ek weet nie, hulle fascinate my. Maar ons was platoniese vriende. Maar weet jy, as ons na ‘n vakansie weer terugkom in Pretoria het ons mekaar omhels asof ons mekaar drie jaar laas gesien het, maar hy kon ook lekker kekkel, en ons het land en sand gesels, en ons het seisoenkartjies gekoop vir simfoniekonserte. En dan loop ons stadsaal toe en die mense’t seker gedink ons is mal, want ons raak so opgewonde oor daai simfonieë. (...and I had this pal, this man Francois. He was a drama student. And those people intrigue me, I don’t know, but they fascinate me. But we were platonic friends. But you know, when we got back in Pretoria after a holiday we would embrace one another as if we had been away for three years, but he could also gossip well, and we talked incessantly, and we...
bought season tickets for symphony concerts. And we would walk to the city hall and people most probably thought that we were mad, because we became so excited over those symphony concerts.)

She still enjoys talking about her college years, but has been silenced to a certain extent, because her husband disapproves of her talking about that period in her life. She suspects some jealousy on his side, because it was an experience he never had:

Louis hou glad nie daarvan dat ek moet praat van my kollegejare nie. Ek sal teenoor julle praat, maar as hy in die geselskap is sal ek niks sê oor my studentejare nie. Dis of hy even daarop jaloers is, op my studentelewe. Ek praat nooit met iemand daaroor nie. (Louis doesn’t like me talking about my college years. I will tell you about these days but when he’s around I won’t talk about my college days. It’s as if he’s jealous about it, about my student life. I don’t speak to anybody about it.)

4.3.4 Career as a calling

Ronel’s decision to study education was a serious matter to her. The social and philosophical context of the day had a significant influence on how Ronel approached her career decisions. A career was not chosen based on potential income, but was considered a calling instead:

Daai tyd het jy geglo – dit was hoe ons geleef het – jy moet hierdie beroep kies, dis ‘n edel ding wat jy in gelewe het. Jy moet ‘n beroep kies soos wat ‘n predikant ‘n roeping het om ‘n predikant te word, so moet jy ‘n roeping hê vir ‘n beroep. So omdat in daai jare, werk was volop, jy kon kies en keur wat jy wil doen. En in matriek, die onderwysers het met jou gepraat, jy moet kyk waarin lê jou talente dat jy ‘n beroep kies wat nou aanpas by jou talente. Daai jare is vir jou gesê dit gaan nie oor geld nie. Dit gaan oor die edele en... daai hoër etiese waarde... En op die manier het ons regtig moeite gedoen om ‘n beroep te kies waar jy weet jy gaan kan volhou. (In those days you believed – that’s how we lived – you must choose this career, this was an honourable thing you believed in. You must choose a career like a minister chooses a career, a calling to become a minister, so you must have a calling for your career. So because in those days, work was plentiful, you could pick and choose what you wanted to do. And in matric, the teachers spoke to you, you had to decide where your talents lay and then you had to choose a career that corresponded with your talents. Those years you were told that it wasn’t about money. It was all about the honourable ...and those higher ethical values... And in this fashion we really took trouble when deciding on a career that you knew that you were going to stick to.)

Ronel enjoyed being a music teacher. Her choice of career was a serious matter to her, as she indeed considered it a calling in answer to her relationship with God:
...my skoolhou was altyd vir my belangrik. Ag en miskien omdat op skool het ek my al bekeer, en ek het die Here vertrou en vir hom gesê wat nou, wat nou? So ek het daai tyd al gelowig gewees in wat ek eendag moet doen. (...my teaching was always an important thing to me. Oh, and maybe because I became converted at school and I trusted the Lord and said to Him, what now, what now? So I was a believer already in those days in what I should actually do.)

The start of her career was not particularly easy. She was appointed at a school in a rural area far from home, and found the circumstances quite challenging. While adapting to the demands of her teaching career, she relied heavily on God for encouragement and found a specific passage of Scripture to have been particularly inspiring at the time:

Dis die eerste keer wat ek regtig vir die Here Woord gevra het... om vir my net 'n aanmoediging te gee. En dit was daai wat ons vandag so baie gebruik van die Here het jou nie 'n gees van vreesagtigheid gegee nie, maar van krag en liefde en selfbeheersing. En dit het my deur... al daai tyd daar gedra. (This was actually the first time that I had asked the Lord for His word... to just give me some encouragement. And then it was that which we so often use today that the Lord has not given you a sense of fearfulness but of power and love and selfcontrol. And that carried me through ...all that time...)

4.3.5 Preparing for marriage

While still at college, Ronel met Louis – a friend of her brother’s – and a relationship developed over time. He was almost three years younger than she was:

En ek dog hene, dis eintlik ‘n smart ou hierdie, ek laaik hom nogal, maar dis net jammer hy’s so jonk. (And I thought, wow, this is a smart chap, I like him a lot, but it’s just a pity that he’s so young.)

It ended up being a long-distance, correspondence-based relationship, due to the fact that she worked in one province while Louis did his compulsory two year military service in another province. What attracted Ronel to him was the fact that he respected her and her personal boundaries:

Wat my daarvan aangetrek het, as ek nou doodeerlik mag wees, alle ouens vat hulle kanse op jou, en jy moet net altyd keer, jy kan nooit regtig rustig kuier met ‘n ou nie, jy moet altyd watch... Louis was glad nie so nie. Hy’t my so gerespekteer, onmiddellik het ek soveel respek vir hom gehad. Want ek kon rustig by hom wees, en ek het geweet hy gaan nie tricks try nie. (What attracted me to him, and I am being absolutely honest, all these guys take chances with you, and you must just keep them away all the time, you can never enjoy being with a guy, you have to be alert all the time. Louis wasn’t like that.)
He respected me so much, and I immediately had respect for him. I could be at ease with him and I knew he wasn’t going to try any tricks."

The relationship between Ronel and Louis became serious, he told her to end her correspondence with Francois. She did not take his demand seriously and continued writing to Francois in secret. Louis discovered the letters from Francois and was displeased, with the result that Ronel terminated her relationship with Francois:

"Ek weet nie hoe kry dit reg nie, maar hy kry daai briewe. Dan’s hy nou heavy upset. …op die einde van die dag moes ek maar die verhouding met Francois… (I dont know how he managed to, but he got hold of those letters. And he was very upset, extremely upset… at the end of the day I had to end my relationship with Francois…)

In retrospect she realises that a continued close relationship with Francois would have prevented her from getting married. She admits that other potential suitors kept their distance once they became aware of the close connection between Ronel and Francois:

"Maar toe later van jare het ek eers besef, as ek aangehou het met die vriendskap met Francois, sou ek nooit getrou het nie, want hy’t verhoed dat ek ooit enige ernstige verhouding met ’n ander man aangaan. Want enige ander man wat weet ek en hy is so close, dan… is hulle later aan uit, want ek het baie ouens gehad in die tyd wat ek met Francois bevriend was. Maar as hulle sien Francois kom kuier vir my, dan… kom hulle net nie meer nie. (But years later I realised that if I had continued the relationship with Francois, I would never have married, because he prevented me from having any serious relationship with another man. Because any other man who knew that we were so close, well… later on they were out, because I had many boyfriends during the time that Francois and I were friends. But when they saw Francois calling on me, well… they just didn’t call again.)

She appreciates the fact that Louis was the only man who fought for her, who insisted on her terminating the relationship with Francois despite her objections:

"Louis was die eerste ou wat... baklei het, wat gesê het dis dit. Hy’s uit. Klaar. Ja. Geen Francois nie. En ek het geskop en baklei en nog ge-try. En dan kry hy weer ‘n brief van Francois (Christine and Ronel lag). Ag, hy’t my maak alles wat ek by Francois gekry het, weggooi en weggee… (Louis was the first guy who… fought for me and who said: “This is it. He’s out. Finished.” Yes. No Francois now. And I kicked and fought and re-tryed. And then he’ll get another of Francois’ letters. (Christine and Ronel laugh) Oh, he made me throw away everything which I got from Francois, and give away…)"
Before their marriage they had a significant conversation about the use of alcohol, unaware of the key role it would play in their lives in their future lives:

*Hy sê vir my: “Wat dink jy van drank?”* Jissie maar ek pak daar uit. *Oor my pa so gedrink het, het ek ’n verskriklike aggressie teen drank ontwikkel. Dit was vir my... die een ding wat ek in die lewe gesê het ek sal nie met ’n man trou as hy drink nie. Dis uit, en ek het dit vir hom mooi vertel...* (He said to me: “What do you think about liquor?” Gee whiz, but I really spoke up. Because of my father’s drinking I had developed a very aggressive attitude against liquor. This was as far as I was concerned, ...the one thing in life I said that I will not marry a man if he drinks. That is out, and I told him so in no uncertain terms.)

Another strategic statement made by Ronel before their marriage was her position on her faith and Christian lifestyle. She was not prepared to compromise, and presented him with an ultimatum either to accept her as she was or to end the relationship:

*...toe dit nou begin ernstig word, toe sê ek: “Kyk Louis, ek gaan elke Sondag twee keer kerk toe, ek gaan Dinsdagaand biduur toe, en ek gaan Vrydagaand jeug toe. As jy my só wil hê, okay, dan kan die verhouding aangaan. Maar, as jy nie bereid is om dit te doen nie, ek sien nie kans om dit op te gee nie. Dan moet ons maar liever die verhouding breek...”* (...when it started becoming serious, I said to him:” Look Louis, I go to church twice every Sunday, I go to prayer meeting every Tuesday evening, and I go to the Youth meeting every Friday evening. If you will take me as I am, okay, then our relationship can continue. But, if you are not prepared to do this, I do not see my way clear to giving it up. Then we must rather break off the relationship...)

Even though the couple had not spent much time together and did not know each other well, they decided to get married.

4.3.6 The disillusionment of marriage

The reality of Louis’ proposal was not quite what Ronel – being something of a romantic – would have liked. He simply arrived with a ring he had selected, without considering her preferences. Her initial reaction was one of disappointment:

*...en hy’t die aand vir my kom kuier... en hy’t die verloofring oopgemaak... en ek kyk die ring so en ek dink: “Ag, dis ’n outydse ding daai. Ek gaan nie so ring dra nie!”* (Christine en Ronel lag). *...hy like sy surprises, so nou die verloofring. Okay, toe’s ons nou verloof...* (...and he called on me that evening... and he opened the engagement ring... and I looked at the ring and thought: “Oh it’s an old-
fashioned thing. I’m not going to wear a ring like that!” (Christine and Ronel laugh) ...but he liked his surprises, so out comes the engagement ring. Okay, so now we’re engaged...)

Similarly, Ronel had fantasies of a winter wedding with a fairytale dress. She tried to convince him to postpone the wedding, but felt too silly to admit her actual reason for wanting to do so:

Ek wou natuurlik vreeslik graag ...in so wit fluweel rok getrou het. Daai tyd was die, furs in. Toe wou ek nou die wit velvet rok met die... smal stukkie... fur om die soom en ‘n effense sleep, en om die moue. Ek was so waar ek gedink het dis nou jy. Jy’s nou ‘n vrou, dis nou jy. Toe hy weer een aand bel toe sê ek vir hom: “Louis, kan ons nie net ons troue uitstel nie? Ek wil net graag Junimaand trou, nie Desember nie.” Maar ek sê nou nie vir hom hoekom nie, want toe dog ek hy gaan dink ek’s heetemal simpel om vir so ‘n rede... Jy kan nou nie in die hartjie van die somer in ‘n fluweelrok trou nie! (I naturally very much wanted ... to get married in a white velvet dress. Those days the in thing was fur. So I wanted the white velvet dress with... a little bit of... fur on the seam and a bit of a train, and also around the sleeves. I honestly thought that was just me! You are a woman, this is now you! When he phoned me again one evening I said to him: “Louis, can’t we just postpone our wedding? I would like to get married in June and not in December. But I didn’t tell him what the reason was, because I thought that he would think that I was nuts to postpone for such a reason... You can’t get married in the middle of summer dressed in a velvet dress.)

He refused, believing that she would not marry him if the wedding was to be postponed. She made the first of many compromises in her relationship with Louis:

Nee, nee, hy wil nou nie uitstel nie, want hy weet as ons nie Desember trou nie, gaan ek nie met hom trou nie. Nou ja. Toe maak ek nou maar ’n chiffonrok so, op daai styl (lag effens). (No, no, he does not want to postpone, because he knows that if we don’t get married in December then I’m not going to get married to him. Okay. So I made a chiffon dress, in that style. (bit of laughter).)

To Ronel marriage was perhaps one of the biggest challenges in her life. The newlyweds started off with many disagreements and frequent conflicts. Ronel attributes this to the fact that they had not spent an adequate amount of time together before their marriage:

Nou kyk, toe’s ons die Desember getrou en... soos kat en hond het ek en hy baklei. Ons het oor niks saamgestem nie! Want ons het mekaar nie so goed geken nie. (Okay, so we got married in December and... we fought like cat and dog. We could not agree about anything! Because we didn’t know one another well enough.)
Ronel was used to being independent. Ever since her childhood days she had operated responsibly, but without asking permission. As a married woman in a traditional marriage, however, she was expected to ask:

_Ek het grootgeword, jy weet met my ma-hulle as ek wil uitgaan, enige ding onder hierdie son het ek vir niemand toestemming gevra nie. Dis hoe ek geleef het. En ek is nou nie gewoond om vir hierdie man toestemming te vra nie._ (I grew up, you know with my mother and them, that whenever I wanted to go out I never asked anybody’s permission to go. That’s how I lived. So I was not accustomed to ask this man’s permission.)

Ronel also found that her husband was particularly possessive of her. She describes herself as having been quite naive in terms of her interactions with other men. Louis taught her that the fact that if she did not have ulterior motives when chatting to another man, it did not mean that the man in question did not have ulterior motives:

_Hy was uitermatig jaloers. En jissie, dit het toe op ‘n stadium baie erg gewees, maar die moeilikheid was, ek kan met ‘n man gesels sonder enige bybedoelinge. My probleem was ek was te naïef. WAAR hy besef het as ek so met daai man praat, gaan daai man... ander gedagtes kry. Maar ek... besef dit nie... Dit het toe vir my baie jare gevat om tot daai konklusie te kom._ (He was extremely jealous. And gee whiz, at one stage it was very bad, but the problem was, I could talk to a man without any ulterior motives. My problem was that I was too naive. Where he realised that when I’m talking to this man, this man is going to ...get other thoughts. But I... I didn’t realise this... It took me many years to come to that conclusion, you can’t just at once ...you know, if I sit there talking to your husband and we have this conversation. It... well, it unfortunately doesn’t work like that.)

Contrary to her otherwise extraverted demeanour, Ronel reacted with silence and withdrawal as a result of this new perspective.

Right at the beginning of their marriage she set distinct boundaries with regard to the slightest trace of physical abuse. On one occasion Louis happened to push her around during an argument, at which time she packed her things and left the house, making it clear that she would not accept being treated harshly:

_…en hy wil my nog so aan die arm ruk, hy sê: “Jy sorg dat hierdie showcase hier uit kom!” Hy soek nie sulke outydse goed in sy huis nie! Ek sê vir hom: “Ou boetie, vergeet dit. Dan loop ek nou maar.” Ons het nie eers ’n suitcase om klere in te pak nie. Ek sê vir hom: “Ek gaan nou na jou ma toe, en ek_
The attitude which worked in Ronel’s favour was the fact that there were certain things that she was not prepared to negotiate or compromise on. Some issues, such as physical abuse, were just not acceptable to her, and even in a state of intoxication her husband respected these boundaries she had set:

...maar hy’s geweet ek verdra dit nie, ek aanvaár dit nie, ek het net nie dit aanvaar nie (afgemete, sterk). Dit is nou maar net so. Ons het baie baklei ook, maar... as hy nou daai aggressie wil uitdruk, moet hy dit op ’n ander plek gaan doen. En dit het my gegaan, dan kom hy by die huis, dan... het hy sy woede uitgewoed. Dat daar ten minste vrede in die pophuis is. (...but he realised that I would not tolerate this, I would not accept it, I just did not accept this (dignified, strong). That’s how it is. We also had many a fight, but if he wanted to become aggressive, he would have to do it somewhere else. And that suited me, then when he’d come home, then...his temper would have subsided. Then at least there was peace in the dolls’ house.)

4.3.7 Premature motherhood

Ronel found herself in the role of motherhood not primarily because of her own wish to have a child, but because of her husband’s. He wanted to start a family because all of their friends had children by then:

...toe wil hy nou ’n baba hê. Ek sê vir hom: “Nee, ek’s nog nie reg vir kinders nie.” Nee maar, al ons vriende het nou kinders. ...ons moet nou kinders hê. En dit het ’n rukkie gevat... en toe’t Karien nou gekom. (...now he wanted a baby. I said to him: “No, I’m not ready for a babies yet.” No but all our friends now have children... we must have children as well. And it took a while...and then Karien came.)

She was unprepared for motherhood and blamed herself for the fact that she did not cope well with the demands of a baby:
Ek dink ek was nie reg nie, want sy’t baie gehuil. Sy was ’n baie lastige baba. Ek dink ek was onpotig of iets. (I think that I wasn’t ready because she cried a lot. She was a troublesome child. I think I was clumsy or something similar.)

Ronel admits to having been relieved when her maternity leave was over and she had to return to work, leaving the baby in the capable hands of her mother-in-law:

...daai jare as die baba ses weke oud is moet jy ter uggaan skool toe. Aan die een kant was ek bly, weet jy, want... (sigh) dit was vir my too much. (...those years you had to go back to school when the baby was six weeks old. On the one hand I was pleased, you know, because...(sigh) it was just too much for me.)

She found raising her first child hard, particularly given the fact that her husband became more demanding:

So ek het moeilik aan Karien grootgemaak, en nog met Louis tussenin. Ag jong...ek weet nie, of ’n man... met ’n baba in die huis afgeskeep voel of wat nie, maar ag, heerlikheid, hy soek sy volle aandag... (So I had a difficult time raising Karien and also with Louis in the middle. Oh man, ...I don’t know, if a man... feels neglected with a baby in the house or not, but oh, crumbs, he wanted his full quota of attention.)

Being a mother and later a housewife disillusioned Ronel. It did not fit her perception of who she was and was not part of her identity:

...en hier kom jy en al daai deure slaan toe, en hier moet jy nou hierdie huisvrou wees, besadigd en stil. Hoe sê hulle, kaalvoet voor die stoof, met ’n baba op die arm (lag effens). En dis nie ek nie, dis nie ek gewees nie! (...and here you come and every door closes on you, and now you must be this housewife, composed and quiet. What do they say, barefoot in front of the stove, with a baby on the arm (laughs slightly). And this wasn’t me, this wasn’t me!)

In the first five years of their life as a young family, Louis kept to their agreement regarding the Christian lifestyle and abstaining from alcohol. In time they adapted to married life, and things were looking good:

Hy’t toe glad nie gedrink nie. En ons het in die kerk gelewe en dit. Ag lank. ...na vier jaar is Riaan gebore. En ons het geslyp... Toe’t dit nou eintlik hier na vyf jaar redelik goed gegaan... (At that stage he didn’t drink at all. And we lived in the church and that. Oh long after... after four years Riaan was born. And we honed ourselves... After nearly five years it went reasonably well...)
4.3.8 A lifestyle of destruction

Louis’ alcohol addiction started off with one beer – for which he asked her permission – after having mowed the lawn on a hot day:

En een dag toe sê hy vir my jissie hy’s nou so moeg g ewerk... hy sê... ‘n lekker koue bier sal nou goed afgaan. Ek sê vir hom, ja, ag wel, ek gee nie om nie, as hy ‘n bier drink... ek weet mos nou hy drink nie. En weet jy, dis net waar ‘n persoon ‘n fout maak. Daai eerste bier het aanleiding gegee tot twee biere, drie biere, en so’t dit aangegaan. (And one day he said to me, gee man, I’m so tired now... and he said... a nice beer will go down very nicely now. I said to him, okay, I don’t mind if you drink a beer... I knew that he didn’t drink. And you know, that is just where one makes a mistake. That first beer led to the second beer, three beers and so it went on.)

Her husband’s social life expanded and they became part of activities and social events where the use of alcohol was the norm. Social drinking to fit in became part of their lifestyle. Louis started playing golf, and his alcohol consumption gradually increased:

En toe begin hy gholf speel. Nou op daai... 19de putjie, dan kom hy terug, dan’t hy net een bier gedrink. Volgende week kom hy bietjie later, later, totdat hy in die ding in is. (And then he started playing golf. Now at that... 19th hole, then he'd come back and he had only drunk one beer. Next week comes and he comes home a bit later, later, till he’s in the thing again.)

Fairly soon the alcohol abuse pattern of Ronel’s father was replicated in her husband. Her husband’s life became the unfortunate centre of her own life. This was illustrated by the fact that the content of the interview was to a great extent made up of Louis’ life and choices, and how it affected Ronel’s own life:

...ons hele lewe het gedraai... om hierdie mans wat drink (Christine en Petro tegelyk). Dit consume jou hele lewe... Nou klink dit asof ons hele lewe rondom hóm draai, maar hy’s ‘n baie... dominante persoon. En die ding is, ek moet die hele tyd try... ons lewe regmaak... rondom dit. (...our whole life revolved around...around these men who drank (Christine and Petro together) It consumes your whole life... Now it sounds as if our whole life revolved around him, but he’s a very... dominant person. And the thing is that I must try the whole time... to get our lives in order... around this.)

At some point Ronel realised that their busy social lifestyle invariably meant that their involvement in church decreased and they no longer maintained a Christian lifestyle:
Maar weet jy, dit maak naderhand dat jy ophou kerk toe gaan. Jy lewe nie meer daai Christelike lewe soos jy moet nie, en met die kinders saam... die Sondagskool... Dit het geleidelik afgegaan. Toe op ’n dag toe besef ek, hene ons is besig om terug te val. (But you know, afterwards you stop going to church. You do not live a Christian life, like you should, and with the children... the Sunday school... It gradually went down. Then at a certain stage I realised, gee, we were backsliding.)

She discussed the matter with her husband and suggested that they make an effort to resume their Christian life. He agreed, but his good intentions did not last long. He soon shocked her with a critical announcement. The real test in her life came when her principles were challenged by her husband, and she finally acquiesced. At this point he made the choice not to continue in the Christian ways, claiming that he had never enjoyed his youth due to the fact that he had married at a young age:

Ou maat, hy’t drie Sondae agtermekaar kerk toe gegaan. Roep hy my eendag... Hy sê vir my: “Hoor hier, ek sien nie kans vir dit nie. Jy lewe, jy’t jou jong lewe geniet op kollege en dit. Ek het nooit so ’n jong lewe gehad nie.” Want hy’t deur die pos studeer. ...daai jare was nightclubs mos in. Hy wil nog nightclubs toe gaan en sulke goed. Ja, hy wil jól. En soos ek sê, daai jare het die kerk gesê dans en drink en al daai goed is sonde, so nou moet ons al daai goed los. En hy’t nie daarvoor kans gesien nie. (My friend, he went to church three Sundays in a row. One day he says to me... He says to me: “Look here, I can’t carry on with this. You know, you enjoyed your young life when you were at college and so forth. I never had such a young life.” Because he studied through the post... and those years night clubs were in fashion. He still wanted to go to night clubs and such places. Yes, he wanted to have a nice time. And as I said, in those days the church said that dancing, drinking and all those things are sinful things, so now we had to give up all those things. And he just could’nt see his way clear to give up all those things.)

His answer to the predicament was that they rather separate. Much to his surprise, she agreed:

Toe sê hy dan moet ons maar liewer uit mekaar gaan. En ek dink hy’t gedink ek gaan sê: “Nee toemaar, toemaar, laat ons maar aangaan.” Maar ek sê toe: “Nee nou maar goed, dan moet ons nou maar skei.” (Then he said that we should rather separate. And I think that he thought that I would say:” No, okay, okay, lets just carry on.” But I then said: “Okay, very well, then we must get a divorce.”)

He had another plan up his sleeve. He discussed the situation with his parents, and left it to them to convince Ronel otherwise, while allowing him the freedom to follow his preferred lifestyle. Prompted by her in-laws, Ronel arrived at a rather destructive
turning point in her life. She decided to stop resisting her husband’s lifestyle, but rather to join him:


’n Halfuur later toe stop hulle daar, toe kom praat hulle met my. Ja, dis ter wille van die kinders... en dis hier te kort en daar te lank. Hoekom nou skei... daar’s nie regtig probleme nie. Net oor hy nie wil kerk toe gaan nie. Dit kan reggemaak word. (Half an hour later they stopped there to come and talk to me. Yes, it’s because of the children... and it’s a story here and a story there. Why divorce? ...there’s really not a problem. It’s just because he doesn’t want to go to church. That can be arranged.)

Ronel acquiesced, acknowledging inwardly that if you can’t beat them, you might as well join them:

En toe sê ek: “Nou maar goed. Ons kan maar weer probeer.” En weet jy wat kom in my gedagtes? If you can’t win them, join them. En daar maak ek toe die fouts van my lewe. Want toe laat waai ons maar, toe laat gaan dit maar net. (And I said: “Okay. We can try again.” And do you know what entered my thoughts? If you can’t beat them, join them. And that is where I made the mistake of my life. Because that’s when we really got stuck in, we just let everything go.)

Her husband insisted on her accompanying him to all social events:

Nou gaan ek maar saam, want... as hy iewers gaan kui er, móét ek saam met hom gaan. Hy’t baie vriende gehad, die dorp vol vriende. En almal drinkers. En, tot in die week, Saterdae, Sondae, Maandae-aande... (Now I accompany him, because... wherever he goes, I must go with him. He had many friends, the whole town full of friends. And they were all drinkers. And, even during the week, Saturdays, Sundays, Monday evenings...)

What seemed to be the good life of friends and social events, turned out to be their downfall:

En... daar’t ons groot... great fall gekom. (And... there we experienced our great... great fall.)

Like Christine, the effects of a lifestyle of excess manifested in Ronel’s deteriorating health:

En dit het my even liggaamlik baie afgetakel. (And this even broke me down physically.)

When the women accompanied the men on their social drinking sprees, the women were left to their own devices till late at night. Unlike Christine, who lost her temper or who simply came and went with her own motor car, Ronel was stuck. She did not
dare speak out. She simply had to wait until her husband – in the usual intoxicated state – eventually decided to go home.

**4.3.9 Alcohol abuse and its consequences**

Like Christine, Ronel colourfully illustrated the effects of having to put up with a drunken man night after night. Uncertainty characterised her life, while she waited in anticipation to see what would happen when Louis came home. Ronel and Christine both discussed the uncertainty they were faced with from day to day:

*R: ...jy kom in die middag by die huis, dan begin jou mind al klaar: Ek wonder nou hoe laat gaan hy vanaand by die huis kom... in watter toestand.  (R: ...you arrive at home in the afternoon and you start wondering: I wonder what time is he going to come home tonight... and in what condition.)

*C: In watter mood.  (C: And in what mood.)

*R: In watter mood.  (R: In what mood.)

*C: 'n Happy drunk, of 'n bad drunk.  (C: A happy drunk or a bad drunk.)

*R: Ja.  (R: Yes.)

*C: 'n Angry drunk.  (C: An angry drunk.)

*R: 'n Angry drunk. Dit is genuine... dit gaan... op en af die hele tyd. Dan kom hy by die huis vanaand, dan... jy's altyd katvoet, want nou watch jy nou eers.  (R: An angry drunk. That’s genuine... it goes... up and down the whole time. Then he comes home tonight, then... you’re always alert, because now you are watching him first of all.)

When Louis arrived at home, one of several things could happen. Sometimes he vomited and she had to clean it up. At other times he passed out and she had to try to move him.

And if he actually passed out in bed, it was impossible for her to sleep amid the stench and the snoring:

*Hulle rol rond, hulle swaai rond, en hulle snork, en dit stink, en dit... Jy kan nie saam met hom slaap nie...  Hulle val net op daai bed neer, of jy nou daar lê of nie, hulle val net daar neer.  (They roll around, they swing around, they snore, they stink, and that... you just an’t sleep with him... They just collapse on the bed, if you’re in bed or not, they just fall into bed. )
Ronel’s husband’s drinking also had an aggressive side to it at times:

Louis het op daai stadium deur ‘n baie aggressiewe tydperk gegaan. ...hulle sóek iets om hulle aggressie... te trigger. Enigiets... kan daai aggressie trigger. Jy sê partykeer iets in alle... mooigheid en onskuld, maar... hulle draai hom om. ...hy’t even handgemeen begin raak, maar hy’t dit na buite gedoen. (Louis went through a very aggressive period. ...they look for something to trigger their aggression. Anything. ...can trigger that aggression. Sometimes you say something nice... in all honesty and sincerity, and they turn around... he even got physical with me, but he did it externally.)

Ronel’s husband could be considered a demanding and militaristic man. He was particularly precise in his requirements of the meals he was served and the way his food was presented:

Elke aand... vars goed, soos in 'n hotel, alles perf ek voorsit. Dit was ook erg gewees, daai kosmaakdrama. (Every evening... fresh things, like in a hotel, everything had to be served perfectly. That was very bad, that preparation of food drama.)

His food demands were not affected by the hour or condition in which he arrived home:

...baie keer dan kom hy drieuur in die nag by die huis. Dan moet ek nou opstaan en sy kos regmaak en voorsit. En dan sál hy fout kry. (...many times he would come home at three at night. Then I must get up, prepare food for him and serve him. And the he will find fault!)

His unreasonable demands and criticism had a profound impact on Ronel’s self-esteem, much like the effects on Christine. She felt anxious and uncertain regarding her ability to cook and serve food adequately:

Ek het naderhand ‘n hele... obsessie of ‘n ding gehad, ‘n fobie amper, oor kos maak... Nou later van jare besef ek dit het nie eindlik gegaan oor die kos nie. Maar daai tyd het dit vir my gevoel, jy weet, dit is die kos. Ek maak nie die kos reg nie. En hoe harder ek probeer om daai bord kos reg voor te sit, kry hy ‘n fout, hy sál ‘n fout kry. Daar’s nie ‘n manier wat ek hom kos kan gee en hy kry nie ‘n fout nie. Tot hier watter tyd in die nag. Wanneer hy inkom, daar moet kos reg wees. (In the end I had a whole... obsession or something like that, nearly a phobia, about the preparation of food... Now in the later years I realised that it actually did not have anything to do with food. But then it felt, you know, that it was the food. I do not prepare the food correctly. And the harder I try to get that plate of food right and put it in front of him, the more he finds fault with it, he will find a fault. There’s no way that I could feed him and he doesn’t find fault with the food. Till all hours of the night. When he comes home the food must be ready.)
She displayed wisdom in dealing with her aggressive, intoxicated husband by choosing to avoid conflict at such times. She remained silenced. Her main goal was to get him to bed as quickly and uneventfully as possible:

...as ek sien Louis is aggressief, dan weet ek, hou jou bek. Hoe sê hulle, 'n stil bek is 'n heel bek. Ek het hom nie gekonfronteer as ek sien hy... neig om aggressief te wees nie... So ek het naderhand geleer, ek probeer nie eers... oor normale goed op 'n mooi manier praat nie. Ek bly... tjóéps stil. Laat hy maar praat en praat en praat... in die bed kry. (...if I see that Louis is aggressive, I know, shut up. What do they say: a still mouth is a whole mouth. I never confronted him when I saw that he was... inclined to be aggressive... So finally I learnt that, I didn’t even try ...to speak to him in a nice way about normal things. I kept...very quiet. Let him talk and talk and talk... get in bed.)

These events took place at any time, even in the middle of the week. Ronel simply had to continue her duties as usual the next day, acting as if there was nothing wrong:

In die middel van die nag, in die middel van die week. Jy moet môreoggend opstaan en maak asof niks verkeerd is nie. (In the middle of the night, in the middle of the week. You must get up tomorrow morning and pretend that nothing is wrong.)

Ronel suffered from a lack of sleep, firstly because of the suspense in anticipation of her husband’s arrival at home – which could be at any hour – and secondly because of what she had to deal with when he finally arrived home. At times this was followed by long discussions between the two of them. Ronel ended up suffering from severe fatigue, and finally, depression:

...toe dit baie sleg gegaan het, wat hy in 'n stadium gekom het wat ek... met hom moes mooipraat, dat ons sê ure, tot diep in die dag, geredeneer het oor goed. Jy weet, wat ons nie gebaklei het nie, maar gepraat het, wat ek hom probeer uitpraat het uit... sy goed. En dit het my ook afgemer. Ek is nie 'n... fisiëse sterk mens dat ek tot daai tyd in die dag kan... oor sulke goed praat en nog... my normale werk doen nie. Dit het my baie afgetakel. (...when it became very bad, when at a certain stage he came where I... had to speak to him nicely, that we spent hours, till deep into the night, reasoning about things. You know, when we didn't fight, but talked, where I tried to talk him out of certain... of his things. And this took everything out of me. I am not a physically strong person to be able to keep such late hours... and to talk about such things and still... do my normal work. It broke me down a lot.)

Ronel also tried to explain why she had not left her husband in these trying circumstances. On the one hand she believes that her husband had some kind of an emotional hold on her. On the other hand, as Christians, she and Christine wanted
to do the will of God. They believed that divorce was not justified Biblically, except under certain circumstances such as adultery. However, they kept praying about the possibility. Time and again they received answers from the Scriptures that confirmed that they should stay:

...ons (verwys na haarsel en Christine) is heeltemal ingestel daarop, ons wil graag die wil van die Here doen... en die ding ook met die mans, ons het geglo ons sal hulle nooit los nie, want elke keer dan sê ons: “Here wat moet ons nou doen? Ons gaan nou hierdie mans los. Ons is nou op die punt om uit te stap.” Dan kry ons net ‘n woord wat die Here vir ons weer teruglei op ‘n mooi manier... (...we (referring to herself and Christine) are completely committed to doing God’s will... and also the thing with the husbands, we believed that we would never leave them, and everytime we said: “Lord, what must we do? We are now going to leave these men. We are now on the point of walking away from them.” Then we receive a word where God leads us back in a nice way...)

Ronel, too, consulted the pastor on whether or not to divorce her husband. Unlike his advice to Christine, he pointed out that, because Louis had made a decision to serve God, Ronel still had a chance of salvaging her marriage:

Christine: En ons gaan toe, en sy woorde aan haar was sy staan nog ‘n kans. Ons vertel hom toe ons storietyes, en hy sê toe vir haar met Louis staan sy nog ‘n kans want hy ken die Here. (Christine: And then we went, and his words to her was that she still stands a chance. We then told him our stories, and he said to her that she still had a chance with Louis because he knew the Lord.)

Just as her mother attempted to protect Ronel and her siblings from their father’s alcohol abuse, similarly Ronel tried to protect her two children from their father’s destructive choices. It implied that leaving him was never really an option for her:

En somehow... ter wille van die kinders, bly... jy probeer jou kinders die hele tyd beskerm. Daai tyd wat dit so swaar gegaan het ook. (And somehow... for the children’s sake, stay... you try and protect your children all the time. Those days when it actually was very difficult.)

In saying this she echoed her in-laws when they had convinced her years before to compromise regarding the church issue and rather to stay with her husband.

4.3.10 Caught in the middle

Ronel often found herself in the midst of conflict between the people closest to her. Ronel’s husband and mother never got along well:
My ma het hierdie pastoor vir my ge-eye. Louis was net nooit die regte man nie. Miskien as ma het sy goed in hom gesien wat ek nie gesien het nie. Miskien het sy daai tyd al... daai goed in hom gesien, maar sy't nie die woorde gehad om dit vir my te sê nie. Of as jongmens, het ek my toesluit dat ek nie... dit wou hoor nie. (My mother had this pastor in mind for me. Louis was just never the right man for me. Maybe as a mother she saw things in him that I didn’t see. Maybe she saw things in him way back already but she didn’t have words to say that to me. Or as a young person, maybe I shut this out because I didn’t want to hear it.)

Ronel was often caught between her husband and her children. She describes him as very rigid, and he dealt with their children in his typical autocratic, patriarchal fashion. The result was that their children vented their emotions on her – which she preferred – wanting to know what was going on inside of them:

En arme Riaan tjop af, want hy's die stil ene. En hy krop alles op. En hy sê: "Ja Pa", maar hier binne in... woed dit. En daai woede... kom uit teenoor my, want ek voel weer, ek wil van daai goed weet. So ek hou liever 'n oop deur vir my kinders, dat hulle maar liever hulle woede teenoor my... laat spat - ek weet ten minste wat in daai kind se gemoed se gemoed aangaan. Oe, hy's verskriklik kwaad geword. Maar, as hy by sy pa kom, dan smelt hy, en hy sê maar net: "Ja Pa". (And poor Riaan bore the brunt because he is the quiet one. And he kept everything inside. And he says: “Yes Dad,” but inside him... it boils. And that anger... is then directed at me, because I feel that I want to know about those things. So I rather keep an open door for my children so that they rather direct their anger at me... let rip... at least I know what’s going on in that child’s mind. Oh, he became very angry. But when he is with his father, he melts away, and he just says: “Yes Dad.”)

It is important that Louis, despite all his vices, was very protective of Ronel:

...was Louis eintlik altyd redelik beskermend, behalwe vir die jaloesie. Het hy nooit toegelaat dat die kinders... parmantig met my is nie. Hy het nooit toegelaat dat iemand iets sê nie, of as hy sien 'n ou kyk net na my sal hy nie my aanvat nie, hy sal die ou aanvat. Hy het nog altyd soortvan vir my opgekom... Hy was ten minste daar vir die dissipline. (...Louis was actually very protective, except that he was jealous. He never allowed that the children... to be cheeky with me. He never allowed anybody to say anything, or if he saw a man looking at me, he will not take me on, he’ll take the guy on. He always sort of took my part... At least he was there for the discipline.)

Being caught in the middle took its toll from Ronel, in addition to the other stressors in her marriage to Louis. She showed typical symptoms of depression, but, without money and without a medical aid, she could not afford mental health care:

... ek moes dit alles op my dra. Dit... dit het baie van my afgevat, die ding tussen die kinders en Louis... later toe dit nou tiener en groter word. En dit het my fisies afgetael. Ek was depressed en ek het dit...
nie eers gewet nie... Want in daai swaar tyd, jy’t nie eers meer ‘n medieseonds nie, jy kan nie dokter toe gaan nie. Jy drá daai goed. (...I had to carry it all on my own. It... it took a lot out of me, this thing between the children and Louie... later when they were teenagers and older. And this broke me down physically. I was depressed and I didn’t even know this. Because in those difficult times, you didn’t even have a medical aid fund, you cannot go to the doctor. You carry those things.)

She suffered from severe headaches and fatigue. When the opportunity arose for her to accept a severance package from the Department of Education, she jumped at it:

En... toe’t ek hierdie verskriklike hoofpyne begin kry. Toe’t ek eers net altyd, so eenmaal ‘n maand drink jy twee Syndols. Toe op ’n kol... (sug swaar)...wat ek twee, drie keer in ‘n maand af van die skool is van hoofpyyn. Maar dis nie migraine soos jy... genuine migraine nie, dis spänningshoofpyne. Maar ek het dit nie eers besef nie. Maar toe op ’n klo toe kom die pakket, toe vat ek die pakket. (And... then I began having these terrible headaches. Then I would normally, every once a month take two Syndols. Then at a certain stage...(heavy sigh)...every two, three times a month I’m away from school because of headaches. But it’s not migraine like you...not genuine migraine, it’s tension headaches. But I didn’t even realise this. But then at a certain stage they came with the retirement packet, and I then took it.)

Daar was net een woord in my lewe en dit is móég. EK IS MÓÉG! (Almal lag.) Klaar. ...dan kyk ek so op tv, dan hardloop hierdie atlete, en speel hulle, dan dink ek waar kry daai mense energie vandaan? Geen mens kan., soveel energie hê om dit te doen nie. Dit het vir my gevoel... die hele wêreld moet soos ek voel. (I only had one word in my life and that was tired. I AM TIRED!’ (Everybody laughs) Finished... then I would watch TV and see these athletes running, and they play, and then I think where do these people get the energy from? Nobody can have... so much energy to do this. I felt as if the whole world should feel the same as I do)

### 4.3.11 On unemployment and losing everything

When considering the domestic events in Ronel and her family’s lives, the socio-political context at the time also comes into play. Her husband, like so many other white, older males, was faced with the negative impact of affirmative action. Upon realising that he had reached a ceiling in his position as magistrate, Ronel’s husband joined her brother in a promising furniture production endeavour. All went well for a while, but then the business went bankrupt. Her husband could not be reappointed at the court due to affirmative action policies, and he found himself unemployed:
Upon receiving the news that yet another job application had been declined, Ronel feared that her husband would commit suicide. She did all she could to prevent him from doing so:

*Daai man is in 'n toestand. Toe dog ek vanaand, vanaand is dit hy en daai rewolwer. Hy praat in daai rigting. Ek dog toe, heerlikheid, ek moet nou 'n plan maak. Weet jy, ek was so óp soos in my lewe nog nooit!* ...*Ek worstel met daai man deur daai nag. Jy kan nie vir iemand beskryf hoe dit is nie. Om hom net te kry om…te bedaar en te weet daar ís iets anders, daar sál iets kom. Dit het vir 'n láng tyd, daai 12 maande het dit aangegaan. Toe't hy nou darem weer daar uitgekom.* (The man was in a state. I thought tonight, tonight he was going for that revolver. He spoke in that manner. I thought, goodness, I had better make a plan. You know, I was so exhausted as never before! ...I struggle with this man through the night. I cannot describe to anyone what it is like. Just to calm him, to realize that there is something else, something will turn up. This went on for a long time, for 12 months. At last he snapped out of it.)

For a year he did not have any income:

*...daar was nét niks. ...hy't vir 'n hele jaar, 12 maande, het hy nie... geld ingebring nie. Hy het so plát op sy gesig geval.* (...there was nothing at all. ...for a whole year, for 12 months, he had no income. He was so completely down.)

Ronel believed that this would bring about change for the better in Louis’ lifestyle, but it did not. On the contrary, during this period his drinking habits worsened together with his emotional well-being, but he remained fixed on his road of destruction:

*Maar hy't heeltemal in sy persoon haywire gegaan. Tóé drink hy eers. Toe begin hy nou soos 'n regte drinker, hy drink hierdie goedkoop cane en allerhande sulke nonsens. Maar niks het aan hom geroer nie. Hy doen wat hy doen en that's that.* (His whole personality changed. And then he really did drink. He started, like a real heavy drinker, to drink cheap cane and such rubbish. But nothing touched him. He did what he wanted to, and that’s that.)

They finally had to sell their house in order to pay the bank overdraft. This was particularly difficult for Ronel because her house had been her source of security for 17 years:
In Louis’ position of despair and destruction, he relied on Ronel to maintain her faith and relationship with God:

...maar somehow, tussen die drink en die alles deur, vertrou hy op my om op die Here te vertrou. Hy’s nie bereid om self kerk toe te gaan en te bid en die Here te vertrou nie, maar hy weet ek doen dit. En hy sal sommer maklik vir my vra: “Maar gaan jy nie vanmôre kerk toe nie?” En hy wéét van al hierdie goed. Maar hy’s nie bereid om dit self te doen nie. (... but somehow, between the drinking and everything else, he relied on me to trust in God. He wasn’t prepared to go to church himself, or to pray and trust the Lord, but he knew that I did. He would ask me: “Aren’t you going to church this morning?” He knew about all these things, but he wasn’t prepared to do it himself.)

4.3.12 The blessing of a support network

At the time when Ronel’s husband was down and out, all his friends had abandoned him, but one: Christine’s husband, Rupert. The two men had known each other and had socialised for a long time before their wives met. Over time a close friendship developed between Christine and Ronel.

After Ronel had accepted the severance package from the Department of Education, Christine started taking her along to weekly Christian home cell meetings. By herself Ronel would not have gone, simply because she was too exhausted and depressed, but with Christine’s encouragement and the support of the home cell group, she started to experience healing and recovery, a positive turning point in Ronel’s life:

En, dan’t sy my kom haal, dan’t sy my nou maar saangesleep en dit. En daar’t my genesing geleidelik begin. Ek het nooit eers deur ’n dokter of ’n sielkundige gegaan nie. (And she fetched me, and took me along. And there my healing started little by little. I never even visited a doctor or psychologist.)

The home cell group served an important purpose, not only in Christine’s life, but also in Ronel’s. Ronel describes the home cell meetings as therapeutic:
Daai selgroep was amazing. Dit was terapeuties. Ag wat ook goed daarvan was, jy’t bietjie na buite beweeg, jy’t ander mense ontmoet, en... my liggaam het tyd gekry om te herstel, want ek het baie in die dag geslaap. (Those cell groups were amazing. They were therapeutic. What was also good, was that you moved outwards a bit, you met other people, and ...my body had time to heal, because I had a lot of sleep during the day.)

At another stage Ronel, her mother and Christine met weekly to pray together, as mentioned in Christine’s life history. It was a great help for both Ronel and Christine to pray together and find encouragement from the Scriptures:

En dan’t ons saam gebid, en ons het Woord gekry. En dit was eintlik so wonderbaarlik hoe die Here vir ons Woord gegee het... So ons het ons eie selletjie of groepie daar gehad, saam met my ma... Dit het ons baie gehelp. En dan kom ons op ‘n Vrydag bymekaar en ons is so vol moed en ons is so vol krag en nou gaan ons hierdie ding wen. Dan gebeur daar weer sulke goed (lag). Dit is nie twee dae nie, dan is ons net weer waar ons was. (And we prayed together, and received Scripture. It was so wonderful how the Lord gave us Scripture. So we had our own little cell group with my mother... It was a great help. And on a Friday we came together and we were full of hope and full of strength and now we were going to overcome this thing. Then things happened again (laughs). Just two days, and we were back to square one.)

Another source of help came from Ronel’s principal – also a Christian - at the most recent school at which she had taught:

Maar toe kry ek nou die pos, en toe’t ek Musiek gegee, en dit het eintlik baie vir my gehelp... Die vrou, sy’s ’n Jood, maar sy’s ’n Christen Jood. So, daar het dit toe eintlik baie beter begin gaan... (Then I got this post, I gave music lessons, and that helped me a lot... This woman, she’s Jewish, but a Christian Jew. There things improved a lot...)

4.3.13 Creativity - business or therapy?

Ronel and Christine had a new, creative endeavour for a year or two. They started making decorative cushions with the intention of selling them. They both confirm the therapeutic value of this exercise, having loved to design and create together. They had a great deal of fun while coping with and recovering from their domestic ordeals:

Ons het niks verkoop nie, ons het nooit geld gemaak nie. Maar ek dink daai... kreatiwiteit het ons alwee uit daai... toestand uitgelig vir daai oomblik, want jy konsentreer op hierdie mooi ding. Dit was ’n baie geleidelike herstel. (We never sold anything, we never made any money. But I think that ... the
creativity uplifted both of us, because you concentrate on this beautiful item. It was a very slow recovery.)

Upon realising that their decorative cushions were not selling, the two friends started making tracksuits, and later matric farewell dresses. Throughout this time they missed the support of their husbands, who ridiculed their failed attempts at making money:

C: ...en ons mans het ons nie ondersteun nie.  (C: ... and our husbands didn’t support us.)

R: En die mans lag: “Huh-huh-huh... julle.. besigheid maak nie geld nie.”  (R: and the men laugh: “Huh-huh-huh... your business is not making any money.”)

C: Hulle’t ons glád nie geondersteun nie...  (C: They did not support us at all...)

R: ... julle kan niks doen nie.  (R: you can’t do anything.)

C: ... hulle’t gedrink...  (C: ... they boozed.)

R: Ja.  (R: Yes.)

C: ... en ons het probeer... iets doen wat... om.: om soortvan vir hulle te wys.: ons kan iets doen.  Ons kan opstaan...  (C: ... and we tried ...to do something ...to show them... we can do something. We can get up ...)

R: Ons kan ons geldjies inbring.  (R: We can contribute financially.)

C: ... en ons kan ook iets doen.  Ons wou vréélslik graag dít gedoen het.  (C: ...and we can also do something. We really so badly wanted to do it.)

After a period of about two years of being at home, Ronel was offered another music teaching position, which signalled the end of their creative attempts. It did, however, seem to have served its therapeutic purpose in their lives.

4.3.14 Conclusion

At the time of the interview, Ronel was at a stage in her life where circumstances had stabilised. Her children were now adults and living on their own, thus no more tension between them and their father. Her mother was not living with them anymore, thus there was no more tension between her mother and husband. Her husband had grown older and now preferred staying at home to going out, thus less
social drinking. There was nothing left for him to fight about. Now they finally lead a fairly peaceful existence.

This is Ronel’s life history. She started off from a strong base and showed resilient characteristics as a child and an adolescent. Her adulthood challenges and trauma were mainly the result of her husband’s alcohol abuse. She has endured through adversity, and has recovered from her ordeals. She has become a woman of character and determination, equipped to deal resiliently with future obstacles in her life.

4.4 RIA

“Ek ken nie ‘n kinderlewe nie. Ek ken nie popspeel nie. Ek ken nie niksdoen nie. Ek ken net van werk.” (“I know nothing about childhood. I know nothing of playing with dolls. I don’t know anyting about doing nothing. I only know about working.)

Ria is a vibrant Afrikaans woman from a small town. She is characterised by initiative, a keen sense of humour, and the courage to take on projects and complete them successfully. She has a large social network and when she was faced with a particularly traumatic life event shortly after the research interviews, she was helped for weeks by a huge number of supporters from her social circle. Her life did not start off that way, however.

4.4.1 The home environment

Unlike the other research participants – whose life stories started either at or before birth – Ria’s narrative starts on her first school day and sets the stage for a life founded in dysfunctional parenting. She recalls that her father walked her to school, and that it was very far from home. She also recalls the disagreeable experience of having to walk the same distance home again after school that afternoon, this time by herself:

...wat ek nooit sal vergeet, toe ek die eerste dag skool toe is, het my pa saam met my gegaan, en dit was verskriklik ver. (Op daai stadium in elk geval vir ‘n dogtertjie van 6.) En, ek het huis toe ge loop. Dit was vir my baie sleg. (...what I’ll never forget, was my first school day, when my father went with me, and it was extremely far. Especially for a little girl of 6. And I walked home. I found it extremely bad.)
One of Ria’s early memories is that her mother left home. Ria and her father went in search of her mother. When they found her, she agreed to go home. Ria’s main recollection of her parents’ relationship was their unhappy marriage:

\[\text{Dit was maar nooit lekker tussen hulle twee nie. My pa en ma het nie ‘n goeie verhouding gehad nie. Sy’t op ‘n stadium weggeloop. (It never went well between the two of them. My father and mother didn’t have a good relationship. At one stage she left home.)}\]

Ria seems to place a high premium on the fact that her parents remained true to each other, as far as she knows. She makes a point of stating that other men never visited her mother, even though her father was a builder in another town:

\[\text{Maar nooit was daar ‘n ander man of ‘n ander vrou in my ma of pa se lewe nie. Hulle was baie getrou aan mekaar sover dit my aangaan. (But there was never a third party in either the lives of my mother or father. As far as I know they were faithful to one another.)}\]

Ria considers her father to have been a good father, even though she did not have much contact with him. Like Esther and Ronel’s fathers, he worked away from home as a builder. Her mother was the more domineering person of the two, and Ria describes her father as submissive to a certain extent:

\[\text{Ons het nie baie kontak gehad, ek en my pa nie, want hy het gewerk, en hy was ok nou maar onderdanig tipe van... (We didn’t have much contact, my father and I, because he was working, and he was a submissive tipe...)}\]

Her father only carry out corporal punishment when instigated by her mother. And when he punished her, the effect was always the same, namely that she wet herself every time. She insists that she was not afraid of her father:

\[\text{Maar my pa het... ‘n belt gevat. As my pa my geslaan het, as my ma vir hom iets vertel het wat ek al Maandag gedoen het – dan het ek slae daarvoor gekry – dan sal sy aanhou tot my pa my slaan. As hy my roep, ek piepie my net daar nat. My lewe lank, so oud soos wat ek geword het, in die huis as my pa my geroep het, het ek net daar gepiepie. Ek kan dit nie keer nie, ek kan nie. Dan kry ek slae omdat ek piepie, en ek moet dit skoonmaak, en dis elke keer so. (But my father used his belt on me. When my mother told him what I had done on Monday, I got a hiding – she would go on and on till he beat me. When he called me, I wet myself there and then. I just couldn’t help it. Then I get a hiding because I wet myself, and I have to clean it up, every time.)}\]
Ria’s childhood and youth was dominated by her mother in many respects. As with the story of Esther, Ria’s sad childhood was probably strongly linked to her mother’s unfavourable personal history. Her mother had been unhappily married before, until her previous husband – an alcoholic who beat her up – eventually left her. Furthermore Ria’s mother was sick – emotionally and physically – in Ria’s opinion. Her mother suffered from cancer. Ria remembers having told her mother that the latter in fact had kidney cancer, after having seen a note from the doctor in the pharmacy where Ria worked for many years. Whatever the reason might have been, Ria’s mother hated her:

...toe sê ek vir haar sy het nierkanker... Miskien het sy daardeur gehaat, ek weet nie. (...so I told her she had cancer of the kidneys... Maybe she hated me because of that, I don’t know.)

Based on Ria’s testimony, it would seem that her mother had been a cruel and unreasonable woman who did not express affection toward her daughter. She became violent at times and beat Ria often and severely. She might have been a difficult and bitter person because of the fact that she was physically and mentally ill:

*My ma was eintlik die kwaai agter alles... Ek kan dit nie verklaar nie. Ek dink sy was ‘n siek mens.*
(My mother was actually the problem behind everything... I cannot explain it. I think she was a sick person.)

Despite her mother’s inadequate and abusive parenting practices, Ria loved her. After Ria’s marriage, her mother passed away and Ria sincerely mourned her mother’s death:

*My ma is toe net dood... en dit was vir my ‘n loss. My hart was maar seer. Ja, ek was baie lief vir haar, ten spyte van enigiets. (And then my mother was dead... and that was a loss to me. I was sad. Yes I loved her very much in spite of everything.)*

Ria’s mother was addicted to gambling, in particular horse racing, and much of her time was taken up by her gambling. She often sent Ria to place her bets on the horses. Because Ria was underage, she had to ask the help of adult men to place the bets. If she took too long in her mother’s opinion, however, her mother accused her of being a whore:
Ek het geloop, ek moes gaan perde speel vir my ma... dan moet ek vreemde mans buite vra: “Speel vir my die perde.” Dan loop ek... seker 5km... Loop terug. En ek het net ‘n sekere tyd, anders het ek gehoor. (I walked, I had to place bets on the horses for my mother... and then I had to ask unknown men outside: “Place my bets for me.” Then I walk back... probably 5km. And I have to get back in a certain period of time or I was accused of being a whore.)

Ria would like to believe that there must have been an affectionate bond between her and her mother at some stage in her life. She has to admit to herself however, that neither her mother’s words, nor her behaviour was ever an indication that she loved Ria:

Daar was tye wat ek gedink het ek en my ma was naby mekaar, maar haar body language het dit nooit vir my gewys nie, want sy’t my nooit vasgehou nie. Sy’t nooit vir my gesê sy’s lief vir my nie. Ek het nooit spesiaal gevoel nie. (There were times when I thought my mother and I were close, but her body language never showed it. She never hugged me. She never said she loved me. I never felt special.)

Ria had a tremendous need for her mother’s love, approval and acceptance. This need remained unfulfilled throughout her life. One example was the fact that she insisted on taking care of her mother’s feet, night after night. She prided herself at the fact that her mother must have had the softest and most beautiful feet in town:

En as sy nou so met haar perdeboekies lê, elke aand dan’t ek haar voete vir haar geskuur. Partykeer het ek sommer ‘n skop gekry. Môreaand dan’s ek maar weer daar. Dan skuur ek haar voete. En ek het dit geroom. Ek dink sy’t die mooiste en saigste voete in daai hele dorp gehad. (And when she lay studying her racing books every evening, I rubbed her feet. Sometimes she kicked me. Tomorrow I was there again. Then I rubbed her feet and put on cream. I think she had the softest and most beautiful feet in that whole town.)

Ria adored her mother, but never dared to express her feelings for fear of further rejection. Now, long after her mother’s death, she is still left with the desire for her mother to see who and what she had become:

Ek het haar eindlik aanbid. Maar ek kon dit nooit vir haar sê nie. Want sy gooi dit terug in mens se gesig. En hier binnekant het ek ’n liefde vir my ma... ek wens baie dae sy kan net sien wie is ek, wat het ek geword, wat het die hoer geword. Net ’n rukkie. Net sien. (I actually adored her. But I could never say it. She would never accept it. And inside me, there was a love for her... I often wish she could just see who I really am, and what I have become, what the adultress has become. Just for a little while. Just to see.)
As a child Ria had a strong fear that something might happen to her mother, and she chose to sleep on a mattress beside her mother’s bed at night. In this case it was not the mother who woke at the slightest movement of the child, but rather the child who woke at the sound of her mother moving:

...ek het haar so lief gehad, ek was te bang daar gebeur iets met haar, dan lê ek op my matrassie elke aand voor haar bed... Want my pa het weg gewerk... As sy geroer het op daai bed, dan’s ek wakker. (...I loved her so much, and I was so afraid that something would happen to her, that I lay on my mattrass next to her bed every night... Because my father worked away from home... When she moved on that bed, I was awake.)

Ria was extremely apologetic and wished to please her mother at all cost. She went to great lengths to apologise for the smallest mistake and win her mother’s goodwill. She has no recollection, however that her apologies or gifts had any effect on her mother:

As ek ’n teelepeltyjie verkeerd gesit het, dan was ek so jammer. Daai tyd het jy die vreeslikste mooiste droë sy-, satynruikers gekry wat in ’n blompot was, dan het ek dit vir haar gekoop om te sê ek’s jammer. Dat dit vir altyd hou. Ek weet nie of dit ooit iets aan haar gedoen het nie, ek weet nie of sy ooit vir my gesê dankie nie... ek weet nie. (If I had made the slightest mistake, I was so sorry. At that time there were the most beautiful dry flower, silk arrangements in a vase, and that I bought for her, so that they could last forever. I don’t know whether it ever meant anything to her. I don’t know whether she ever said thank you... I don’t know.)

Ria regrets that her mother was not present at the interview to defend herself, or to set things straight. She has a strong desire to hear her mother’s side of the story and to find some explanations for her mother’s behaviour.

An important area in which Ria experienced inadequate guidance from her mother was in sex education. The fact that her mother neglected to explain about her bodily development contributed to her feelings of not being cared for. She felt deprived of the reassurance of having a mother with whom she could share intimate moments of her development years:

Sy’t my niks vertel ooit van my liggaam wat ontwikkel of hoekom of waarom nie, en... Ek dink ’n suster van my het vir my... my eerste bra gekoop. (She never told me anything about the changes in my body, and the reason for these... I think a sister of mine bought me my first bra.)
Ria’s parents’ relational issues became the focus when an abusive situation turned into a defining event in Ria’s life. It all started with her mother’s usual distrust of her:

*Eendag het ons laat uit die skool uitgekom. En ek moes toe hol – dit was ver – om by die huis te kom, want nou weet ek ek is laat. En toe ek by die huis kom, toe’t my ma nou gevee, en sy vra waar kom ek vandaan. En ek sê die skool het nou eers uitgekom. Sy ‘t my nooit in haar lewe geglo nie. Sy sê: “Hou daai graaf!” En as ek so gebuk het en die graaf gehou het dan slaat sy vir my. En sy was nog besig, dan vee sy die vuilgoed bymekaar, dan moet ek buk. Ek mag nie terugpraat nie. En sy sou my seker doodgeslaan het. (One day we got out late from school, and I had to run – it was far – to get home, because I was late again. And when I got home, my mother had swept, and she asked where I had just come from. I said school only closed now. Never in her life did she believe me. She said”Hold that spade!” And as I bent over to hold the spade, she hit me. And she was so busy. She swept the rubbish together, and then I had to bend down. I was not allowed to back-chat. She could have beaten me to death.)*

While this scenario played out, Ria’s father arrived. For the very first time her father opposed her mother’s reaction, and sided with Ria:

*En net toe kom my pa. En dis die enigste keer in my hele lewe wat ek kan onthou wat hulle oor my baklei het – dit was half my skuld – en hy vra vir haar: “Wat gaan hier aan?” En sy sê: “Hierdie hoer kom nou eers by die huis van die skool af.” En ek weet net my pa’t gesê: “My jis, die hele dorp is vol skoolkinders. Al die skoolkinders loop rond.” Toe’s dit nag. Hyt my part gevat. En hyt dit uitgeskreeu: “Die strate is vol skoolkinders! Dis nie asof daar nie meer skoolkinders staan nie!” Dis die enigste keer wat ek weet wat hy op dit afgekom het, my part gevat het, en toe’t hulle ‘n helse fight. (And then my father got home. It was the only time I can remember that they had an argument over me – it was sort of my fault – and he asked her: “What’s going on here?” And she said“This whore only got hom now from school.” And I just know that my father said: “But gee, the whole town is full of school children. All the school children are walking about.” And then it was bad. He had taken my side. And he shouted: “The streets are full of school children”. “ It isn’t as if there aren’t school children standing about!” It was the only time I know of that he came in on it and took my side, and then they had a terrible fight.)*

What adds to the impact of that moment was the fact that he unexpectedly announced that he was not married to Ria’s mother – a major revelation with dire consequences:

*En daai dag toe sê hy: “Ek het nie met jou ma getrou nie.” Nou, toe’s dit nou eers nag. (And that day he said: “I’m not married to your mother.” Then, things were really bad.)*
She connected this piece of information to the fact that her parents paid an amount of money to a particular lawyer every month:

En, ek het altyd gedink sy en hy (haar ma se eerste man) was nooit geskei nie, ek weet nie... En toe dink ek weer my pa en sy eerste vrou was nooit geskei nie, want daai geld wat hulle aan die prokureur moes betaal het, en daai dag wat my pa so kwaad was, “ek is nie eers met jou ma getrou nie...”  En sy wat so oombliklik kwaad geword het, het vir my gesê hy praat die waarheid. (And I always thought she and he (her mother’s first husband), had never been divorced, I don’t know... And then I thought my father and his first wife were never divorced, because of the money they had to pay to the attorney, and that day my father was so angry, “I’m not even married to your mother...) And she immediately became so angry, and said that he was telling the truth.)

She was perplexed by this information, which could have been grounds for her to be labelled an illegitimate child – something which was particularly shameful in the Afrikaans community of the 1970’s and 1980’s. Her response to this significant bit of information testifies of her resilience even then. Whatever the truth might have been concerning the legality of Ria’s parents’ marriage, she decided not to be perturbed by it. She was at peace with the fact that God had made her and that she existed for a purpose. She chose to make the best of her situation:

En dit het nie aan my saak gemaak nie. Dan is ek nou maar bute-egtelik. Ek is hier met ’n doel. Die Here het my gemaak, ek is hier. ek kan niks daaraan doen nie. En ek moet die beste daarvan maak. (And it did not matter to me. Then I just am illegitimate. I’m here for a purpose. The Lord made me, and here I am. I cannot do anything about it. And I must make the best of it.)

As mentioned above, Ria was the victim of severe physical and emotional abuse by her mother, who frequently beat her for no reason at all:

*My ma het jou enige plek geslaan: oor jou kop, in jou gesig, enige plek. (My mother beat you anywhere: over your head, in your face, anywhere.)*

The punishment often did not suit the transgression, of which the following story is a disturbing example:

...ek het eendag ’n tamatie gesteel uit die yskas uit. Sy’t my amper doodgeslaan. Sy’t die tamaties getel. ’n Kassie tamaties het ek weggepak, en sy’t geweet hoeveel is daar. Ek was só lus vir ’n tamatie. Ek het hom in die spens gestaan en eet met die sout. Amper dóédgeslaan (klap met hand). *Jy weet, dit was een van die sleegste goed, oor ’n tamatie, dat ’n mens ’n kind... En dan praat ek, sy sláát jou met ’n rottang. ...dit het vir my lank gevat om ’n tamatie te vat en sommer net te eet, want mens*
doen dit nie. En nou, as ek ’n tamatie eet, dan dink ek: “Maar dis myne. Ek mag. Hier’s baie.” En ek is vandag so, ek glo as ek nie ’n tamatie of ’n ui of ’n aartappel het nie, het ek nie kos nie. (... one day I stole a tomato out of the fridge. She almost beat me to death. She had counted the tomatoes. I had to pack away a box of tomatoes, and she knew how many there were. I had such a craving for tomatoes. I stood in the pantry and ate it with salt. Nearly beaten to death (slaps her hand). You know, that was one of the worst things, over a tomato, that you can to a child... And then I’m talking of her beating you with a cane. ...it took me a long time to just take a tomato and eat it, because one doesn’t do that kind of thing. And now, I believe, when I don’t have a tomato, or an onion, or a potato, I don’t have food.)

After such incidents of physical abuse, Ria had to try to camouflage the bruises in order to prevent further repercussions. On one such occasion some teachers became suspicious and, upon investigation, found the marks of a cane in her neck:

En eendag toe ’t ek met ’n serp skool toe gegaan in die somer. Die Wiskunde-onderwyser se vrou – hy’t vir haar opgesteek – sy’t met my gepraat en toe sê ek niks is fout nie. Toe sy die serp so afhaal, toe sien hulle die hale van die rottang so in my nek. Toe sê ek los dit. Toe weet hulle hier’s fout. (And one day I went to school with a scarf around my neck, in summer. The Mathematics teacher’s wife – he put her up to it – she spoke to me but then I said there was nothing wrong. When she took the scarf off, she saw the marks left by the cane on my neck. I then said they should leave it. They then knew that there was a problem.)

Ria still finds it inexplicable that she does not have permanent scars:

Dat ek nie merke het nie, né... Ek weet nie. Ek dink die Here het sy net hand so oor my ou lyfie gevee en... dit weggevat dat ek nie lelike merke het nie. (That I don’t have scars... I don’t know. I think the Lord just wiped His hand over my little body and... took it away so that I don’t have ugly scars.)

Ria had experienced an incident of sexual molestation, of which she told nobody:

Ek was wel eendag gemalesteer. Sy’t dit tot haar dood nie eers geweet nie. Ek het gaan geld haal by die tannie, wat sy by geld geleent het... en die tannie was nie daar nie. En toe’s die ou oom daar. Dit was ’n begrafnisonderneming. En hy roep my, omdat ek die ou oom geken het, toe sê hy vir my hoe gaan dit met jou, en toe ek so langs hom staan toe... druk hy sy hand in my broek. En ek het net geweet dis verkeerd. En ek het dit nooit ooit vir iemand vertel nie. Ek het net nooit weer naby daai oom gekom nie... genadiilig was dit nie... érg... Dit was vir my verskriklik... dit was ook omtrent tien, elf jaar oud. (One day I was molested. She didn’t know that up to her dying day. I had to fetch money from this auntie, she borrowed money from her... and the auntie wasn’t home. But the old uncle was there. It was a funeral business. And he calls me, because I knew the old uncle well, and said to me how are you, and whilst I was standing next to him, he put his hand in my panties. And I knew that this
was wrong. But I never ever told this to nobody. I never again came close to that old uncle... fortunately it wasn’t... very serious. It was terrible for me... I was about ten, eleven years old.)

On other occasions male relatives tried to take advantage of her. She chose to keep quiet about these incidents. She again utilised her common sense to protect herself by choosing to avoid those men, even though she never reported the incidents for fear of not being believed or for being blamed. Ria’s silence was required in another area of her life as well. In contrast to Ria’s very outspoken mother, she was expected to be quiet, respectful and obedient:

En ek mag nie, ek het nooit teruggepraat nie. (And I wasn’t allowed, I never answered back.)

Like Esther in similar circumstances, Ria suspects that people knew all was not well with her:

Miskien het hulle dit agtergekom aan jou gedrag... aan jou maniere, want ek was stil en eenkant... (Maybe they noticed this by the way you reacted ... by your manners, because I was quiet and kept to myself...)

As might have been expected, not even her teachers took action:

So het ek uitgestap, en hulle het agtergekom maar... iets is nie lekker nie, maar die onderwysers kon niks daaraan doen nie. (So I walked out, and they didn’t notice anything but...something wasn’t right, but the teacher could do nothing about it.)

Sometimes Ria could not cope any longer, especially with not knowing why her mother beat her, and then she would run away:

...ek dink nou weer die eerste keer in al die jare daaraan, hoe het ek weggehardloop... ...want ek moes vlug. ...dit het partykeer net vir my te veel geword. Ek kon nie verstaan hoekom slaan sy my nie. (...I only thinking about it for the first time in all those years, how I ran away... because I had to flee. ...It just became too much for me at times. I couldn’t understand why she beat me.)

At such times her mother would send their neighbours’ son after her to catch her and bring her home. Back home she had to bear the consequences of her defiance:

Ek hardloop weg, en ons buuroutjie, Koos... hardloop agter my aan. Om my te vang. Ek hardloop soos ‘n besetene die staat af. ...en kyk, dan het ek gebars as ek daar terugkom, want nou’ ek vir haar weggehardloop. Ek het haar teëgegaan... en ek mag dit nie doen nie. (I run away, and our young neighbour, Koos, runs after me. To catch me. I run down the street like a lunatic... and then, I knew
all about it when I came back home, because now I have run away from her. I had gone against her...
and I wasn’t allowed to do that.)

Not only did her mother send the neighbours’ son after her, but she also had a partner in the sadistic emotional abuse of Ria. She called a specific municipal street cleaner when he was in the area, and got him to frighten Ria. Both the man and Ria’s mother thoroughly enjoyed it:

...daai tyd het jy die swartes gekry wat die strate skoongemaak het en die asblikke... En as sy hom gewaar, dan sê sy: “Pietmadal, kom hier.” Sy’t daai zwarte gekry, dan kruip ek in die toilet weg, dan druk hy sy poker hier onderdeur die deur. Die volgende oomblik dan slaat hy hier by die toilet se venster. Sy’t ‘n zwarte gekry om my te haant! Sy’t my bang gemaak met Pietmadal. Ek was tot die dood toe bang vir Pietmadal... Ek weet nie wat het my ma hom betaal nie, maar dit was vir hom die grootste vreugde om my te jaag... Weet jy, as ek hom gesien het, dan’t ek gee pad. En hy’t dit net so geniet. Want daai grynslag op sy gesig. (...in those days you had black street cleaners and rubbish collectors... And when she sees him, she says: “Pietmadal, come here.” She got that black man, then I hide in the toilet, then he pushes his poker under the door. Then he bangs on the toilet window. She got a black man to haunt me! She scared me with Pietmadal. I was scared to death of Pietmadal... I don’t know what my mother paid him, but it was his biggest joke to chase me like that... You know, when I saw him, I fled. And he enjoyed that so much. He had that sneer on his face.)

These terrifying episodes were entirely unprovoked and left Ria wondering why her mother would do something which was so cruel:

Maar in die lewe in die dag het ek die vrees as daai asblikboy hier aankom. Dit was vir my verskriklik, ek weet nie hoekom nie... Al doen ek niks nie, dit was haar grootste vreugde om my te jaag met daai zwarte. Hoekom sy dit gedoen het, weet nuiter alleen. Weet jy, ek kan nie dink dat dit normaal is nie. (But I was always fearfull when that rubbish collector came by. It was terrible, and I don’t know why... Even when I did nothing wrong, it was her greatest pleasure to chase me with that black man. Why she did it, nobody knows. You know, I can’t think that it is normal.)

Ria was no stranger to being frightening others or being frightened, and until recently pranks were characteristic of her own household as well. I came to know Ria as a fun person who derived great pleasure from playing pranks and making practical jokes, a characteristic which she shared with her father. Ironically, these were the only pleasant memories Ria mentioned of her father:

...my pa was lief om strepe te trek... en om iemand skrik te maak... Ag, my pa sal met ons wegkruipertjie speel, dan’t hy nou ‘n masker op, dan skrik ons ons nou dood. Dit... kon ek hanteer.
Little did we know at the time of our first interview that Ria was soon to get the most horrific fright of her life, a fright so severe that she would completely lose her enjoyment of scaring people.

On the topic of scaring and being scared, Ria relates two memorable incidents involving either her or her mother getting a fright. One night she took the risk of giving her mother a fright. It worked in every way. Her mother was so startled that she punched Ria on the lip, then laughed:

Ek het hierdie merk op my lip. Ek het haar een aand skrik gemaak. Want ek het agter haar deur gestaan (lag). Dit was vir my baie nice, om my ma skrik te... dit was ‘n kans wat ek gevat het, want ek weet nie hoe sal sy dit hanteer nie. ...en ek weet toe ek dit klaar gedaan het, ek’s morsdood, want toe van skrik slaan sy my toe... Sy’t geskrik... maar sy’t gelag. Want toe sy skrik toe slaan sy my lip stukkend... (I have this scar mark on my lip. I gave her a fright one night. I stood behind her door (laugh). I enjoyed that, to frighten my mother... it was a chance I took, because I didn’t know how she would handle it. ...and I knew after doing it, I would be dead, because in her fright, she hit me... She had a fright... but she laughed. Because of the fright she hit out and tore my lip...)

The scar on Ria’s lip is a trophy which she still cherishes as a reminder of possibly the first time she could laugh aloud with her mother:

Ek is dankbaar hy’s nie weg nie, want dis ‘n merkie wat sy op my gelos het... wat... ek lag aan kan koppel. Dis ‘n vreugdemerkie. Dis die eerste keer in my lewe wat ek kon lag... met my ma. (I’m thankful that it did not go away, because it is a mark she left on me... onto which I can connect laughter. It is a little joy mark. It was the first time in my life I could laugh... with my mother.)

The similar incident occurred when her mother laughed when Ria got a fright:

En een aand het sy ook gelag. Toe stuur sy my om ‘n boekie te gaan haal op die yskas. En sy werk die perde uit, en ek’s besig om haar voete te skuur, nou moet ek hier oor die stoep kombuis toe loop, en toe ek in daai donker kombuis is – en ek sit toe nie die ligte aan nie – toe skree sy: “Man dit moet nommer vier wees!” dink ek het sy gesê, die perd se nommer. En ek skrik toe vir die geskree, en ek hol met drie tree toe’s ek terug bo-op die bed. En, sy’t haar morsdood gelag vir dit, want toe’t ek nou geskrik. Maar dis die enigste kere wat ek ooit kan onthou wat... (And another evening she also laughed. She sent me to the kitchen to fetch a book from on top of the fridge. And she was studying the form of the horses, and I’m busy rubbing her feet. Now I had to walk over the stoep to the kitchen, and when I was in that dark kitchen – I didn’t switch the light on – she shouted: “Man it has to be number four!”)
think she said, the horse’s number. The scream gives me a fright, and I run like lightning, and jump back onto the bed. And she laughed till she cried because I had such a fright. But these are the only times I can remember that...)

Although Ria was raised in a background where religion and faith had almost no place, she grew up under strict moral codes, particularly in relation to clothing. Although it was socially acceptable for girls in her context at the time, her parents forbade her to wear shorts, pants or swimwear, even when taking part in sports:

Want watter normale, opgevoede, meisiekind hardloop met shorts? Ek het nooit in my lewe ’n short gedra nie, ek het nooit langbroek gedra nie, ek het nooit geswem nie. Ek mag dit nie gedoen het nie. (What normal, well brought up girl ran with shorts? I never in my life wore shorts, and I never wore slacks, and I never swam. I wasn’t allowed to.)

Later, as a teenager working in the pharmacy, Ria was also not allowed to wear make-up. Her mother’s motivation was that it was inappropriate for well-bred girls to wear make-up. She called Ria a whore and savagely beat her if she dared break these rules:

...’n mens is jonk, jy wil ook mos nou maar mooi lyk, en, dan’t ek dit by die apteek aangesit en ek het dit weer afgewas. Sou sy daar inkom en sy sien dit, moes ek maar die... consequences dra. Doodslaan. Ja. Ek was ’n hoer. (...one is young, and you also want to look nice, so I put it on at the chemist and washed it off before going home. If she came in and saw, I just had to face the consequences. Beaten to death. Yes. I was a whore.)

In view of the extreme moral regulations Ria was brought up with, it is almost ironic to hear how her mother chose to abuse her verbally. One of the worst insults a young woman could probably endure is to be called a whore, which is what Ria’s mother called her often, ever since she was a little girl. Only much later did she come to understand the meaning of the word:

My ma het net die ding gehad, ek is ’n hoer. Ek bedoel, ’n dogtertjie van daai ouderdom, om te hoor jy’s dit, was jy later eintlik in elk geval te bang om met enige man te praat. Want sy noem jou hierdie goed, en jy weet nie eers mooi wat dit beteken nie. Later van tyd het jy nou maar agetergekom wat is dit. En, my brein kon dit nie verstaan nie, dit was te veel... In haar oë was ek ’n hoer. Ek het nog nooit met ’n man geslaap nie. (My mother had this thing, that I was a whore. I mean, a little girl of that age, to hear that is what you are. Later I was actually too scared to talk to any man. She called me these things, and you don’t even quite know what it means. Later on you realised what it
was. My brain couldn’t understand it, it was too much... In her eyes I was a whore. I had never slept with a man.)

The thought had crossed her mind that her mother might have been guilty of that of which she accused Ria, but she rejected it and reminded herself that there were never other men with her mother:

Ek weet nie watse rede het sy gehad, hoekom sy dit gedoen het nie. Later van tyd het ek gehoor as mens self agter die deur staan, dan... Maar daar was nooit mans by my ma... (I don’t know what her reason was, and why she did it. Afterwards I heard that if you yourself were guilty of something, then... But there were never men with my mother...)

Ria does mention, however, that some policemen in particular often visited them, apparently to enjoy some of her mother’s delicious soup bones:

Die polisie het baie by ons gekom. Omdat my pa weg gewerk het. Ag dan kook sy sopbene. Dit was nou vir hulle vreeslik lekker om by ons hierdie sopbene te kom uitsuig. (The police often visited there. Because my father worked away from home. Then she would cook soup bones. They very much enjoyed sucking on these soup bones at our home.)

4.4.2 Faith and its consequences

Ria was always keen to please her mother, and accepted obedience as norm. On occasion, however, she was faced with the odd moral dilemma. Her mother was fanatically opposed to Christianity and prohibited Ria from reading the Bible and praying. Ria, on the other hand, had an urgency to establish a relationship with, and to be part of a community of believers. What was the young girl to do? She read the Bible and prayed in secret, which infuriated her mother. One day Ria’s mother had had enough and threatened her with drastic measures:

...die rewolver het op haar bed gelê, sê sy vir my suster: “As sy aan daai Bybel vat vanaand gaan ek haar skiet.” Want ek dink sy’t geweet dis al toeval wat ek het. Maak nie saak wat nie, ek sal in enige omstandighede lees en bid. En die aand is my suster toilet toe, dankie Vader plankvloere, en ek het my ou Bybeltjie oopgemaak en dit was by Psalm 6. En ek het hom toegeslaan en ek het hom in die laai gesit. Maar sy hoor ek is in die laai. Sy sê: “Het jy Bybel gelees?” Ek sê nee, maar ek jok. En sy trek die laai oop, toe weet ek, as sy daai Bybel daar gaan sien... Toe lê daai Bybel agter in die laai, ek weet nie hoe’t hy daar gekom nie. Ek weet tot vandag toe nie. (...with the revolver lying on her bed, she said to my sister: “If she touches that Bible tonight, I’ll shoot her. I think she knew that was my only recourse. It doesn’t matter what, I’ll read and pray under any circumstances. And that evening, my
sister went to the toilet, thanks for having wooden floors, and I opened my little Bible and it was at Psalm 6. I closed it and put it in my drawer. She heard the drawer. She asked: “Did you read the Bible?” I said no, but I lied. And she pulled out the drawer, and then I knew, if she sees that Bible there... But the Bible lay at the back of the drawer, I don’t know how it got there. Up until today I really don’t know...)

The fact that her mother had threatened to shoot her if she were to read the Bible, had a devastating effect on Ria. She managed to cope with so much other things, but this incident drove her to desperation:

Voor sy my skiet, bring ek liever ‘n einde aan my eie lewe, want ek kan nie meer baklei nie. (Before she shoots me, I’d rather kill myself, because I just can’t fight anymore.)

In hopelessness Ria planned her suicide:

...ek het ‘n bullybeefblikkie se deksel gevat... ...ek kan tot vandag toe onthou wat deur my kop gegaan het. Want dis nie ‘n lafaard wat dit doen nie. Weet jy, om... ‘n blikkie te sien... en sy deksel word afgesny en jy kry hierdie gedagte, hier’s dalk ‘n uitweg met ‘n ding wat lekker skerp is, dit is nie maklik nie. Dit sit nie in enige ou se broek nie. Dit het guts gevat. En om hom só te vat dat niemand dit agterkom nie. En ek moet nog nou dit wat aan die deksel vassit skoonmaak sonder dat my ma agterkom (...I took the top of a bully beef tin... I can’t remember for the life of me, what went through my head. Because it’s not what a coward would do. You know, to... see a small tin... and it’s top is cut off and you get this idea, maybe this is a way out with something so sharp, that’s not easy. This isn’t what any fool can do. It took guts. And to take it in such a way that nobody notices it. And I’ve still got to clean the top of this tin without my mother noticing this.)

Ria could not execute her plan at home, and decided that school was the best place:

...toe ek hier voor Bybel al uit die klaskamer uitga an, toe’t een van my vriendinne besef hier’s fout. Na die storie dat ek my polse gesny het, het my vriendin my in die toilet gekry. Toe roep sy my, en toe antwoord ek haar nie. En toe sy kyk toe sien sy die bloedspatsels. (...when I went out of the classroom before the Bible period, one of my friends realised there was a problem. After I had cut my wrists, my friend found me in the toilet. She called me, and I didn’t answer. Then she saw the spatters of blood.)

The suicide attempt was foiled. Ria’s mother’s cruelty, however, still upset her:

En, toe vat hulle my hospituaal toe, die onderhoof, en, hulle’t my ma gebel. (Sag) En toe sê... sy vir hulle: “Dis jammer sy’t nie doodgebloei nie.” Toe ek die middag by die huis kom toe’s my pols nou toe, en toe sê sy vir my: “Jy gaan ok nie werk nie.” Maar miskien was sy skaam oor wat gebeur het, ek weet nie. Maar sy wou my in elk geval vermink. Sy’t my... met ‘n kweperlat geslaan. Ons het kweperbome gehad. Ja-a. Nadat sy my probeer skiet het, maar sy dink nie aan dit nie. (And they
took me to hospital, the vice-principal, and they telephoned my mother. (Softly) and then she said to them: “It’s a shame she didn’t bleed to death”. When I got home that afternoon, my wrist was closed up. She said to me: “You are not going to work.” Maybe she was ashamed about what had happened. I don’t know. But she wanted to mutilate me anyway. She beat me with a quince stick. We had quince trees. Yes, and that after she had tried to shoot me, but she doesn’t think about.)

Her only comfort came in very matter-of-fact way from Oom Venter:

En Oom Venter bel, en hy vra vir my: “Waar’s jy?” En ek sê vir hom: “Ek is hier.” Toe weet hy wat het gebeur. Toe sê hy vir my: “Kom werk toe.” Toe sê ek ek mag nie. Toe klim hy in sy kar en toe kom haal hy my. By die huis. (And Oom Venter phoned, and asked me: “Where are you?” And I said: “I’m here.” Then he knew what had happened. Then he said to me: “Come to work.” And I said that I was not allowed to. So he got into his car and fetched me. From home.)

The most significant turning point in Ria’s life occurred when she was 14 years old. Although she had been diligently performing religious actions such as prayer and Bible reading, she longed to be in an actual relationship with God:

...in 1977 het ek die dag in die toilet gesit en ek het net nie geweet watter kant toe met my lewe nie. Ek het my ou Bybeltjie uit my sak uit gehaal. Ek het daarin gelees. En toe weet ek. Daar’s Iemand anders wat my... sal omvou met Sy liefde. En toe sê ek: “Hier hier’s ek. Ek kan nie kerk toe gaan nie. Ek kan nie Sondagskool toe gaan nie. Ek kan nie... maar hier’s ek. Ek is... hierdie slegte kind. Ek kan net myself gee. Maar eendag, sal ek my lewe aan U wy. Gee my net ‘n man wat... my sal liefhê... en wat... sal wil kerk toe gaan.” Want my grootste begeerte op daai stadium was om deel van ‘n kerk te wees, en om te kan kerk toe gaan en in Sy diens te staan, en te weet ek kan dit doen. En ek mag dit doen. En, dit was die 30ste Januarie. (... in1977 one day, I was on the toilet, and didn’t know which way my life was going. I took my little Bible from my pocket, and read. Then I knew there was Someone who would cover me with His love. And I said: “Lord here I am. I cannot go to church. I cannot go to Sunday school. I can’t ... but here I am. I am ... a bad child. I can only give myself. But one day, I’ll give my life to you. Just give me a husband to love me... and who... will want to go to church.” My biggest wish at that time was to be part of a church, and to attend church and to be in His service, and to know that I could do it. That was the 30th of January.)

Thus Ria came to a point of transforming a performance driven religion into an authentic relationship from which she would draw much strength to face future adversity.
4.4.3 Learning and related issues

Ria’s life at that stage was still far from ideal and was flooded with potential risks. Her school career seemed to have completely passed her parents by, again similar to what happened to Esther. They were oblivious of her academic performance and were unconcerned with when and if she did her homework. In fact, they showed no interest in her life in its entirety:

Sy’t tot die dag wat ek klaar was met skool nie eers geweet of ek huiswerk gedoen het nie. Glad nie betrokke nie. Nooit geweet wat in my lewe aangaan nie. Ek het in die nagte huiswerk doen. So ek was ‘n nagwolf vir baie jare. Ek het een, tweee-uur in die nag gaan slaap, dan was dit vir my genoeg. (Up to the day I finished school, she never knew whether I did homework. Not involved at all. Never knew what went on in my life. I did homework during the night. So for many years I was a night-owl. I went to bed at one or two o’clock, and that was sufficient for me.)

Ria’s mother seemed to have had an obsession with cleanliness. The fact that they had a domestic worker did not prevent her from assigning numerous household chores to Ria. She had to do cleaning, washing and ironing chores. In true Cinderella fashion, only when all her household chores had been completed and the other members of the family were already in bed, could she start with her school work.

Ek maak skoon, ek stryk, ek was. Al was daar ‘n bed, doen ons nog als. My ma was superskoon. As almal in die bed is en almal slaap en die wasbak is skoon en alles is op hulle plekke, dan’t ek begin met huiswerk. (I clean, I wash and iron. Even though there was a domestic helper, we still did everything. My mother was super clean. When everybody was in bed and asleep, and the sink clean and everything put away, then I started with homework.)

Inadequate finances seemed to have been a problem in Ria’s family. Her parents did not pay school fees and Ria was obliged to compensate by covering books at school:

Ek het nie skoolfonds betaal nie. Weet jy hoe’t ek my skoolfonds betaal? Ek het die graad 1 en 2-boeke oortrek. Ek het deur werk, by die skool, boeke oortrek, het ek my skoolfonds betaal. Ek het my eie skoolfonds so betaal. Ek het hierdie stapels boeke oortrek. (I did not pay school fees. Do you know how I paid my school fees? I covered the grade 1 and 2 books. Through work at school, covering books, I paid my school fees. That way I paid my own school fees. I covered these piles of books.)
As a result of her diverse chores and tasks, in combination with her part-time job at the pharmacy, fatigue became an integral part of Ria’s young life:

So ek het laat gaan slaap, ek het vroeg opgestaan, ek het die boeke oorgetrek. Ek was vuisvoos-moeg, gedaan. Dis die wat ek nou op 43 al so gedaan is. Rêrig. Ek het my dood gewerk... Dan praat ek, nou kom ek van die apteek af, dan’t ek nou partykeer moes kom kos maak, boetie en sussie moes gebad word (my broer is vandag nog nie lief vir water nie, ek’s jammer om dit te sê), want ek het vir hom geskrop. Hy was al amper ‘n man toe skrop ek hom nog. En, ek moes die beddens nou regmaak, die dekens moes opgevou wees, dan gooi jy die komberse oor. Môreoggend staan hulle op. Ek vou die komberse op, en as my ma haar hand so onderdeur daai bed gesleep het op daai plankvloer en sy sien stof is dit nag. (So I went to bed late, got up early, covered the books. I was completely exhausted. That is why now at 43 I am so worn out. Really. I worked myself to death... Then I don’t even mention that when I come home from the pharmacy, sometimes I had to prepare food, do washing, little brother and sister had to be bathed (sad to say, my brother still does not like water today), because I scrubbed him. When he was nearly a young man I was still scrubbing him. And, I had to do the beds. The covers had to be folded, and then the blankets put over. The following morning they get up. I fold the blankets, and if my mother put her hand under the bed on the plank floor, and she sees dust, there’s big trouble.)

In this context academic achievement was no option, and it is almost surprising that she successfully managed to complete formal education up to standard 7 (grade 9):

...ek het gewerk, ek het huisgehou, ek het boetie en sussie grootgemaak, ek het ‘n siek ma opgepas, en ek was gedaan as ek by my boeke kom. Ek weet partykeer nie hoe het ek tot in... my standard gekom nie, maar ek het daar gekom, met genade. (...I worked, did house work, raised my smaller brother and sister, looked after a sick mother, and was exhausted when I got to my books. Sometimes I just don’t know I managed to get through my grade.)

Ria’s parents failed to provide her with emotional and academic support. It will probably come as no surprise that they hindered her extra-curricular participation and achievement as well:

En, ek is toe gekies vir prefek. Toe weter my ouers dat ek... deel is daarvan... Hulle wou nie. Ek was ‘n atleet. Ek moes uitval. Toe’s ek ‘n langafstandatleet, toe later het ek maar net gesorg dat ek net nie meer inkom nie. Dit was nogal vir my erg, want ek moes toe brief. ...ek mag nie naskoolaktiwiteite gehad het nie. Ek moet huis toe gaan. (And I was chosen as prefect. My parents refused... that I be part of... They refused. I was an athlete. I had to withdraw. Then I was a long distance runner, but later I just saw to it that I didn’t qualify. I felt rather bad about that, because I had to hold back... I wasn’t allowed to take part in extra-mural activities. I had to go home.)
Her parents’ – or perhaps more accurately her mother’s – sabotage of her school activities, also had an influence on Ria’s social life.

4.4.4 The social environment

Although Ria did not have supportive or trusting relationships with her parents, she had a knack for establishing trusting relationships with a few other reliable adults. One such adult was the family’s domestic worker, who shared in some aspects of Ria’s pubescent development:

_Ou Selina... was daar om te sien... in die vreugde van... (fluister) ek het haartjies... wat my ma nie gehad het nie. ...weet nie hoekom dink ek nou aan haar nie – maar sy kon daarin deel met my.  Ek kon dit met niemand anders deel nie. En sy was heeltemal hysteries, hierdie ousie, oor dit, want nou word ek groot, jy weet.  Ek’s eintlik hoendervleis daaroor, maar... my ma weet dit nie.  (Old Selina... was there to see...in the joy of...(whisper) I had little hair... something my mother didn’t have... don’t know why I am thinking of her now... but she was part of this with me. I could share it with nobody else.  And she was completely hysterical, this servant, about it, because now I am growing up, you know.  I’ve actually got gooseflesh because of it, but...my mother doesn’t know this.)_

The other adult who made a major contribution to Ria’s personal development, was her employer, Oom Venter. Later there will be more about him.

In terms of peers, matters were not entirely uncomplicated. While subjected to dysfunctional domestic circumstances, it was difficult for Ria to trust her contemporaries from other backgrounds with the details of her personal life:

_...ek kan nie dink ek het regtig vriende gehad wat ek mee kon... my lewe vertel nie...  ...mens praat nie oor sulke goed met jou vriendinne nie.  Hulle weet miskien en... ek weet ek kom uit ’n ander huis uit, ek het ander omstandighede.  (...I can’t think that I actually had any friends with whom I could ... tell my life story... one doesn’t talk about such things to your friends.  Maybe they knew and... I know that I came from different homes, I had different circumstances.)_

In secondary school she had a close friend, but was handicapped by the fact that her mother refused to allow her to socialise with teenagers:

_Ek het ’n vriendin op hoërskool gehad.  Ons was baie na aan mekaar, maar ek het nooit die voorreg gehad om een aand by haar oor te slaap byvoorbeeld nie.  Of om uit te gaan.  Of om ’n girls’ night te hê of sulke goed – nooit, nooit, ooit, nie.  (I had a friend in high school. We were very close to each_
other, but I never had the opportunity to sleep over at her place, for example. Or to go out. Or to have a girls’ night or such things – never, never, ever, no.)

Ria’s mother knew her friends, but they never visited Ria’s at home. Instead she sometimes sneaked off to meet them at the local cafe:

Ek het baie vriende gehad, maar my ma, sy’t almal geken, maar hulle’ t nie by my gekuier nie. (I had many friends, but my mother, she knew everyone, but they never visited me.)

In adulthood, however, Ria invested much into and reaped many rewards from positive and supportive peer relationships.

4.4.5 Dreams of escape

Ria’s social resources occasionally became part of her coping mechanisms and her dreams of escaping her arduous way of life. At times her dreams of breaking out came very close to becoming reality:

(One evening I wanted to run away, and I said to him: “Koekies, you’re coming to fetch me.” I put my clothes on top of the cupboard, panties, my little Bible, and a bra, folded up and put into a small bag which I had on top of the cupboard. That night I was going to run away. I just could not take it any more. And we had wooden framed windows. And to open the window one had to knock the window a bit. This I had done earlier on already. My room was at the front of the house, my younger sister and
my room. And my mother came into the room. I don’t know what she was looking for. My brother was also in the room. There was no burglar proofing on the windows. We don’t sleep with open windows. And the wind blew into the room and rustled the curtain. And my mother said to my brother to look if the window was still open. And he closed the window. All I had to do was to get through the window, jump down and I would be away. I gave him a time when to pick me up. He told me: “My girl you shouldn’t.” “I say to you, come and fetch me. Or I’ll walk away into the night, then I’m away, and it’s going to be on your conscience.” Very cheeky. But the window’s closed. How am I going to open the window now? The police van drove by. I stood at the window, I showed him to drive on. He then turned around. And then he stopped. And then he made as if to check whether everything was all right at our house. Then he was sort of relieved, but also sort of sorry. Don’t know where I would have gone, I really didn’t know. This is how God worked. In any case, afterwards I thought that I had actually taken a chance, because he’s a policeman, he’s actually supposed to protect me.)

4.4.6 The work environment

Ria’s career is most unusual when considered against present day South African standards, primarily because she started formal employment at eight years of age:

Dit was maar in daai buurt, en, ons het by die oom gekoop. En een dag toe vra hy vir my wil ek nie maar vakansies bietjie daar kom werk nie. Miskien het hulle die omstandighede... In elk geval, op agtjarige ouderdom het ek... in ‘n... groothandelaar gewerk, skakelbordwerk gedoen. Ek het geleer... En ek het die skakelbord geleer en later het ek hierdie bestellings geskryf. Langs so maer omietjie wat daar gewerk en, dat hierdie klein dogtertjie nou al hierdie goed kon doen... (It was in that area, and, we bought things from this uncle. And one day he asked me whether I would like to come and work there during holidays. Maybe they knew the circumstances... In any case, at the age of eight I had started... in a ...working in a wholesaler, doing switchboard work. I learnt... I learnt the switchboard and later on I wrote out these orders. Next to the small, lean uncle who worked there, and that this little girl could now do all these things. )

Within a couple of months a second prospective employer approached her: the local pharmacist:

En, toe vind die apteker by wie ons altyd my ma se pille gekry het uit dat ek daar werk, en toe vra hy een dag vir my: “Wat betaal die ou Jood jou?” Toe sê ek ’n rand ’n dag (lag lekker). “So ou bliksem!” Toe sê hy: “Hoekom kom help jy nie in die apteek nie?” Toe dog ek, ag oukei, ek sal gaan. (And, the pharmacist where we normally bought my mother’s pills found out that I was working there, and he asked me one day: “What does the old Jew pay you?” I said it was one rand per day. (laughs heartily). “Such a bugger!” He then said: “Why don’t you come and help in the pharmacy?” So I thought, oh okay, I’ll go. )
She worked at the pharmacy on a part-time basis, mainly in the afternoons and during school holidays. Her employment skills increased and soon the nine year old was managing remarkably well in her new job.

Toe leer hy my nou die till – ek het op ’n kassie gestaan. En toe leer hy my die dispensary en die medisyne. En toe leer hy my om die dokters se handskrifte te lees... (Then he taught me the till – I stood on a box. Then he taught me the dispensary and medicine. Then he taught me to read the handwriting of doctors...)

Working was difficult, especially in combination with her other duties, but, however unlikely it may seem, Ria’s childhood employment had distinct advantages. It was firstly beneficial to her parents. However meagre her salary might have been, she did contribute to the family income:

...dit was finansieel ook tot my ouers se voordeel, my ma s’n, want... ek kon help. Ek het ’n rand ’n dag gekry. Met ’n rand kon jy baie doen. Dit was geld wat hulle gesien het wat inkom. My pa was ’n boer en die geld was skraps en my ma was sieklik. So dit was nou nog geld wat ek mee iets kon bydra. Daai tyd was ’n rand nou vir hulle baie. My geld het alles daarnatoe gegaan. (...financially it was also advantageous to my parents, to my mother, because... I could help. I received R1 per day. With R1 one could do a lot. They could see the money come in. My father was a builder, and money was scarce, and my mother was sickly. So it was money that I could contribute. At that time R1 was a lot for them. All my money went there.)

On another level her employment had significant personal benefits. Ria acquired many new skills and attained a sense of achievement and mastery that she might not otherwise have experienced:

...en ek het dit reggekry... (... and I could manage to do it...)

As is often the case when children have to contribute financially to a household, Ria did not reap the tangible benefits of her labour. In time she worked out a clever way to benefit from her own labour: she bought some household items on credit, and simply had to make downpayments:

En later op ’n stadium het ek besluit nou gaan ek skuld maak, dan weet ek ek moet dit betaal. Toe koop ek vir my ’n laaikas en ’n trousseaukis. En ek moes dit betaal. So ek kon daai geldjie, dis iets wat ek... voor gewerk het. En ek het vandag nog die laaikas om te wys. (And at one stage I decided to go into debt, then knew I had to pay it. I bought myself a chest of drawers and a trousseau kist. I had to pay...
for it. So I could use that bit of money... that I had worked for. I still have that chest of drawers to show.)

Even on the level of social skills, Ria’s childhood employment may be considered beneficial. Although she was deprived of a normal childhood life, she gained much social experience which was a valuable resource in a world where she needed the goodwill of other people:

Ek het in ‘n grootmenswêreld groot geword, en omdat ek toe gewerk het... het ek met grootmense my lewe lank te doen gehad. (I grew up in an adult world, and because I had been working... I had to do with adults all my life.)

Working for Oom Venter was no easy matter. He was a strict employer who had high expectations of his employees. He was a serious man and Ria was slightly intimidated by him. Interestingly, it did not have a negative effect on her, but rather motivated her to perform as best she could:

Nou, hy’t ook nou maar ‘n harde stem gehad. Hy was ook ‘n beneukte omie, maar ek was baie lief vir hom. Hy was baie kwaaï, daai oom. Ek het altyd gerattle as hy hier langs my staan, maar dit was vir my goed. Dit was my dryfkrag. (He also had a loud voice. He was a difficul man, but I was very fond of him. He was a very strict man. I was very nervous when he was standing next to me, but it was good for me. It was my driving force.)

If one were to identify the person who had the most profoundly positive impact on Ria’s life, it would have been her employer, the pharmacist, Oom Venter.

Their relationship was professional and formal at all times. He insisted on calling her “Miss Groenewald”, and she called him “Oom Venter”. In choosing to keep their relationship impersonal but respectful, Oom Venter succeeded in creating a sense of self-respect and dignity in Ria. Her self-esteem was boosted in the process.

Despite the professional nature of their relationship, Oom Venter was well aware of both Ria’s domestic circumstances and her personal issues. He provided practical

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7 Venter was her employer’s surname which she respectfully used rather than his first name in combination with the respectful title “Oom”.
support, for example of driving her to and from the pharmacy when necessary. Another way in which he supported her was by taking her to a social worker with whom she could discuss her problems:

Oom Venter het my altyd daar afgelaai as dit so sleg gaan. Dan het ek maar my hart by haar gaan sit en uitpraat. My lêer was seker so dik. (Oom Venter always dropped me off there when things were so bad. With her I could vent my feelings. My file must have been very thick.)

Whenever the social worker suggested removing Ria from her home, she was met with resistance. Ria’s condition for confiding in the social worker was that her parents should never know. Although the social worker could do little more than listen, encourage and give practical advice, she played a protective role in Ria’s vulnerable life.

Oom Venter and Ria looked after each others’ interests in different ways. Ria has always been a person with quite pronounced values, and she still bases her decisions on her strong sense of right and wrong. As a child, however, she believed that it was right to obey one’s parents. One day she was confronted with a clash between two key values in her life, namely obedience versus honesty. The result of this moral dilemma would have had detrimental consequences either way:

Kyk, Oom Venter het uitgegaan, hy’s altyd die dispensary gesluit, dan los hy die sleutel by my. As daar ‘n noodgeval is of iets, wat, eintlik nooit gebeur het nie. Ek het nooit in my lewe teruggepraat nie. Ek het een keer vir haar gesê: “Ek sál nié. Mammie kan maak net wat Mammie wil.” Sy’s nie geslaan nie, maar sy’s my verneder. Want sy wou gehad het ek moes vir haar morfien steel. Maar, toe sê ek vir haar ek sal nie. Nie vir haar nie, en, ek sou dit nie gedoen nie, maak nie saak wat nie. En die middag, toe ek weer sien, toe stap sy in die apteek in. Toe’er alles wat ek by die apteek, by die reps gekry het, in ‘n boks gepak. En sy kom by die apteek in en sy sê vir Oom Venter: “Kyk hoe besteel sy jou.” Dit was vir my verskriklik. Daar’s mense in die apteek. Dit was vir my die grootste... vernederings wat ek ooit in my lewe gehad het. En hy’s sy hande so op die toonbank gesit, want hy’s geweet wat daarin is... Toe kyk hy haar so, toe sê hy: “Mevrou Groenewald, f--of by my deur uit. Jou kind het nie hierdie goed gesteel nie.” En dit moes hy nooit gedoen het nie. En toe praat ek met hom, toe sê ek vir hom ek dink dis revenge. Hy’s nie ‘n woord gesê nie, hy’s my net so gekyk. Toe sê hy net vir my dankie. Want, die gevolge wat hy sou hê as dit sou wegraak, want dis pilletjies wat jy elkeen moet opskef. Jy moet verklaar. En hy het hierdie vertroue in my gehad. En behalwe dit, dis iemand wat my vertrou het. My eie ma het my nie vertrou nie. (When Oom Venter went out, he locked the dispensary and left the key with me in case of an emergency, which really never happened. I never opposed him. Once I said to her: “I won’t. Mommy you can do what you want to.” She didn’t beat me
but she humiliated me. She wanted me to steal morphine for her, but then I said I would not. Not for her. I wouldn’t do it, no matter what. That afternoon she walked into the pharmacy. She had packed everything I had received from the pharmacy, from the reps, into a box. She got there and said to Oom Venter: “Just look how she steals from you.” It was terrible for me. There were customers in the pharmacy. I was the biggest humiliation I ever had in my life. He put his hands on the counter – he knew what the contents was. He looked at her and said: “Mrs Groenewald, f- off out of my shop. Your child did not steal these things.” That he should not have done. I spoke to him and said that I thought it was her revenge. He didn’t say a word, just looked at me. Then he just thanked me. The results for him if it had gone missing, because every tablet had to be reported on. You had to declare it. But he had this trust in me. This was someone who trusted me. My own mother did not trust me.)

As a responsible and sensitive parent herself, Ria finds it inconceivable that a mother would expose and humiliate her child in such a way:

...ek weet nie hoekom het sy dit gedoen nie. Wie doen dit, aan ‘n kind? Watter ma doen dit aan ‘n kind? Al het ek gesteel gaan ek mos my kind beskerm. (...I don’t know how she could have done it. Who does that to a child? What mother does that to a child? Even if she had stolen, I would protect my child.)

Surprisingly, given their businesslike relationship, Oom Venter fulfilled the role of both a substitute parent and a mentor for Ria. He taught her much more than the skills she needed to do her job. He taught her about life and he answered her difficult questions responsibly and honestly. Most striking of Ria’s stories about Oom Venter is probably the one about her sex education:

As ‘n klein dootjie het ek nou hierdie pakke doekies verkoop en ek wou weet wat is dit, en ek het die apteker gevra: “Watse goed is hierin? Wat is dit?” En dit was vir hom baie moeilik want hy’t drie seuns gehad. En ek dink hy’t besef ek wil graag weet en op ‘n manier, het hy dit nou vir my vertel. Voordat ek ooit gemenstrueer het. En toe weet ek die dag toe dit gebeur, wat is besig om te gebeur. Want heel waarskynlik sou ek my dalk doodgeskrik het... Nou was ek voorbereid daarop gewees. En hy’t my ook die tip gegee om altyd maar een in my sak te hê, want dit kom op ‘n tyd wat jy dit glad nie verwag het nie. So het my vriendinne in die skool wat al gemenstrueer het geweet ek het altyd een in my sak. En die dag toe dit gebeur, toe voel ek nou ook ek is nou ‘n groot meisie, want dis hoe hy nou vir my gesê het. En toe sê hy die dag as dit gebeur, dan sal ek jou verder vertel. Nou hoe sê ek dit nou vir hom? Ek het net een dag agter in die apteeck ‘n pak doekies gevat, en, ek het altyd die doekies van die vrouens toegedraai. En ek het dit toegedraai en ek het dit op die toonbank gesit en ek het gesê ek gaan betaal, toe weet hy. Ek hoef niks verder te gesê het nie. Toe sê hy: “Nou moet jy oppas vir mans, want nou kan jy babatjies hê.” En hy’t dit so mooi vir my vertel. En ek het huis toe gegaan en ek het vir my ma gesê: “Mammie, ek het siek geword.” Toe sê sy: “Lekker.” Omgedraai en sy’t geloop.
Sy’t nooit weer daarvan gepraat nie. Nie hoekom of waarom... As Oom Venter my nie vertel het hoekom dit in my lewe gebeur nie, het ek nie geweet nie. (As a little girl I sold this packet of sanitary pads and wanted to know what it was. I asked the pharmacist: “What is in here? What is it?” It was difficult for him because he had three boys. I think he realised that I needed to know, and in his way, he explained it to me. That was before I started menstruating. So when it started, I knew what was happening. Otherwise I would probably have had the fright of my life... Now I was prepared. He also gave me the tip to always keep one in my bag, because it comes on when you don’t expect it. So my friends at school who already menstruated knew that I always had one in my bag. The day it happened, I felt I was a big girl now, because that was what he had told me. And he said, the day it happened he would tell me more. Now, how do I tell him? At the back of the pharmacy where I used to wrap the packets, I took a packet of pads, wrapped it and put it on the counter and said I wanted to pay for it. Then he knew. I didn’t have to say anything more. Then he said: “Now you must beware of men, because now you can have babies.” And he explained it all to me so nicely. And I went home and said to my mother: “Mommy, I got sick”. She said: “Nice”. Turned and left. She never spoke of it again. No why or wherefore... If Oom Venter hadn’t told me why it happens, I would not have known why this was happening in my life.)

This was not the last of Oom Venter’s teaching on fertility issues. When Ria and her future husband, Pieter, were approaching their wedding day, Oom Venter must have realised that no-one else was going to provide Ria with guidance regarding family planning matters:

Toe ek en Pieter nou gaan trou, toe sê hy vir my: “Julle wil seker nie dadelik kinders hê nie.” Toe sê ek nee. Toe sê hy: “Nou maar kom ons sit jou op die pil, voor enigiets gebeur.” My ma het dit nooit met my bespreek nie. (When Pieter and I planned on getting married he said: “You don’t want children right away, do you?” I said no. So he said: “Now, lets put you on the pill, before something happens.” My mother never discussed it with me.)

Oom Venter monitored how she responded to the contraceptive pill, and suggested some changes. He even provided her with two years’ supply (much of which ended up in the pot plants because she and Pieter decided not to wait too long before starting a family!) The main issue regarding the contraceptive pill was that her mother dared not find out that she was using the pill. Through his guidance on these and other sensitive matters, Oom Venter fulfilled a role few fathers can equal in their daughters’ lives:

My voorbehoeding... hy’t al daai goed met my bespreek. Soos ’n pa, soos ’n ma met ’n dogter sou doen. (My contraception... he discussed all those things with me. Like a father, like a mother would do with her daughter.)
Like a good parent, Oom Venter was concerned about Ria's educational progress and her career prospects. He enquired about her plans for future studies and offered to help her financially to achieve her goals. In the end these plans were not realised, though. Ria’s domestic circumstances deteriorated and it made the most sense for her to become financially independent of her parents. She left school at age 18 to work for Oom Venter on a full-time basis:

_Toe sê hy net: “Ek gaan jou uit die skool uit haal. Kom werk vir my. Ek bou vir jou ‘n woonstel. Ek koop vir jou ‘n karretjie, en jy kan hier werk tot ek doodgaan of jy gaan dood.” En my ma-hulle wou eers nie teken nie, toe sê hy: “Nou gaan ek skool toe.” Toe moet my pa skool toe gaan. Ek’s toe 16 uit die skool uit. En toe gaan werk ek vir hom. En ek het daar begin toe ek nege jaar oud was. (He said: “I am going to take you out of school. I’ll build you a flat. I’ll buy you a little car, and you can work here till I die or you die.” At first my parents did not want to sign, so he said: “Now I’m going to the school.” So my father had to go to the school. At 16 I then left school, and went to work for him. I had started there when I was nine years old.)_

Oom Venter completed his self-appointed mentorship when Ria got married and left his employment, but not before a last couple of fatherly gestures. He firstly needed to approve of the suitor and his family, which he did. He then tried to convince the couple to live in a house which he had already bought, so that Ria could still work in the pharmacy. Pieter declined. Finally he insisted on having some wedding photos taken inside the pharmacy, which was done:

_En nou ja, toe Pieter nou daar instap, toe was dit nou... ’n vreeslike ding, veral toe ek nou vir hom sê ons is nou ernstig. Toe sê hy ja dis ’n goeie seun. Hy ken sy ma-hulle. En, toe’s ons nou getrouwd. En hy’t die verkeer in die hoofstraat gestop, en gesê: “In hierdie apteek sal hier troufoto’s geneem word.” ...en ons moes daar uitklim en ons moes foto’s in die apteek neem, agter die til... (Well, when Pieter walked in, it was... quite an event, especially when I told him we were serious. Then he said, yes, its a good boy. He knows his parents. And so we were married. And he stopped the traffic in the main street, and said. “In this pharmacy wedding photos will be taken.” ... and we had to get out and have photos taken in the pharmacy, behind the till...)_

### 4.4.7 Dating and relationships

Before considering Ria’s marriage, we might evaluate how her relationships with the opposite sex developed. Given that she wanted to avoid her mother’s predictions of immorality, she went about the business of romantic relationships with caution and
discretion. Sometimes her interest in young men was restricted only to her fantasies. She secretly corresponded with a young man in the defence force, and kept the evidence under lock and key in Oom Venter’s pharmacy safe. In other instances Ria employed cunning strategies to meet with her male friends:

As ek kafee toe gaan, dan bel ek, dan sê ek ek’s by die kafee. Ek het skelm geword om my vriende te sien. (When I went to the cafe, I’d phone to say I was at the cafe. I became cunning in order to see my friends.)

Ria had one serious relationship before meeting her husband, Pieter. He was a divorcee, Kobus, with two children whom he saw on weekends. Her mother’s reaction to the relationship came as a surprise:

My ma, wonder bo wonder... was baie lief vir hom... Ag ek en Pieter was al verloof, dan’t Kobus nog steeds gebel. Dan’t my ma net vir hom gesê: “Kobus, sy sal nie met jou praat nie.” (Amazingly, my mother ... was very fond of him... Pieter and I were already engaged, when Kobus still telephoned. Then my mother just said to him: “Kobus, she won’t talk to you”.)

In this relationship Ria’s sexual boundaries were tested on one particular occasion. She resisted any pressure and remained true to her principles of abstinence. This is how she managed the situation:

En toe ek in die woonstel is sit hy die lig af. Toe sê hy vir my vanaand gaan hy by my slaap... Toe sê ek vir hom: “Sit net die lig aan. Moenie dit aan my doen nie.” Jy weet, ek is groot. Ek is miskien 17 jaar, maar ek is grootmens. Hy sit die lig aan. Hy het die lig af. Ek het so geblomde rok aan gehad, so bloue. Ek sê vir hom: “Weet jy wat, ek het nog nooit by ’n man geslaap nie. Jy was al getroud en jy’t kinders. Jy’s gewoond daaraan. As jy my rêrig liefhet, dan sal jy dit nie aan my doen nie.” Toe gryp hy my so vas, toe druk hy my so, toe sê hy: “Ek sal dit nie aan jou doen nie.” En hy kon maak wat hy wil. En dit is wat my so, daai ekstra special gevoel gee. Kyk, ek het kop gehou. Ek weet nie waar het ek die krag vandaan gekry nie. En weet hy, toe sê ek vir hom: “As jy rêrig vir my lief is, sal jy wag tot die dag wat ons getrou is, want ek... wil nie en jy’s gewoond daaraan.” En hy het dit gelos. Ek kon dit nie glo nie. (And when I was in the flat, he switched the light off. Then he said that he was going to sleep with me... So I said to him: “Just switch the light on. Don’t do this to me.” You know I’m grown-up. I may be 17, but I am an adult. He switched the light on. I had on a floral dress, a blue one. I said to him: “You know, I have never slept with a man. You have been married and you have children. You’re used to it. If you really love me, you won’t do it to me.” So he held me tight, and said: “I won’t do it to you.” He could have done what he wanted to. That’s what gives me such a special feeling. I had kept my cool. I don’t know where I got the strength from. You know, I said to him: “If you really love me,
you’ll wait till we are married, because I... don’t want to and you are used to it.” And he dropped it. I could not believe it.)

In retrospect Ria realises how vulnerable she had been to sexual exploitation throughout her youth, yet it never happened. She could even have been exploited by her trusted employer and mentor, Oom Venter, but she was not:

...hy kon my misbruik het as hy wou. Ek het agterna gedink, ons was soveel kere alleen. (...he could have taken advantage of me if he had wanted to. Afterwards I thought about it; we were so often alone.)

She could have been taken advantage of by any number of male acquaintances, but she was not:

En nooit het iemand my misbruik of niks wat ek gevoel het ek’s ongemaklik nie. En dis miskien wat dit so special gemaak het. In my omstandighede is jy maar broos. Jy soek liefde. Maar nooit was daar iemand wat my misbruik het nie. (Nobody ever took advantage of me, or did anything to make me feel uncomfortable. And maybe that made it so special. Under my circumstances you are very vulnerable. You seek love. But never did anybody take advantage of me.)

One day, at the age of 18, Ria met her future husband, Pieter, in the pharmacy where she worked. The relationship became serious, and soon they knew that they wanted to get married. Shortly before the wedding, Ria’s mother humiliated her in Pieter’s presence when she made one final insinuation pertaining to Ria’s supposed immorality, which he deflected effectively:

Ag twee weke voor ek en Pieter getrou is toe staan sy so voor die wasmasjien, toe sê sy: “Vir haar gaat ek dokter toe vat.” Toe sê Pieter: “En ek gaan saam, Tannie.” Om nou te kyk of ek nog ’n jongmeisie is, en Pieter... het nie... dat hulle op sy kop sit nie. (Two weeks before Pieter and I were married she was standing in front of the washing machine, and said: “Her, I’m taking to a doctor.) So Pieter said: “And I’ll go along Tannie.” To see whether I was still a virgin, and Pieter... did not allow himself to be sat on.)

4.4.8 Married life

Ria and Pieter’s wedding was surrounded by controversy. They wanted to get married in church, but by now we know what Ria’s mother thought of Christianity and its customs. The idea did not meet with her approval:
Jy weet ek is getroud uit ’n gesin uit waar niemand nog uit die kerk getroud is nie. En dit was vir my ma half onaanvaarbaar. Sy was nie trots daarop nie. As mens na die troufoto’s kyk, die manier wat sy my kyk, kan jy sommer sien, die ou tannie het ’n houding. (You know, I got married from a family where nobody had ever got married in church. For her it was rather unacceptable. She was not proud of it. When you look at the wedding photos, and the way she is looking at me, you can see she has an attitude.)

Her father, on the other hand, refused to escort her into the church as is customary in Afrikaans culture. In addition, her parents did not contribute to the wedding financially or otherwise in any way:

*My een kliënt in die apteek het my trourok betaal. My ma-hulle het nie ’n servet gekoop nie. Niks, niks. (One of my customers of the pharmacy paid for my wedding dress. My parents did not as much as pay for a serviette. Nothing at all.)*

Being married initially turned out to be an enjoyable experience for Ria. They returned from their seaside honeymoon, a first for Ria in various respects:

*Ons het ’n honeymoon gehad wat skrik vir niks, ek het verbrand in die onweer, verbrand, blase. Ek het nog nooit in ’n bikini of in ’n costume gelê nie. Ek weet nie van dit nie. En dis onweer, dis mos lekker, en ek weet nie die son brand deur daai wolkies nie. (We had the most wonderful honeymoon. I got badly sunburnt, blisters, in the overcast weather. I had never sunbathed in a bikini or bathing costume. I had no experience, and thought it was overcast, which was nice, but I never knew the sun could burn badly through those light clouds.)*

Upon returning, a strong substitute mother-daughter relationship was established in an endearing scene where Ria’s mother-in-law attended to her severe sunburn:

*Poedelnakend voor my skoonma, moet sy my Prep smeer. Poedelnakend! Ek is haar skoondogter vir ’n week. Hier staan ek kaal, sy moet my help. Dit was erg. Daar’t ons ’n band gemaak. Ek het vir haar gesê ‘ma’ voor ons getroud was. Ek het haar regtyig baie baie lief gehad, ten spyte van die obstacles en die goed in ons lewe, ek het haar baie lief gehad, want sy was vir my ’n ma. (Stark naked in front of my mother-in-law, when she applied Prep. Stark naked! That after with being her daughter-in-law for a week. And here I’m standing naked, and need her help. That was bad. There we connected. I had called her ’mother’ before we got married. I really loved her very, very much, notwithstanding the obstacles in our lives. I loved her very much because she was a mother to me.)*

Ria and Pieter initially lived on his mother’s farm. During that period Ria established another relationship with a second substitute mother, her long-term friend and
confidante, Annie. They met when Ria accompanied Pieter on his rounds through his deacon’s ward:

En toe het ons daar gestop, en toe’t hulle seuntjie van die dak af geval. En daai kind het in my hart in geklim op daai oomblik. En hy’t hierdie verdomde rooikopsussie wat hom so tempteer. En toe ek nou weer gaan kollekteer, toe staan ek voor Annie se deur. Ek sê vir haar: “Kan jy my onthou?” Sy sê: “Ek sal jou nooit vergeet nie.” Toe sê ek vir haar: “Sal jy vir my ‘n ma wees?” want sy was ouer as ek. Ons twee het nog nooit ‘n skewe woord vir mekaar gesê nie. (And we stopped there, and found their little boy had fallen off the roof. And that little boy stole my heart at that moment. And he had this damn redhead sister who teased him so. And when I went collecting, I stood at Annie’s door. I said to her: “Do you remember me?” She said: “I’ll never forget you.” And then I said to her: “Will you be a mother to me?” because she was older than I was. We have never had anything to spoil the relationship.)

Ria’s main focus, however, was on her relationship with her husband and in settling into the life of a housewife, which she generally enjoyed. They decided not to start with a family straight away:

Maar ons het besluit ons wil nie dadelik kinders hê nie, en ek gaan sy wens respekteer, dis vir my reg... (Ek kon dadelik gehad het, for all I care. Al was ek jonk, was ek groot) ...dat ons mekaar nou net eers bietjie-bietjie voel, en ons is nou twee verskillende mense uit twee verskillende ouderdomsgroepe uit. (We had decided not to start a family right away, and I respected his wish. (I could have, for all I cared. Even though I was young, I was mature) ... so that we could get to know one another bit by bit, seeing that we were two people out of two different age groups.)

After a year or so they reconsidered, mostly based on the fact that Pieter was twelve years older than Ria:

Ons was twee jaar getroud, want toe los ek nou die pil vroëër, want hierdie man is besig om oud te word, en hy stres (lag). (We had been married for two years, and I went off the pill sooner, because this man was getting old, and he was getting stressed (laugh).)

Ria was overjoyed upon hearing that she was pregnant:

En dit was vir my die wonderlikste nuus toe ek gehoor het ek is swanger. Dit was seker vir my een van die hoogtepunte van my lewe. (And to me it was the most wonderful news when I heard I was pregnant. It was certainly one of the highlights in my life.)
Their eldest son, Hans, was born alive and well and she loved being a mother from the start, but within months she lost her second baby as a result of a tube pregnancy:

...toe’s dit ‘n buisswangerskap. Toe lewe die ou di ngetjie, en hier stap ek in die dokter se spreekkamer in... die hartkloppie gehoor... maar jy weet dit kan nie. (...and then it was a tube pregnancy. And the little thing was alive, when I walked into the consulting room ... heard the heartbeat ... but you know it cannot be.)

For years Ria was faced with fertility-related problems, leading to a total of nine operations and – after the successful births of her other two sons – a partial hysterectomy. It was not the end of her reproductive health issues, though:

Toe voel ek net baie siek en ek’s dokter toe. Toe’s dit ‘n gewas so groot soos ‘n tennisbal in my eierstok. My tassie gepak toe’s ek hospitaal toe. Toe’s die gewas besig om op te breek. Toe ondersoek hulle alles, lewer, maag, derms... En ek weet nie waarvoor is hierdie commotion nie. (Then I just felt so ill and went to the doctor. It was a tumour as big as a tennis ball in my ovary. My bag was packed, and I was admitted to hospital. The tumour was breaking up. So they examined everything. Liver, stomch, intestines ... And I don’t know what all the commotion is about.)

In this experience Ria had a strong sense of isolation. Her husband did not seem to cope well with medical issues, and remained passive and unsupportive at times like these:

Ek het baie keer in my lewe alleen gevoel. Maar hierdie een was ‘n kwessie van hy’t geweet. Ek kon dit nie vir hom wegstrek nie. Ek het nie iemand aan my sy gehad wat saam met my gegaan het nie. En jy kom daaroor. Ek kry krag. Dit is partykeer nie lekker nie. (I often through my life felt alone. But this time he knew. I couldn’t hide it from him. I had no one by my side to go with me. But you get over it. You get strength. Sometimes it’s not pleasant.)

Ria dealt with this challenge by trusting in God and keeping a positive mindset:

Toe sê ek net, dit sal nie wees nie, maar what will be, will be. Ek vertrou die Here nou... Net binnekant in die gewas, het hy kanker gemaak... (I just said, it won’t be. But what will be will be. I now trust in the Lord... Just inside, in the tumour, it had become cancer...)
working conditions required him to be away from home often, and in an era before cell phones it was not always easy to maintain contact with each other. Ria’s life was filled with uncertainty, particularly in the unpredictable socio-political context of South Africa in the eighties. It was a lifestyle Ria had difficulty adapting to, and she decided to take matters into her own hands in quite a surprising way:

Not surprisingly to Ria, her prayer was answered. Pieter’s assignments gradually diminished, and he reapplied for his previous position at the mine. He was reappointed at the mine and Ria was overjoyed. They moved to a house belonging to the mine and have now been living there for the past twenty years. Recently they proudly bought this house from the mine.

While Pieter worked for the mine, he started another endeavour on the side. He is skilled in metal work and started taking on small projects for people in his neighbourhood. His skills did not include sound financial management, however, and Ria became drawn into the consequences thereof:

(So he tried to keep things together. And this guy would phone and say: “Give Pieter the message.” Then I give Pieter the message, but tomorrow or the next day, he phones again. Then he says: “But did you give Pieter the message?” The I say I did, but I get angry, because why doesn’t he call on the people? Then I found there was a problem. When I started enquiring, I heard that he took the people’s money, and had to find money elsewhere to buy the steel for their job. In the mean time the money he had on deposit had to fill other needs.)
The situation steadily deteriorated to a point where Ria no longer wanted to remain in the marriage. She developed an interesting relationship with a lawyer, who soon found himself in the position of marriage counsellor:


(“I didn’t see my way clear to suffer again, to fight this battle. You know, I went to a lawyer, and said I would look after myself. I’d leave him, he could see his children, I wouldn’t take them away. And he says to me: “Ria, you cannot do it. That man won’t make it.” Then I say: “Well, I’m going”. Then things go better again. Then the lawyer phones: “What are you doing Ria? Are you still in town?” Then the lawyer worries. And then things go well. This happened time and again.”)

After having prayed earnestly about the matter and with the support of her lawyer-counsellor, Ria eventually made the decision to stay in the marriage. She realised that Pieter needed her practical and emotional support to regain control over his financial situation, and she committed to this. The result was that he managed to turn his circumstances around and to settle his debts, albeit over a prolonged period of time. He still runs his business, but he has learnt how to manage the financial aspects.

Ria has always been willing to draw on external resources, such as the lawyer, for support. In times of marital difficulty Ria decided to see a psychologist. Her attitude was one of willingness to change if necessary:

*Ek het eendag vir ‘n sielkundige gesê: “Sê vir my,” toe ek en Pieter huweliksprobleme gehad het, “sê vir my alles wat ek verkeerd doen. Ek wil dit hoor. Ek’s bereid om daaraan te werk.” En daar was net nooit iets nie. En dit was vir my onaanvaarbaar. Hy’t seker gedink ek’s mal.*

(One day I said to a psychologist: “Tell me,” when Pieter and I had marriage problems, “tell me everything I do wrong. I want to know. I am willing to work at it.” And there was nothing. I couldn’t accept it. He must have thought that I was mad.)

Ria was not only a devoted wife, but also a dedicated housewife and mother to her three sons.
4.4.9 Challenges in parenting

Ria has been a full-time mother to her three sons since the beginning, and particularly committed to that role. Like Esther, she made a deliberate attempt not to repeat the dysfunctional practices of her mother. She has a sound parenting philosophy and considers herself to be a strict but loving parent. Her adolescent sons visibly adore her.

In parenting she was faced with normal challenges from time to time, but the biggest challenge was undoubtedly an ordeal she had to face with her youngest son, Marnus, when he was four years of age. One might call it a story of losing vision:

En hy’t ingekom, so met sy handjie aan die deur gevat. “Middag meneer, kan ek jou help?” Hy’t altyd die ding gehad: “Ag man.” En ek sien daar’s so... flits. En hy lê daar op die mat, en ek roer die kos en ek wil net die stoof af sit dat ek nou met hom gaan sit, toe’t Pieter ingekom en hy val so oor die mat en hy speel so met hom op daai lang mat. En hy val so oor hom en hy sê vir my: “Wat is in sy oog?” Toe weet ek maar ek het nie verkeerd gesien nie. Ek sê watter oog. Hy sê vir my sy regteroog. Ek sê: “Pieter, ek het dit ook gesien, ook in die regteroog. Hoe’t dit vir jou gelyk?” Hy sê: “Soos ’n wit ding wat so flits en toe’s dit weg.” Ek sê: “Maar dis wat ek gesien het.” Maar ek weet nou ons twee kan nie verkeerd wees nie, en dit is binne tien minute. En ek kyk en ek kyk en ek sien pleister op daai lang mat. (He came in with his little hand on the door. “Good afternoon young man, can I help you?” He always had that game: “Oh man.” And I saw there was a ... flash. As he was lying on the carpet, and I was stirring the food, and was just ready to switch off the stove, when Pieter came in and started playing with him on the long carpet. He bent over him, and said to me: “What’s in his eye?”) Then I knew I hadn’t been mistaken. I said: “Which eye?” His right eye, he said to me. I said: “Pieter, I also saw it, also in his right eye.” He said: “Like a white thing that flashed and then it was gone.” I said: “But that is also what I saw.” But I know now that the two of us could not have been wrong, and that was within ten minutes. And I look and I look and I see this thing lying there, such a small ball.)

Ria took her son to see the local optometrist the following day, who referred her to a specialist in the city. He was the first of several optical professionals to remark that it was close to impossible that she could have seen “it” with the naked eye:

Hy’t nie pyn nie, en as jy mooi kyk en jy sit op ’n sekere manier kan jy dit met die blote oog sien. En die dokter sê vir my: “Mevrou, daar’s nie ’n manier wat jy dit, hoe is dit moontlik? Dit is ’n wonderwerk.” (He didn’t have any pain, and if you look carefully and you sit in a particular way then you can see it with the naked eye. And the doctor said to me: “Lady, there’s no way that you can, how is it possible? It’s a miracle.”)
The first specialist announced that it could be one of seven possible eye diseases, or cancer. For three weeks Ria and her son were sent from one specialist to the next, for x-rays and sonar scans and examinations under anaesthetic, all to no avail. All were equally confused and dumbfounded by the “worm” they saw on the sonar monitor:

Nou’s die skerm hier voor my. En ek sien dit lyk soos ‘n wurm, ek sien hoe vreet hy, hoe gaat hy so vorentoe. Al wat sy sê, sy sê: “O Here, wat is dit?” Sy sê: “Mevrou, wag net so bietjie,” en sy’s daar uit. Hier kom sy met die spesialis wie se kamers dit is. Hy sê: “Mevrou, dit het ons nog nooit gesien nie.” (Now there’s this screen in front of me. And I see it looks like a worm, I see it eating away, how he goes forward. The only thing she said, she said: “O Lord, what is this?.” She said: Lady, just wait here a minute,” and out she went. Here she comes back accompanied by the specialist whose chambers it is. He said: “Lady, this has never been seen by us before.”)

The emotional effect on the little boy left Ria distraught. She tried to give him all the comfort and reassurance possible, while explaining the process to him as best she could. Never did she leave him, much like Christine when her son suffered from Idiopathic Thrombocytopenic Purpura (ITP):

...elke keer gaan ek saam met hom in die teater tot hy slaap. Hulle wil hom nie ontstel nie. “Belowe mamma sal my hand so vashou.” Ek sê: “Mamma sal jou nie los nie, ek belowe jou.” (...every time I go into the theatre with him, until he sleeps. They don’t want him to be upset. “Promise me that you will hold my hand, Mamma.” I say: “Mamma will not leave you, I promise you.”)

Hy voel tog nou seker maar aan iets is nie lekker nie. Want ek huil elke dag. Nou vra hy net die heelyd vir my: “Gaan hulle die ogie gesond maak?” Want hy weet nou dit gaan rondom die oog, en almal kyk na die oog. Toe sê ek vir hom ja. Wat sê ek vir hom? En Dr McGraw kom so in die saal in, en hierdie kind steek sy arms uit, maar sy’s ‘n rou Engelsman, en hy vat haar so vas om haar nek, hy sê: “Gaan tannie my ogie gesond maak?” Norah, sy druk daai kind in my arms in, en sy huil, en sy storm daar uit. (He must have a feeling that there is something wrong. I cry daily. He just asks me all the time: “Are they going to make my eye better?” So I said yes. What should I say? And Dr McGraw walks into the ward and this child holds his arms out, she is born and bred an Englishman, and he holds her tight around her neck, and he says: “Tannie, are you going to make my eye better?” Norah, she pushes this child into my arms, and she cries, and she storms out.)

The extended period of diagnosis and the effects on the little boy seemed to have had an effect on the medical personnel as well. Quite a number of the many examinations by the various medical professionals and procedures were performed
under general anaesthetic due to the nature of the problem and the age of the patient. Ria remained cooperative throughout, having decided to trust the professionals to do what was best for her son:

_Hulle probeer die ding vries, maar dit gaan verby die vriespunt. So daai ding woed voort, hulle kry hom nie gevries nie. So doen hulle allerhande ander toetses. Hierdie dokter sê hulle wil dit doen, kan ek teken. Die volgende dokter sê ons gaan nou dit doen, teken. Ek sê: “Luister dokter,” (nou weet ek hoe ver is die teater) “julle moet nou elke keer vir my kom vra om toestemming te gee. Ondersoek en doen wat julle dink julle moet doen. Spuit in, hy's vir niks allergies sover ons weet nie. Spuit hom in en maak met hom wat julle wil. Dit help nie julle hol vir elke ding na my toe nie. Kry klaar. Ek glo julle is nou in die Here se hand, so ek vertrou julle. Om net uit te vind wat's fout.” Hy sê vir my: “Mevrou, weet jy, jy's so sterk. Jy maak dit vir ons so maklik.” (They try to freeze this thing, but it goes past freezing point. So it steams ahead. They keep doing all sorts of tests. One doctor says they want to do this, please sign. The next doctor says now we try that, sign. “I say: “Listen doctor, (I know how far the theatre is) ”now you come to ask my permission every time. Examine, and do what you think is right. Inject him. As far as we know he isn’t allergic to anything. Inject him and do with him what you want to. I doesn’t help coming to me every time. Get done with it. I believe you are in God’s hand, so I trust you. Just find out what’s wrong.” He says to me: “You are so strong. You make it so easy for us.”)

Finally they found the root of the problem in the retina. Her son was diagnosed with Retina Blastoma, a rare form of cancer, and the eye had to be enucleated without delay:

_“I’ve got very bad news for you. We have to remove the eye, immediately. It’s so vicious, it’s in the optic nerve, on its way to the brain. And if it reaches the brain, it’s over. It’s nearly too late.”_

Not only was her son going to lose his vision in one eye, he was going to lose his entire eye, and have his face disfigured in the process:

_En nou word dit uitgehaal. Heeltemal. Dis weg. Hoe lyk dit? Jou hele gesig is geskend. (And now it gets removed. Completely. It’s gone. What does it look like? Your whole face is mutilated.)_

Ria was devastated by the news, but realised the importance of staying in control of her emotions for the sake of her child. It resulted in her taking pills without having any physical pain:

_Elke dag dan ry ek huis toe, maar ek huil. Dan vra Marnus: “Mamma, wat’s fout? Dan sê ek my rug is seer. Wat sê ek vir hierdie kind? Wat sê ek vir hierdie kind? Dan kom ons by die huis: “Mamma, ’n_
pilletjie vir die rug.”  Ek het partykeer pille gedrink sonder dat ek seer het, dat hy sien ek drink dit, want ek huil elke dag.  (Every day I drive home crying. Then Marnus asks: “Mamma what’s wrong?” Then I say my back is sore. What do I tell this child? Then we get home: “Mamma a pill for your back.” Sometimes I took pills without having any pain, and he sees me take them, because I cry every day.)

And when the news came, Ria drew upon her support network for strength. Soon her support network was at her home to await the time of their departure to the clinic:

Ek weet ek het net vir dominee gebel, en hulle het gekom.  En ek het my vriendin Wilma gebel.  (I know I just telephoned the minister, and they came. And I phoned my friend Wilma.)

She was confused and frightened. She had even prepared herself for the possibility of blindness, but never did she consider the option of enucleation. She was faced with the challenge of breaking the news sensitively and responsibly to the little patient. Finally telling the four year old Marnus the truth left a lasting impression on her:

Toe sê ek vir hom: “Jy weet nou jou ogie is siek.  Hulle moet jou ogie uithaal, want hy’s baie siek, anders gaan jy dood.”  (Then I said to him: “You know your little eye is sick. Now they have to take it out, because it is very sick, otherwise you will die.”)

Toe sê hy: “Ag nee.”  En hy klim van my skoot af en hy gaan staan voor die spieël en hy sê: “Darem het liefie Jesus vir my twee ogies gegee.  Wat gaan hulle met die ogie maak?”  (So he said: “O no”. And he climbed off my lap, stands in front of the mirror and says “At least Jesus gave me two little eyes. What are they going to do with the eye?”)

Toe sê ek: “Hulle het gesê hulle wil hom hou want hulle wil kyk hoekom hy siek geword.”  (Then I said: “They said they wanted to keep it, because they want to find out why it got sick.”)

“Sal ek nou nog doodgaan?”  (“Will I still die?”)

Toe sê ek nee.  (Then I said no.)

“Sal mamma by my bly?”  (“Will you stay with me Mamma?”)

“Ek’s heeltyd by jou.”  (“I’m with you all the time.”)

“Sal mamma my handjie só vashou?”  (Mamma, wil you hold my hand like this?”)
The actual operation was no simple matter. When they were on their way to the theatre, Ria was told that anaesthetic could not be administered again due to the nature of a previous test. Her son would have had to be awake during the operation. She kept her promise to Marnus and stayed with him during the enucleation, well aware that she betraying his trust:

*Die narkotiseur het saam met my uitgeloop, hy’t my heetyl vanous. Toe sê hy net vir my hy’t gehoor hoe sterk is ek. Hy’t tevore vir Marnus narkose gegee, en toe sê hulle vir my hy’t ’n kleurstof ingespuit en hulle mag dan nie langer narkose kry nie... Ek verstaan dat hulle hom nie meer kan narkose gee nie. Want elke ou het gesê kom ons doen dit, hierdie een het gesê kom ons doen dit. Hulle het enige optie gesoek, en hulle móés. En toe’t hulle ongelukkig klaar die kleurstof in, toe kon hulle hom nie meer langer narkose gee nie. Dis te gevaarlik, so, toe’s hy nou wakker... Dit was baie erg. Jy moet hierdie dingetjie vasdruk op die bed, en jy’t hom belowe niemand sal hom seermaak nie, en sover het dit goed gegaan, en nou dit. Dit het soos ’n ewigheid gevoel, maar dit was nie ’n ewigheid nie... Ek weet nie wat het hulle gedoen nie, maar hy draai toe hierdie ding in hierdie kind in, en hulle trek uit. Hy’s by. Die suster sê vir my hoe kan ek by staan. Ek sê: “Maar die kind is wakker. Ek kan hom nie los nie. Ek het belowe, onderneem ek sal heetyl by hom wees.” Daai dokter sê vir my: “Mevrou, jy is heeltemal te sterk.” (The aneasthetist walked out with me, and held me all the time. He said he had heard how strong I was. He had given Marnus an anesthetic before, and they told me he had injected a colouring matter which preventer further anesthetic. I understand it. Every other one had said let’s do this, or that. They looked for an option, they had to. And now, unfortunately, he already had this in, so they could no longer give him anesthetic. It’s too dangerous, so now he was awake. That was very bad. You had to hold this little thing down on the bed, and you had promised him nobody would hurt him, and so far things went well, and now this. It felt like an eternity, but it wasn’t... I don’t know what they did, but they twisted this thing into this child, and pulled out. He’s awake. The sister tell’s me where to stand. I say: “But the child is awake. I can’t leave him. I promised to be with him all the time.” That doctor says to me. “You are just too strong.”)

Somehow, together, Ria and Marnus got through the ordeal of the operation, the healing, and the learning to live with only one eye. For 13 years they coped, although it always remained difficult for Marnus to deal with the stares and the questions and the comments. He excelled in sport, nevertheless, and had excellent social skills that allowed him to compensate for his disability.

An entire community was therefore devastated when — a week after my final interview with Ria — he committed suicide. Ria’s response to her son’s death and the consequences on her mental health and general well-being will not be discussed here. Suffice to say that it was the biggest challenge of her life. I maintained contact
with her throughout, but have not done a follow-up interview due to Ria’s vulnerability since the incident. In time, however, I hope to have the opportunity to do this.

4.5 CONCLUSION

Although Ria started off in life facing a number of personal and domestic risks, she has made many good choices of which she still reaps the benefits. She has had the advantage of many innate resilience characteristics, and has managed to establish strong supportive relationships with substitute parental figures. She is one of the three secondary participants in this study whose life histories I have presented in this chapter. In the next chapter I will present the cross-validation report consisting of the findings from these results.
CHAPTER 5: CROSS-VALIDATION REPORT AND LITERATURE CONTROL

5.1 INTRODUCTION

In the previous two chapters I presented the results of the research in the form of the life histories of the four participants. In this chapter I will discuss the findings from the research, including the interview data, scrapbook analysis, my field notes, and secondary interview data with the main participant’s spouse. In discussing the findings I will firstly focus on Esther as the primary participant, with supportive data from the secondary participants: Ria, Christine and Ronel. The discussion will not be focussed on any one specific developmental stage, but rather on the various factors as they emerged at different stages and, in some instances, throughout the lives of the participants. I will also compare the findings from this research to the existing literature on the subject of resilience.

“So often we ask: What has gone wrong?, but in resilience research the question is rather: What has gone right? (Butler, 1997).” When considering the role of resilience in the lives of the participants, it is significant that the circumstances and events which contributed to their experiences of adversity and trauma are also taken into account. The findings from the research analysis emerged in three main themes, that is, risk factors that contributed to the participants’ experiences of trauma and adversity; resilience factors that are characteristic of the individual profile of each participant; and protective factors that shielded the participants from the effects of negative life events. In this chapter I will present these main themes and the various
categories and sub-categories that form part of each theme, as well as the relationship between the various categories.\(^8\)

In comparing the findings of this study with the existing literature, I consider Grotberg’s (1997), framework a good starting point. Based on this framework the capacity for resilience is developed and nurtured from the following: inner, personal strengths (I AM); social, interpersonal skills (I CAN); and external supports and resources (I HAVE). In the findings that I present here, I have combined the categories of inner, personal strengths with those of social, interpersonal skills. I have also added a number of factors in addition to those included as sub-categories under Grotberg’s main categories.

The three main themes from the data will subsequently be discussed. The first theme is relevant to certain life events and circumstances that acted as risk factors, threatening the participants’ mental health and well-being. The second theme concerns the intrapersonal and interpersonal resilience characteristics of the various participants. The third theme relates to protective factors that shielded the participants from potential risk factors.

### 5.2 Theme 1: Risk Factors That Jeopardised the Participants’ Mental Health

The first of the three main themes to be discussed is the various risk factors that had an effect on the lives of the participants. For the purpose of this study, a risk factor is considered to be a characteristic of a participant or her situation that predicts a negative outcome (O’Dougherty, Wright & Masten, 2006:19). Rutter (2007:207) points out that resistance to environmental risk factors may result from exposure to risks in controlled circumstances, rather than the avoidance of risk. Generally, a single potentially traumatic experience would thus not be expected to lead to a

\(^8\) For a complete overview of the themes and categories as found in the data, please refer to Addendum 1.
chronically poor outcome. The participants in this study, however, were not exposed to one or two risk factors, but rather to multiple risk factors, multiple occurrences of the same risk factor, or long-term adversity (O’Dougherty, Wright & Masten, 2006:19; Litz, 2005). This cumulative and persistent exposure to potentially harmful experiences increases a person’s risk for poor adaptive outcomes, as is particularly evident in Esther’s life. At times the participants were not the direct victims of traumatic events, but were exposed to proximal risk factors by experiencing trauma indirectly, for example by witnessing traumatic events, or by being in high risk circumstances, such as associating with delinquent peers, or witnessing intimate partner violence.

Although exposure to adverse life events is part of human existence, not all events are experienced as equally traumatic by everyone. “It is appraisal by the individual that is at the core of whether a stimulus (a) even becomes a stressor and (b) whether a stressor is deemed positive, benign, or irrelevant. If the stimulus is cognitively deemed a nonstressor, the individual feels he or she has the resources to respond to the situation, and does so (Lansverk & Kane, 1998:424).”

I will present the categories and sub-categories related to risk factors derived from the conceptualisation risk in three dimensions of Greenbaum and Auerbach (Goldstein & Brooks, 2006:5), that is:

(1) external risk as opposed to protection;

(2) vulnerability as opposed to invulnerability; and

(3) lack of resilience as opposed to resilience.

In addition I add a fourth dimension:

(4) proximal risk factors.

5.2.1 External risks as opposed to protection

The external risks that the participants were subjected to occurred at various stages throughout the three to four decades of their lives. In the case of Christine, her life
was virtually risk-free until her father died when she was nine years old. From that point onward the risk factors affecting her resilience were consistently present in her life in various forms and at various stages. As a child Ronel was not exposed to significant risks, mainly because her parents managed to keep their marital difficulties and her father’s alcohol abuse from the children. Only in middle adolescence did she become aware of the extent of the marital crisis, but by then she managed to remain largely unaffected. What seriously challenged her resilience for the first time, however, was the prolonged alcohol abuse and subsequent disharmony in her own marriage. Ria and Esther, on the other hand, were exposed to numerous risk factors from the beginning of their lives and well into adulthood. Being increasingly exposed to traumatic events and circumstances, increased their risk for externalising and internalising disorders (Ferguson & Horwood, 2003:155; MacPhee & Andrews, 2006).

Masten’s (1997) statement that: “The greatest threats to children happen when the adaptive systems that normally protect development, are harmed or destroyed,” rings true in the life histories of Esther and Ria. They grew up in similar home environments that were dominated by psychologically unstable mothers. Both women described their mothers as sick, mentally ill or abnormal in their conduct. In the face of these mothers’ lack of self-control and emotional instability, Esther and Ria became the primary objects of their mothers’ anger and violence. The fact that these women as girls were at risk from their mothers implied that a key resource that would normally have protected their development, was impaired, thus contributing to the other threats in their daughters’ lives. In Esther’s case the pattern of mental illness repeated itself in her own life, up to the first significant turning point in her life when she voluntarily solicited help from the Rev. M from R. From that point onward she gradually became more stable and reported fewer and fewer instances of violent outbursts and inadequate self-regulation over the years.

In addition to her mother’s mental illness, Ria was exposed to the long-term experience of a mother suffering from cancer and the subsequent effects thereof in her own life. Apparently Ria was the person who explicitly told her mother that the latter was suffering from kidney cancer, after having become privy to information which she obtained in the pharmacy where she worked. She relates this fact to her
mother’s hatred for her, theorising that the information disclosure might have contributed to the hatred. In many respects Ria was forced to take on roles that would normally be those of the mother of the house, in the context of Afrikaans lower middle-class households in the sixties and seventies. She was responsible for cooking, cleaning, making the beds, and bathing her younger brother and sister. Her mother demanded perfection from Ria, and reacted with violent verbal and physical outbursts if chores were not performed to her satisfaction. In addition, Ria became her mother’s legs for her gambling addiction, as Ria was the one who had to go and place bets on her mother’s behalf, soliciting the help of strange men as she was underage. The combination of Ria’s mother’s mental and physical illnesses was indeed a core risk in her childhood life, and left her with permanent emotional scars.

Christine’s father also suffered from cancer. He was terminally ill with lung cancer, but – probably because she was only eight years old at the time and her relatives intended to protect her – she never knew the truth about his disease till after his death. The events surrounding his illness and death were profoundly traumatic to Christine. This was aggravated by the fact that she had no emotional support in dealing with her loss and she suffered from immense feelings of guilt and responsibility for her father’s illness. This risk factor was mediated to some extent by the protective buffering of Christine’s secure attachment to both parents in the years prior to her father’s illness.

One of the most basic human needs is attachment and belonging (Brendtro & Long, 2005:158). In the context of gross neglect and parental rejection, the basic emotional needs of both Esther and Ria were continually disregarded by their parents, preventing secure attachment to either parent. In Esther’s case the rejection was overt. Her mother’s repeated statements that Esther should never have existed left Esther convinced that she had been rejected by her mother since her conception. At no point in her life did Esther’s mother make amends or indicate that she had come to accept Esther, if not to love her.

Both Esther and Ria as abused children without an inner sense of safety were dependent on external sources of comfort. Herman (Hollander, 2004:212) argues that abused children seek people to depend on and therefore quickly become
attached to strangers. In a paradoxical response to trauma, however, they cling to
their abusers. Something of this paradoxical response is illustrated by Ria’s
effortless attachment to strangers. In her case this ability turned out not to be a risk
factor, because she mostly developed wholesome attachments. Simultaneously,
she remained loyal and attached to her abusive mother, insisting on sleeping beside
her bed at night and nurturing her mother by giving her foot massages night after
night, despite the fact that Ria was often rejected in the process.

Having been low in resilience for at least the first two decades of her life, Esther
illustrates the opposite. She did not enter into healthy relationships and did not
have substitute relationships with alternative caring adults. One can only speculate
as to whether this was the result of an inability within her to establish prosocial
relationships, or whether there was a complete disinterest in her well-being in the
society in which she lived, as she had indicated. Perhaps it was a combination of
these factors.

Ria and Esther were both caught up in familial systems characterised by an absent
father and a severely maladjusted mother. Both sets of parents modelled
inappropriate parenting styles and low self-regulation in a context of neglect, all of
which contributed to their daughters’ insecure attachment. Esther’s parents had a
permissive parenting style, characterised by the excessive use of violent punishment
in a context of severe neglect. DuMont, Widom and Czaja, (2007: 258) describe
childhood neglect as childcare deficiencies beyond standards considered acceptable
in the community in question and professional standards at the time. In Esther’s
situation the neglect included a lack of nurturing, care, and supervision. A powerful
illustration of the extent of neglect is Esther’s introduction to sexual abuse. As a four
year old child she roamed the neighbourhood without supervision. When she
returned home after having been sexually abused, her mother took cognisance of
the fact that there was blood on her daughter’s underwear, but she failed to respond.
No care was provided, no questions were asked, and no protective measures were
taken. Esther highlighted the connection between her having been sexually abused
and having been neglected when she pointed out that she took to the streets as a
four year old because her parents did not care.
Another example of inappropriate parenting was the way in which Esther's mother conveyed her hatred for men to her daughters. Through explicit and distasteful information, she engulfed her daughters in a river of resentment and bitterness, presumably resulting from her own accumulated trauma. It left Esther and her sister with distorted views of men, romantic relationships and sex, reaffirming Esther’s distrust and unhealthy perceptions of intimacy.

Inappropriate parenting took its toll on Esther in different respects. Irons, Gilbert, Baldwin, Baccus and Palmer (2006:297) indicate that negative parenting styles may give rise to depression by means of the way these children develop their self-to-self relating. Inappropriate parenting and neglect contribute to the vulnerability of individuals in question, not least in the cyclical modelling of behaviour. Esther was caught in the cycle of inappropriate parenting, resulting in the repetition of some of her mother’s behaviours by Esther in her first few years of parenthood. In keeping with her growing resilience, however, she became aware of the effect of her behaviour, and consequently adapted her parenting style in subsequent years.

One aspect of the negative parenting to which Esther and Ria were subjected was extreme psychological abuse by their mothers. Above I referred to the fact that Esther’s mother openly regretted her very existence. Ria declared that her mother had hated her. Even as little girls both Esther and Ria were called whores by their mothers. After Ria’s suicide attempt her mother’s response was: “It’s a pity she didn’t bleed to death.” Her mother went further than that, indulging sadistically in having her daughter frequently intimidated and frightened to the point of hysteria by a municipal worker.

Women who were Childhood Sexual Abuse (CSA) victims are often characterised by feelings of hopelessness and inadequacy. They tend to suffer from nightmares and may display hypersexual behaviour. As children CSA victims suffer from increased fear, sadness, anger, guilt and shame. Severe CSA also has long-term consequences, including dissociation and a deficit in normal developmental skills (Miller, 2006:186). Most of these consequences featured in Esther’s conduct and emotional life. Typical of CSA victims, she made use of a number of emotional
coping skills during childhood, including withdrawal, distraction and dismissing-avoidant attachment behaviours.

Esther’s sexual abuse started in her pre-school years and continued throughout adolescence and into adulthood, taking on various forms. The very nature of sexual abuse involves a less powerful person being in the service of a more powerful person. Initially Esther was sexually abused by the father of a friend (a trusted and powerful person), just as Ria was sexually molested by a male acquaintance (in a position of power, because her mother had borrowed money from him). Esther submitted to a subsequent period of repeated and prolonged sexual abuse by older (again more powerful) boys. This voluntary submission was fired by Esther’s hunger for physical contact and bodily warmth, together with her longing for acceptance and a need to belong.

During late adolescence, Esther’s involvement in a sexual relationship with a minister may be interpreted in terms of Miller’s (Hollander, 2004:213) temporary inequality paradigm, which has bearing on the order in relationships. Within this paradigm the superior party (in this instance the minister) is supposed to bring the lesser party (in this case Esther as his client) up to a point of equality in the same way that a parent is supposed to engage with a child in a way that would guide the child to adulthood. These relationships are therefore rooted in service to the lesser party. In the case of Esther and the minister, however, the order was reversed in the sense that Esther was called into service to and for the minister, in terms of his sexual gratification. Esther’s continued succumbing to the repeated disparity in relationships through serving the sexual needs of more powerful male figures could be the result of what Hollander (2004:213) describes as “the very essence of the (childhood sexual) trauma which must be kept alive, paradoxically, by the victim to assure (himself/herself) that it happened.”

Childhood sexual abuse is but one form of victimisation based on the abuse of power experienced by the participants. Alcohol abuse and the often accompanying physical violence by powerful individuals were other forms of abuse of power that the participants had to face. Alcohol abuse was a distinct characteristic of both Esther and Ronel’s memories of their fathers. Alcohol consumption is associated with an
increased risk of interpersonal violence (Jewkes, 2002:1425), and in this case we recognise the familiar pattern: In both instances there was a direct relation between their fathers’ alcohol abuse and the marital discord between the parents. Ronel describes how her father went drinking in the evenings and how his return later in the evening was usually followed by an argument between her parents. Ironically, but almost predictably, this exact scenario repeated itself in Ronel’s own marriage, with her husband being the alcohol abuser. Like her father, her husband’s drinking problem started with the occasional drink, and escalated to complete addiction and chronic alcohol abuse.

In the case of Esther’s father, the conflict between her parents did not end verbally, but frequently turned into severe battery of her mother. Her father also directed his aggression against her brother by beating him until he could no longer stand. The fact that Esther witnessed her father’s physical violence toward her mother and brother as triggered by his alcohol abuse, became another proximal risk factor in her life which manifested itself in internalising and externalising behaviour.

When one considers the relation between substance abuse and emotional/physical abuse, it is important to ponder the effects of and motivation for alcohol abuse. It has been established that the connection between violence and alcohol abuse is socially learnt and has the benefit for the abuser of acting as a cultural “time out” for antisocial behaviour. Men are therefore more likely to act violently when drunk, because they do not feel they will be held accountable for their actions. Alcohol contributes to intimate partner abuse by reducing inhibitions and providing social space for punishment (Jewkes, 2002:1425,1427).

Violence against women takes on different shapes, some of which have become evident in the life histories of the participants. Violence against women can be described as “any act of verbal or physical force, coercion, or life-threatening deprivation that causes physical or psychological harm, humiliation, or arbitrary deprivation of liberty, or that perpetuates female subordination” (Donohoe, 2004:24). Esther witnessed her father’s violent abuse of her mother and her brother, and fell victim to similarly violent abuse by her mother. She was often and severely beaten, all over her body. Likewise Ria was harshly beaten, mostly by her mother, who
thrashed her indiscriminately with a cane or a “kweperlat” (quince stick) on any part of her body. Her father used corporal punishment on few occasions, striking Ria with a belt, mostly in response to her mother’s provocation. Child abuse occurs in a third to half of families where intimate partner abuse occurs (Donohoe, 2004:25), as was the case in both these families.

Physical violence within such a dysfunctional family environment may have various detrimental consequences for the child victim. Physical assault and emotional abuse by parents can bring about depression in children (Miller, 2006:193), while exposure to family violence is positively correlated with behavioural problems among girls in particular (Kolbo, 1996:113; Gewirtz & Edleson, 2007). Physical/emotional abuse further predicts both substance use and weight concerns, mediated by impaired current attachment (Hodson, Newcomb, Locke & Goodyear, 2006:1017). This is an interesting fact: Esther, who demonstrated low resilience in childhood up to early adulthood, reacted as research predicted, with internalising and externalising behaviours such as depression, eating disorders, substance abuse, aggression and rebellion. Ria on the other hand, demonstrated high resilience throughout childhood and adolescence and did not respond to her victimisation in the same way as Esther did.

When contemplating the life histories presented, one is faced with various intergenerational cycles of destructive behaviour. I referred to the patterns of mental illness and inappropriate parenting styles above. The combined occurrence of alcohol abuse and physical violence is a third intergenerational cycle that is enacted here. The only person who repeated the pattern of alcohol and substance abuse together with physical violence was Esther. In her case the two behaviours were not necessarily linked, and she struggled with outbursts of violent behaviour long after she had ended all forms of substance abuse. The cyclical pattern becomes much clearer when one considers the company that the women kept. Christine and Ronel had intimate partners who abused alcohol, while Esther’s mentally ill boyfriend abused various substances. As always, the main problem does not lie merely in the abuse of the substance, but in the dire consequences for the significant others of the abusers, not least of which is the subsequent intimate partner violence.
Intimate partner violence can be described as physical, sexual and/or psychological abuse directed toward a woman by her husband, ex-husband, boyfriend, or ex-boyfriend (Jewkes, 2002:1423). Christine experienced profound disillusionment days after her marriage to the man she loved, and with whom she had been in a nurturing relationship for more than a year. He unexpectedly started drinking after work, returning home intoxicated late at night. He became aggressive and battered his newlywed wife. Soon the pattern was set for the next fifteen years and more.

Esther was also a victim of intimate partner violence, although for a much shorter period of time. During her medium-term involvement with a mentally ill man, she endured abuse ranging from verbal to psychological to physical abuse. Her response at the time was characteristic of an external locus of control and manifested as learned helplessness, the result of the preceding years of physical, sexual and emotional abuse in her original home and neighbouring environment.

Much research has been done to explain the complex discourse underlying the incidence of intimate partner violence. Jewkes (2002:1426) distinguished two factors that are conditions for intimate partner violence to occur. Firstly the woman has to be in an inferior position to the man in the particular relationship and in society, and secondly the use of violence in conflict must be accepted. In the Afrikaans lower to middle classes of the seventies gender inequality ruled. Women were faced with occupational stereotypes, significantly lower salaries than their male equals and they were generally regarded as the weaker sex. Within this ideology of male superiority, the forceful disciplining of women by men was often condoned, thus reconfirming male power. In this context both the immediate community and the police tolerated and even trivialised violence against women. To a great extent this is still true of many South African communities today.

The potential consequences of intimate partner violence are profound, since intimate partner violence taxes every resource a woman has (Miller, 2006:194). Gleason (Miller, 2006:186) established that 99% of battered women have anxiety symptoms, such as obsessive-compulsive disorder, generalised anxiety disorder, Post-traumatic Stress Disorder, major depression, and substance abuse. Physical symptoms include bruises, fractures, lacerations, chronic pain, hyperventilation syndrome, as
well as eating and sleeping disorders. These women have a fivefold-increased risk of developing psychiatric disorders, and 10% attempt suicide (Donohoe, 2004:25,26). Battered women who live in the home with their attackers commonly present with obsessive-compulsive tendencies. Obsessive-compulsive tendencies have been found to be a positive response if they provide a solution to the occurrence of battering, however they are considered a negative coping response if they keep the battered woman in the abusive relationship (Miller, 2006:193).

Christine resorted to obsessive compulsive tendencies in response to her husband’s violent outbursts, usually upon arriving home in a state of intoxication. Her ritualistic routine consisted of a number of activities to see to the needs of her children for the night, tidy the house meticulously and get to bed early enough to be able to sleep a number of hours before her husband’s usual disruptive return. In her case this was an effective coping strategy, because it usually diffused the violent outbursts, her children remained shielded from the events for the most, and she managed to get some rest. Yes, she remained in the abusive relationship for an extended period of time. She does, however, tell of ultimatums, turning points and eventually change in response to her action of filing for divorce. She managed to maintain a sense of control in her circumstances, and her obsessive-compulsive tendencies served a stabilising purpose in the household, certainly a resilient coping mechanism in this case.

Victims of intimate partner violence frequently turn their anger inward in the form of chronic depression, suicidal behaviour and self-mutilation (Miller, 2006:193), as Esther had done. Donohoe (2004:25) found that battered women were often characterised by low self-esteem, guilt, denial, a history of childhood abuse, having few friends, traditional attitudes regarding women’s roles, having children, having poor financial resources, few job skills and lower education, some of which may be relevant to Esther and Christine. The results of physical abuse usually manifest in Post-traumatic Stress Disorder (PTSD), or in the victim’s learning to cope with her assailant, or in anxiety and bodily reactions triggering a state of alarm. It is this state of alarm that motivates the victim to take some form of action (Miller, 2006:192). While Esther certainly had symptoms of PTSD, her being battered was one of several potential factors that might have given rise to PTSD. Christine, on the other
hand, managed to adapt. She employed active problem-focused coping strategies to deal with her husband’s anticipated drunken and violent episodes.

Given the external risks discussed above, it makes sense that the participants’ normal development was likely to be affected. With reference to the various developmental tasks, the effect of their traumatic exposure in different domains is encountered. While it has been established that children of intimate partner abuse victims show decrements in their academic and social development (Donohoe, 2004:25), the collective effect of traumatic experiences probably intensified inadequate developmental outcomes.

When considering the effects of traumatic life events on Esther’s development, it is evident that she failed to achieve adequately a number of normal developmental outcomes at the expected stages in her life. It is worth, for example, considering Esther’s development against the backdrop of Erikson’s (Slater, 2003:54-57) stages of human development. Erikson proposes that development proceeds through eight stages. Individuals complete all stages, in a particular order, without skipping a stage. In every stage there is a conflict between two opposites, resulting in a sense of the positive and the negative in the form of a ratio (Slater, 2003:54,55). From Esther's accounts it is evident that her first developmental task, namely trust versus mistrust, has resulted in a strong sense of mistrust. This was based on the lack of parental warmth and caresses, as well as her parents’ failure to raise her in an environment of security where her needs were being met. Instead her earliest memories are characterised by a tremendous awareness of fear and rejection. The ensuing distrust manifested in what Esther describes as a thread of fear throughout her young life, affecting her behaviour and relationships. Her life experiences repeatedly confirmed her notion that people could never be trusted, and reaffirmed her fear to the point of ever-increasing levels of anxiety.

The scales were only swayed in the direction of trust in the establishment of a relationship with the minister, David, and his wife, to a lesser extent, and with her husband Deon to a greater extent. Only in relationship with Deon did Esther come to realise that certain people could be trusted unconditionally. Even though she gave him every reason to reject her – including attempts at killing him– Deon stayed with
her. This laid the foundation for Esther’s deepening relationship with God, a relationship that cannot be described as mere religion, but rather as a progressively deepening relationship with her Creator who accepts her unconditionally.

Unsuccessful school experiences were central to some of the women’s inadequate academic and/or social developmental outcomes. Remarkably, Ria’s social development seemed to have been normal with the exception of her advanced social and emotional maturity. Her academic development, however, lagged behind. In my encounters with Ria I perceived her as particularly bright and witty. My perceptions were supported by her descriptions of the ease with which she mastered her employment tasks at a very young age. Her intelligence was not reflected in her academic performance though, mainly due to the fact that she was inundated with adult responsibilities, leaving her with little time for school work.

Esther experienced schooling negatively, particularly the latter part of her secondary school education when she was found to be in possession of drugs. During her primary school years she still lived with the unspoken desire that someone would show some concern for her, and perhaps even intervene in her unfavourable domestic circumstances. However, the school system failed her. There was not one teacher who responded to her evidently abnormal behaviour. How can a teacher ignore the symptoms of neglect, physical and emotional abuse as was manifested in Esther’s inability to eat and walk normally, her tendency to withdraw socially and find refuge in a fantasy world? This bearing in mind that there was nothing wrong with her cognitive development, as was evident in her good academic performance. Her desire to impress and be accepted must also have been obvious in her keenness to take part in every possible extra-curricular activity in primary school. Yet there was no interest or intervention from the school’s side.

This raises the question as to whether teachers were equipped to address instances of abuse and neglect at the time. And today, are there procedures in place to respond to the unspoken outcries for help from the Esthers in classrooms across the country? Are teachers informed of the appropriate course of action to take when abuse and neglect is suspected? And one has to ask, do teachers even care
enough to reach out to the abused child in empathy, providing perhaps the only care, warmth and comfort such a child might experience?

Esther’s secondary school experiences were similar to her years in primary school up to the point where she started experimenting with drugs. Then, suddenly, action was taken. She was given the choice between expulsion and attending a drug rehabilitation programme, but still no-one insisted on discussing the matter with her mother or investigating her domestic circumstances. The school’s response to Esther’s difficulties was one-dimensional, superficial and ineffective. For the first time in her life, however, one teacher reacted supportively and committed to taking Esther for her weekly sessions at a psychiatric institution.

Esther’s out-patient attendance of a drug rehabilitation programme was a failure. Little did she realise at the time that the following ten years of her life would be marked by numerous episodes of institutionalisation in various medical and psychiatric institutions. Esther’s drug addiction, eating disorders, self-mutilation and suicide attempts necessitated medical and psychiatric intervention. For a number of possible reasons, all interventions were ineffective. Her deep-seated mistrust and sense of hopelessness contributed to the failure of every external attempt at helping her, turning her experiences of institutionalisation into yet another risk factor in her life.

Schotte, Van Den Bossche, De Doncker, Claes and Cosyns (2006:319) point out that psychiatric problems are severely stressful in individual, relational, social, professional and financial terms. Being institutionalised, and particularly in the closed ward of a feared institution such as Sterkfontein Psychiatric Hospital, was extremely traumatic to Esther. The disillusion of being stripped of the last remaining strands of humanity and dignity devastated her. In addition to the deprivation of liberty resulting from being in a closed ward, she was faced with that lack of respect for her privacy which is inherent to institutional life. Through a variety of methods, institutions manage to control virtually every aspect of a patient’s behaviour, often leaving her powerless, desperate, angry and dejected (Goodwin, Holmes, Newnes & Waltho, 1999; Jennings, 2004:374). Esther was faced with these feelings, also as a
result of inadequate protection against the violence and aggression of her dangerous psychiatric co-patients.

### 5.2.2 Vulnerability as opposed to invulnerability

While the aspects addressed above may be considered trauma-inducing risk factors, the participants were exposed to other life events that increased their vulnerability. A person’s vulnerability to risk can be associated with interpersonal, intrapersonal and contextual issues.

The social contexts in which the women in the study grew up were similar in many respects, and in some ways added to their vulnerability. With the exception of Christine whose parents were more affluent, all participants grew up in lower-middle class households in suburbs surrounding Johannesburg during the 1960s and 1970s. Although it was a politically volatile period in South African society, the women did not seem to be directly affected by the political instability. The underlying discourse in society was and still is marked by the use of force and violence to exercise power, a philosophy that seems to have rippled through to the nucleus of society, that is, the family.

Smith and Easterlow (2004:174) proposed the argument that “Where people live matters because there is a geography of physical and biological health risks, and of therapeutic landscapes.” Where the participants lived certainly mattered. Not only were the contexts in which they grew up typified by increased exposure to physical risks, but certainly also by increased psychological risks. Thus, for example, the lack of parental supervision in Esther’s childhood neighbourhood placed her at risk for serious physical harm in the form of sexual abuse, which was aggravated by the psychological damage following the abuse.

None of the girls were exposed to severe poverty in the first decade of their lives, but they were by no means wealthy. It is generally accepted that socioeconomic disadvantages and associated stress contribute to certain other risks such as domestic conflict and intimate partner violence (Jewkes, 2002:1424). In both Esther and Ria’s situations their fathers were builders who provided the sole income for the household, while Ronel’s father was a railway worker. In this social context it was a
common occurrence for the men to spend large amounts of money on alcohol, to
drink excessively particularly on weekends, and subsequently to engage in domestic
violence. This behaviour was likely to have been tolerated by the community and the
police, as is still the case in similar communities today.

It has been found that occupational and financial security promotes resilience,
particularly in divorced families in which the single parent is female (Greeff & Van der
Merwe, 2004:59). The opposite was illustrated in the lives of three of the
participants: The lack of financial security became a risk factor in the lives of Ronel,
Christine and Esther when their mothers became single parents after their fathers
had either died or divorced the mother. In all these cases the mothers were under
varying degrees of financial pressure and the families had to make considerable
adjustments to adapt to their reduced income. Esther tells of long periods in which
they lived on bread and pork fat, while Ronel’s mother had to find employment after
having been a housewife throughout their childhood years.

When considering the interpersonal issues that contributed to the participants’
vulnerability one should not underestimate the effect of prebirth parental rejection
and growing up in the knowledge of having been an unplanned, unwanted child.
Having been adopted, though, did not have as detrimental an effect on Christine as
might have been the case under other circumstances. This is probably due to the
fact that her early childhood years unfolded in the context of acceptance and
unconditional love, and that she only discovered the truth about her adoption in
middle adolescence. Similarly, Ronel coped well in mid-adolescence upon realising
the nature and extent of her parents’ marital difficulties, which resulted in their
subsequent divorce.

Key vulnerability risks were seated in the participants’ relationships with their
parents. Much has been discussed above pertaining to the pathological
relationships of Esther and Ria with their disturbed mothers. A striking similarity
between three of the four women is their fathers’ distinct absence from their lives. In
these instances the fathers were still married to the mothers, but were often
physically absent mainly due to of the nature of their work. In addition, their
recreational preferences, such as habitual outings to go drinking, and the pursuit of
adulterous relationships, kept them away from their families. When these men were physically present at their homes, they remained emotionally distant and detached from their children. They were at best awkward and at worst abusive towards their children. There seems to be a relation between this kind of disconnection from family, low social conformity and poly-substance use. As in Esther’s case, disconnection from family predicted low social conformity, which predicted poly-substance use. Similarly, disconnection from family predicted Esther’s bulimic behaviour, mediated by dysphoria (Hodson et al., 2006:1017).

In addition to the apathy of their parents, Esther received no support from caring adults outside her immediate family. She spent her entire childhood to mid-adolescence longing for helpful and caring intervention. Sadly, this need for intervention remained unanswered until it was enforced during her initial compulsory participation in a drug rehabilitation programme. By that time, intervention achieved nothing. Ironically, attempts at intervention might have been foiled by Esther and Ria’s mothers’ excessive concern with “what would people say?” despite their own abusive practices. Their hypocrisy and double standards contributed to a mindset in their children which prevented the children from eliciting outside help for fear of evoking the wrath of their mothers.

The pattern of maintaining the silence further isolated the dysfunctional families (McLaughlin & Tierney, 1993:4). Both Esther and Ria’s families received few visitors and their parents had few friends. In this environment Esther’s sense of isolation and displacement, of not belonging, was reinforced. She did not have an example of meaningful social interaction, and lacked the necessary communicative skills to render her socially competent. Of course this social incompetence in turn served to intensify her sense of displacement and isolation.

On a cognitive level the participants faced the risk of inadequate understanding of, and insight into, the motives of the people who influenced their lives. They were often left in the dark when it came to the actions of the adults in their lives. Esther and Ria could, for example, not make sense of their mothers’ motives for abusing them physically and emotionally, leaving them confused and insecure. Christine was never told the truth about her father’s terminal illness, resulting in feelings of guilt,
betrayal and confusion after his death. It would seem as if some risks in the lives of the participants would have been mediated by adequate and appropriate information, giving the women insight and understanding into many of the unanswered questions in their lives. The children at risk might benefit from educational efforts, particularly by parents, to provide them with information and answers to their questions, specifically in relation to major life events families are confronted with. Even some insight into a parent’s main biographical experiences may provide the adult victims of childhood maltreatment with a framework within which to interpret their own victimisation.

Further intrapersonal issues that contribute to vulnerability, centre on the participants’ thoughts and feelings regarding themselves and others, and the ways in which these issues affected their behaviour. As a child (and at later stages in their lives some of the other participants) Esther was plagued with notions of inferiority and inadequacy. In association with feelings of insecurity and uncertainty, these issues resulted in actual failure and fear of failure. Even as an adult who had managed to overcome almost insurmountable odds, Esther still struggled with a sense of inadequacy, failure and insufficient experiences of success.

The battle with identity confusion pervaded the participants’ lives in different ways and in Esther’s case for a prolonged period of time. She spent years in search of herself, her identity, and her place in the world. Her combined lack of social skills, her search for identity, low self-esteem, and role confusion culminated in the crisis she was faced with as a minister’s wife in a small town congregation. Against this backdrop of uncertainty, Esther had to perform a role for which she was not equipped. She had little exposure to suitable role models, with the exception perhaps of the minister’s wife with whom she stayed in the inner city. She lacked experience and skills to perform the highly visible tasks that were traditionally expected of a minister’s wife, such as to entertain, take on a leadership role, and to fit a certain social profile. The pressure was considerable, and Esther simply did not have the skills to cope with the demands of her new role.

As soon as Esther was confronted with stressful situations, she experienced a lack of control over her actions or her environment. As a result of her inadequate self-
regulation, her behaviour turned violent and indiscriminately destructive, directed at herself, others and her physical surroundings. These outbursts were often followed by long periods of overwhelming feelings of guilt and shame. Her lack of impulse control can also be associated with a range of other self-destructive behaviours, such as drug addiction, eating disorders, self-mutilation and attempted suicide.

In Esther’s case depression and aggression coincided. She had a profound sense of powerlessness and victimisation, giving rise to passive coping and internalising behaviours. Depression is more likely when a person feels unable to control a situation, and is characterised by feelings of hopelessness and entrapment (Schotte et al., 2006:318). Esther tended to attribute events as personalised internally, universally pervasive, or permanent, thus exhibiting learned helplessness (Miller 2006:188). Before the main turning point in her life, Esther thought of herself and her life in terms of absolutes such as “always” and “never”, instead of considering that problematic circumstances might have been temporary. She vulnerably believed that that there was no help, no hope and no escape from her undesirable life, except through death. On several occasions this mindset resulted in behaviour marked by a lack of resilience.

5.2.3 Lack of resilience as opposed to resilience – destructive turning points

Resilience is put to the test when adversity strikes. A third category of risk factors manifested in a lack of resilience rather than resilience in reaction to traumatic events. In some instances this involved an inability to deal resiliently with adversity, leading to mental illness, while in other instances it resulted in certain destructive choices. The various participants demonstrated a lack of resilience in different ways and at different developmental stages.

Although the participants did not refer to specific professional diagnoses of any particular mental disorder by name, one could speculate about the probability that Esther suffered from Post-traumatic Stress Disorder (PTSD). Esther described the familiar symptoms of recurrent intrusive recollections and dreams of certain traumatic events, dissociative flashback episodes, distress at exposure to cues that
resemble an aspect of a traumatic event, avoidance of stimuli associated with trauma, the numbing of her responsiveness marked by feelings of detachment and a sense of foreshortened future, and some persistent symptoms of increased arousal (American Psychiatric Association, 2000:468).

Esther experienced acute stress at certain times in her childhood and youth, particularly when her life was in danger. While inundated with anxiety and fear, stress had become such an integral part of her existence that she paradoxically sought out frightening situations.

Women are often exposed to more stressful, traumatising life events than men, in addition to having a greater psychobiological vulnerability to depression (Schotte et al., 2006:317). While all the participants testify of having had depressive symptoms sooner or later in their lives, Esther was particularly at risk for depression. She was, for example, more vulnerable to depression as a result of addiction to and withdrawal from substances. In addition her impaired social skills and excessive interpersonal inhibition in childhood would have left her vulnerable to the onset of depression, relations which have been established by Schotte et al., (2006:316). Ronel and Christine only developed depressive symptoms during adulthood when faced with the complexity of risks associated with living with alcoholic husbands. Their relationship with God seemed to moderate their depressive symptoms, in keeping with the theory of Spann, Molock, Barksdale, Matlin and Puri (2006:553) that the congruency between locus of control and religious coping style reduce risk of depression. Depression is often associated with a number of other forms of internalising behaviours, amongst others self-mutilation, suicide and eating disorders.

Favazza (McDonald, 2006:193) defined self-mutilation as the “direct, deliberate destruction or alteration of one’s body tissue without conscious suicidal intent.” The most common form of self-mutilation is cutting, the scars of which are still visible on Esther’s arms. Self-mutilation in adolescents is associated with a number of factors, such as depression, anxiety, ineffective coping skills, substance abuse, poor impulse control, and adjustment disorders (McDonald, 2006:194), all of which seemed to be part of Esther’s adolescent life.
Episodic self-mutilation, including acts such as cutting, is usually associated with mental disorders such as depression and anxiety. These episodes can be related to releasing tension, establishing control, and expressing anger, and can provide temporary relief from tension, anxiety and distress. When these episodes become an overwhelming preoccupation and the person becomes addicted to the behaviour, it is called repetitive self-mutilation. This category of self-mutilation is associated with eating disorders and alcohol abuse (McDonald, 2006:195), as was clearly demonstrated in Esther’s life. Esther reported that she performed acts of self-mutilation in order to make her unbearable internal pain visible. In addition, self-mutilation might have revealed Esther’s innate will to survive (Van der Kolk, 1989).

While in itself a risk factor, self-mutilation may be preceded by sexual or physical abuse, parental alcoholism, parental depression, own depression, and inadequate coping mechanisms, again all of which played a role in Esther’s disorder. Depression was found to mediate the relationship between hopelessness and suicidal behaviours. The external locus of control increases the risk for hopelessness and depression, followed by attempted suicide (Spann et al., 2006:553; Captain, 2006:44). This is clearly illustrated by Esther’s fantasies of suicide and its consequences, and her repeated suicide attempts, all in a context of helplessness and hopelessness. Ria’s suicide attempt, however, was not preceded by distinguishable depressive symptoms. When her mother threatened to shoot her – with the revolver lying beside her – if she read the Bible again, she believed that her last resort had been taken from her and in despair she attempted to end her life.

Another manifestation of Esther’s lack of resilience came in the form of the eating disorders anorexia nervosa and bulimia nervosa. Esther described these eating disorders as a slow form of suicide. In combination with substance dependence, eating disorders and depression, she often suffered from severe fatigue and physical illness. Schotte et al., (2006:318) argue that feelings of entrapment in hopeless situations along with the ensuing emotional struggle often resulting in depression and states of exhaustion. This sense of emotional and physical entrapment also resulted in Esther’s need to escape reality through dissociation. Dissociation manifests as a desire for attachment that allows no sense of relationship (Hollander,
2004:212). Esther’s unfulfilled need for attachment found expression in the fantasy relationships she accessed through dissociation.

During adolescence Esther’s attachment issues became apparent in her sexually promiscuous conduct. She had a permissive lifestyle which seldom presented her with opportunities for establishing trusting relationships. On the contrary, she placed herself at physical and psychological risk by being involved in numerous brief sexual interactions with men, lasting from a day to a month at a time. These interactions turned out to be based on transactional sex with the aim of obtaining the means to finance the substances and food on which she was so dependent on. Esther’s life illustrates the causal relationship between substance addiction and transactional sex, with the latter having been necessitated by the former. There is a similar link between bulimia nervosa and prostitution. The excessive quantities of food Esther needed to consume to try to satisfy her insatiable hunger exceeded the small salary she earned as a data capture clerk. She needed to supplement her income through transactional sex and also through theft, emphasising her continuing moral decay.

Among the risks to which Esther was exposed through her promiscuous lifestyle, was the risk of falling pregnant. It was, however, unlikely, given her history of anorexia nervosa, bulimia nervosa and dismenorea. She did not even consider the possibility of becoming pregnant, and yet it happened. She implied that she had elected to have an abortion performed on a previous occasion (or perhaps more than once), but on one particular occasion she chose to allow the pregnancy to go full-term. Her lack of sexual resilience may have resulted in an unplanned pregnancy, but in an unexpected twist of resilience, she chose to preserve the life of the baby. In addition, she made the conscious and never to be reversed choice to put an end to her substance use on the very day that the pregnancy was confirmed.

One could suggest that Esther’s aggression was internalised in the form of eating disorders, self-injury, substance abuse, promiscuity and repeated suicide attempts. Her aggression was also externalised in the form of rebellion and delinquent behaviours. Her rebellious conduct commenced during adolescence, and was initially directed at her mother. She started resisting her mother’s abuse, only to retaliate violently at later stages. This rebellion was later aimed specifically at people...
in the helping professions in whom she had lost all trust. Psychologists and psychiatrists were tolerated, although she refused to cooperate during their attempted interventions. She saw through their insincerity and hypocrisy and resisted therapy. Members of the clergy, on the other hand, were not tolerated, probably due to her experience of having been a minister’s sex toy. Esther aggressively dismissed any religious workers who dared approach her.

Her antisocial attitude impelled her to venture into the alternative religious world of Satanism. When considering Esther’s involvement in Satanism as a lack of resilience, existing research provides some insight into Esther’s decisions. Bourget, Gagnon and Bradford (1988:197) confirmed the link between Satanism and general maladjustment as was displayed by Esther. They found that adolescents involved in Satanism exhibited delinquent behaviour and impairment in their social adjustment. Similar to Esther’s case, family disruption and parental abuse typified the domestic circumstances of these adolescents. Within this environment Esther sought attachment, acceptance, and belonging – the same needs which had driven her to become and remain involved in a sexual abuse network as a child.

5.2.4 Proximal risk factors

Through her elective involvement in these negative peer groups, Esther was exposed to certain proximal risk factors which resulted in indirect victimisation through witnessing traumatic events in which there was another direct victim. She both experienced and witnessed sexually abusive behaviour among children and youth. Similarly she witnessed disturbing satanic rituals such as human sacrifice. Like Ronel and Ria, Esther observed the violent arguments between her parents, resulting in physical violence against her mother. Donohoe (2004:25) contended that children witness up to 85% of incidences of intimate partner abuse, which may in itself be considered a form of child abuse. The impact of this proximal risk factor became evident in Esther’s initial tendency to behave abusively towards her eldest daughter in the very early years of her life. This is in keeping with the theory that children of victims of intimate partner violence are more likely to become abusers themselves (Donohoe, 2004:25).
The women participating in this study were all exposed to substance abuse, some by their parents and others by their intimate partners, and, in the case of Ronel and Esther, both. As in the case of the cycle of abuse, one observes the familiar cyclical pattern in which the child of a substance abuser either has an intimate partner who also abuses substances and/or becomes a substance abuser herself. In Esther’s case it turned out to be both. Her tendency towards addictive behaviour might have had its roots in her childhood vulnerability: “To the degree that we are not held and bonded, we will have to find something to hold on to – some substitute for that holding we didn’t get. The nature of addiction is all in the way that we hold on, that we grasp, in order to make up for the way in which we were not held (Keen, 1990:24).” Thus the life script – the attitudes, beliefs and habits she first decided upon as a young child (Ingram, 1985:92) – is transferred from generation to generation, unless the cycle of risk is broken through resilience.

5.3 THEME 2: RESILIENCE CHARACTERISTICS

Resilient children who cope with adverse events have more resources, including individual resources or qualities relating to their minds, bodies and skills, as well as family or social resources. These characteristics, together with the individual’s perception of stress and ability to cope adaptively with adverse events, propel the person in the direction of mental health (Masten, 1997:1). The earlier in life a person manages to establish support systems and resilience resources, the bigger the likelihood of sustaining such resilience throughout life (DuMont et al., 2007:262). This highlights the importance of equipping children with resilience skills as early in life as possible.

Rutter (2007:207) emphasises the importance of moving from an investigation of static risk factors to how people deal with these risks, which include the desire to overcome adversity, a self-reflective style and a commitment to relationships. How the participants responded resiliently to risk is demonstrated most effectively in their reactions when confronted with specific turning points in their lives. These moments presented the participants with opportunities to transform a risk trajectory into an adaptive path (Rutter, 2007:207).
This, the core to the secret of resilience in the lives of the participants, is what underlies their characteristics of resilience: the matter of choice as manifested in constructive turning points. In keeping with the theories of Frankl, people are always faced with a choice, even when in a position of having to deal with traumatic life events: “Man ultimately decides for himself! And in the end education must be education toward the ability to decide (Frankl, 1979:xxv).” The participants in this study were repeatedly confronted with turning points in their lives. Sometimes their responses caused the events in question to become destructive turning points, typically marked by a lack of resilience. Choices made at destructive turning points are detrimental to the individual and are mostly self-destructive in nature. Examples of destructive turning points include Ronel and Christine’s decisions to stop resisting their husbands’ alcohol abuse, and instead to join them, proving to have been to their own detriment.

In the same way a traumatic or adverse event can be transformed into a constructive turning point, marked by resilience. Choices made at these turning points serve to resume constructing the life and well-being of the individual in question, and are aimed at conserving the self. A prime example of a constructive turning point is the moment at which Esther – upon reconsidering her decision to make one final attempt at ending her life – chose to make a phone call to a minister as her first proactive attempt to elicit help. To her it was the first step on what she calls the road to victory.

Turning points present themselves repeatedly throughout the course of a life and are usually transformative in nature. The fact that a person has reached a constructive turning point is no guarantee that there will not be destructive turning points again in future. Once more Esther’s life illustrates this principle: After having started on the road of victory by voluntarily engaging in counselling with first one, then another minister, she took the decision to enter into a relationship with God for the first time. She spent a year discovering a new drug-free lifestyle, supported by sincere and accepting individuals. Then a setback occurred. She does not elaborate on the details of the negative event, but it turned out to be yet another destructive turning point in her life. She chose to resume her drug habit and the lifestyle associated with it. Within a couple of months, however, another turning point followed: She became
pregnant. This turned out to be another, more powerful constructive turning point at which she opted not only to preserve her own life, but also the life of her baby. Step by slow step she recommenced walking the road of victory.

Esther explains the process of victory – and I would like to suggest that the same rings true of resilience itself – as being made up of a decision followed by a plunge, followed by another decision followed by another plunge, and so forth. To Esther it seemed as if she had made the decision a million times. This proposed turning point theory involves the assumption that a resilient pattern would generally maintain an upward trend, with each constructive turning point representing some progress over the one before.

Constructive turning points are preceded and affected by various resilience resources. Below is a discussion of a number of resilience factors that played a protective role in the survival, coping and growth of the participants in this study. These factors are supported by the work of O’Dougherty, Wright and Masten (2006:24), Grotberg (1997); Wolin and Wolin (1993); Werner (2006:95-96); Brooks (2006:300); Benard (1995); and Ferguson and Horwood (2003). I will attempt to describe the interrelatedness of the protective factors and processes across the emotional and intrapersonal, social and interpersonal, as well as cognitive and intellectual domains of functioning, as observed in the participants’ retrospective accounts.

5.3.1 Social competence

Central to resilience in practice is the social competence of the individual (Kasle, Wilhelm & Reed, 2002:184). Facing the effects of trauma without social support seems to postpone recovery and inhibit growth. In order to establish an effective social support system, a person needs to master a number of social skills. It has been suggested that well-developed social skills can diminish vulnerability to depression (Schotte et al., 2006:317). It seems that social skills may also diminish vulnerability to risk factors. Below is a discussion of the resilience characteristics that were significant in establishing the social competence of the four participants in this study.
Howe (Daniel & Wassell, 2002:28) made the following powerful statement: Self (loved, effective, autonomous and competent) + other people (available, cooperative and dependable) = secure attachment patterns. This effectively summarises the core aspects involved in secure attachment as a prerequisite for social competence. Attachment, the loving bond between a child and parent, is important for a child’s healthy development. Securely attached children, such as Christine and Ronel, reveal a balance between exploratory and caregiver-seeking behaviours (Gewirtz & Edleson, 2007).

As a severely neglected and abused child, Esther was characterised by disorganised attachment, that is, behaving in odd and inconsistent ways (Gewirtz & Edleson, 2007). As a young child she was particularly vulnerable because of her father’s violence towards her mother, supposedly her primary caregiver, as well as by her mother’s violence toward her. The situation was aggravated by the multiple stressors and general and frequent occurrence of violence in the household among various members of the family. The consequences of insecure attachment and the subsequent emotional and behavioural problems become apparent later in Esther’s life. Like resilience itself, it is possible that the attachment of a person such as Esther’s status may change over time, along with changes in her environment (Gewirtz & Edleson, 2007). In the safety of her relationship with her husband she was reparented, that is, the integration of her identity as victim with her identity as a competent, empowered adult could finally begin (Bloom, 1992:9,11). Deon provided the unconditional love and acceptance in an unintentional (re)parenting experience which she never found in her parents. Within this relationship with Deon, Esther finally began to establish secure attachment patterns.

Interestingly, Ria was exposed to early-childhood risks similar to those of Esther, but her attachment patterns do not seem to have been adversely affected to the same extent as Esther’s. It is possible that her extraverted personality served a moderating purpose in this regard. It is also possible that she developed secure attachment patterns in being reparented by her employer, Oom Venter, from middle childhood onward.
Secure attachment patterns are only established within trusting relationships. Establishing nurturing relationships is also crucial to intellectual and social growth in childhood, such as the ability to build trust, empathy and compassion (Brazelton & Greenspan, 2006:14). Esther, as a child and as an adolescent, did not have the skills to establish relationships with people she could trust, probably also because she did not know of anyone who was trustworthy. The other three women, however, relied on the trusting adults in their lives to a great extent.

Resilient people have a knack for finding people and environments that are good for their development (Masten, 1997:3). Even as a child Ria sought and established trusting relationships, a pattern which continued throughout her life. She was characterised by an attitude of openness which allowed her to approach people without fear of rejection. An endearing scenario is that in which Ria as newlywed returns from honeymoon, severely sunburnt, and had to strip for her mother-in-law to be able to treat her sunburn. In that experience of vulnerability and naked honesty, the foundation was laid for a long-term relationship of love and acceptance, in which Ria’s mother-in-law had become a substitute mother for her.

Ria’s peer friends have proven to be a valuable asset in her life, also in relation to her need for reparenting. Shortly after her marriage she met Annie. In another touching scene she knocked at Annie’s door, and asked whether Annie remembered her, and upon which she asked Annie to be a mother to her. That direct step of recruiting a substitute mother from a position of vulnerability resulted in a mutually supportive, respect-based, long-term friendship between the two women.

Christine, while not being as extroverted as Ria, still chose to establish trusting relationships, but preferred to attach to a single trusting person at a time. Throughout her life her mother was her main confidante on whom she could always rely and who was almost always emotionally available to her. (The one exception was the period in Christine’s teenage years, during which her mother was involved in a romantic relationship which distanced her from Christine). When Christine became attached to Rupert, her husband, he did not provide the trust and support which she expected to find in him. She was disillusioned, but after a number of years she found solace in a long-term friendship with Ronel, whom she could trust.
unconditionally. This relationship can be likened to Ria’s friendship with Annie, with both Ronel and Annie as older women acting as both friends and substitute maternal figures.

From her childhood onwards Ronel sought and found trusting relationships. In addition to seemingly healthy relationships with her parents for the majority of her childhood, she also had the ability to form strong positive relationships with her peers. When she became involved in a relationship with her husband, she placed a high premium on the fact that he respected her as a woman with strong boundaries and principles, enabling her to trust him. In recent years her most trusting relationship had become that with her close friend, Christine. Theirs is a prime example of a trusting adult peer relationship. It has been a long-term friendship which has at times served as a replacement relationship for their failed marriages to alcoholic husbands. They were a mutual source of understanding and support for each other.

Within the safety of trusting relationships, the participants have mastered the social skills of both providing and accepting help and support. They are mostly high in required helpfulness and are attentive toward others. Ria and Esther come across as particularly empathetic and altruistic, the result of having been exposed to a great deal of adversity. Esther’s sincere reaction to people in physical, emotional or spiritual need is usually: “I understand. I have been there.”

The participants have all mastered the resilience skill of gracefully accepting help at times when they needed it, accepting what Esther metaphorically called the lifebelt. They are emotionally responsive to support and social nurturing from the significant others in their lives. When considering the issue of accepting emotional support, Ria comes to mind first. She effortlessly took to her employer, Oom Venter, and accepted his assistance in various forms. Ria also had the ability to utilise professional help when the need arose. When she was a child, Oom Venter introduced her to a social worker with whom she had many sessions of counselling. As an adult she did not hesitate to consult a psychologist when faced with marital problems, and a lawyer who ended up providing many sessions of counselling together with legal advice at the stage when she was considering divorce.
The example of the lawyer illustrates another social skill which is linked to resilience, namely the ability to elicit positive reciprocal responses from others. These women have the social competence to approach people in such a way that others are eager to provide them with help and support. Although their physical attractiveness and general appealing worked in their favour, their social success is probably based mainly on their skills. They are keen observers who have a knack for monitoring other people’s emotions and behaviour, combined with the flexibility to adapt their own behaviour accordingly. Esther’s social adaptability extends toward a distinct multicultural competence. She departed from a point of complete social incompetence in childhood only to arrive at a position where she is now able to negotiate the cultural and socioeconomic divides that mark South African society. Esther’s social agility is reinforced by her efficient communication skills.

Open communication is frequently mentioned as a characteristic of resilience in the literature (Greeff & Van der Merwe, 2004:59). The participants have mastered the skill of expressing their thoughts and feelings effectively and appropriately, with awareness of and sensitivity to the social context within which an encounter takes place. At times in their lives, however, their circumstances have dictated that they refrain from communicating verbally. Instead they have been expected to remain silent. The silences in their lives have often been related to the presence of certain risks.

The theme of silence versus communication, particularly in soliciting help, is present in the data from all women’s life histories. Silence is a strong theme in the childhood tales of the women, and is strongly linked with the patriarchal discourse which typified South African society at the time. Christine and Ria both pointed out that they as children were powerless and silenced, unable to share their plight with anyone powerful enough to be able to help them. As children, the women also knew that revealing the truth would not necessarily have the desired effect. Ria knew that she would most probably not be believed if she were to reveal the fact that she had been sexually molested. She and Christine mentioned that they remained silent because they had nobody to talk to, they had no confidantes in their lives.
Ronel as a woman married to an alcoholic husband had a different reason for remaining silent. Her husband seemed to feel threatened by her extroverted personality and she chose to withdraw into silence as a strategy to maintain the peace in her relationship with her husband. Her strategy of silence was restricted to situations in which her husband was present. During my interviews with her, however, she talked freely and entertainingly, highlighting her elected silence in the presence of her husband. She had the distinctness of knowing when to speak out and when to remain silent, adapting her modus operandi to suit the requirements of the particular social situation.

Christine life-history illustrates the fact that being silenced may be a cyclical phenomenon, reoccurring from generation to generation. Christine’s mother modelled the behaviour of non-communication to her daughter, specifically during the illness and death of Christine’s father. She refrained from discussing the extent of her husband’s illness with her daughter. She did not prepare Christine for the possible death of her father, and did not discuss the death of her husband with Christine at all. She remained silent regarding her own feelings surrounding her husband’s illness and death, and never cried in front of Christine, with the exception of the funeral. Silence was her mother’s only response to her terrible loss. This modelled behaviour might have influenced Christine’s elective silence regarding her adult environment of abuse.

A last reason for choosing to remain silent pertains to the perception of appropriate and inappropriate behaviour, of which sexual and biological matters are an example. Christine and Ronel chose to refrain from discussing their husbands’ alcohol abuse, even with their children, because it was considered socially unacceptable behaviour. Within the safety of their trusting relationship with each other, however, Christine and Ronel communicated openly. Ria’s silence was motivated by her awareness of her friends’ different domestic circumstances, and the subsequent impropriety of discussing the details of her circumstances and adversity with them.

Chosen silence is associated with another phenomenon that have emerged from the data, that is, keeping secrets and hiding the truth. This manifested in Esther’s life in terms of her drug use, which she, as a teenager, tried to conceal from her mother.
Ironically it turned out that even when her mother was confronted with the evidence of Esther’s drug use, she chose to turn a blind eye. Esther often feared that her mother would discover the truth, but mostly her mother seems to have been well aware of the truth about her daughter and the activities she was involved in, but chose to remain apathetic. Ria also tried to hide the truth from her mother for fear of the impending consequences. As teenager she had male friends whom she corresponded with or met at the local café without her mother’s knowledge. Even as a young adult about to be married she started using the contraceptive pill, but dreaded that her mother would discover the truth. As an adult Ria continued to conceal the truth when she deemed it necessary, for example, in relation to the cancerous tumour, she chose to withhold the extent of her disease from her husband for fear of causing him distress.

A different position in which the women found themselves occasionally included the necessity of keeping secrets. Ria, for example, had the opportunity to communicate the details of her life to a social worker, knowing that she could trust her with the truth. She did, however, require the social worker to remain silent, keeping the fact that she confided in and revealed the truth to the social worker from her mother. In Ria’s case too, one notices the ability to distinguish between knowing when to maintain and when to break the silence.

5.3.2 Personality characteristics

The communicative preferences of the participants are interwoven with their personality characteristics. Pilowsky, Zybert and Vlahov (2004:1372) found that resilient children are less likely to be considered difficult to manage by their parents, and they related it to the child’s temperament. The participants are, without exception, characterised by engaging, appealing temperaments, and – with the exception of Esther – have been that way since childhood. They come across as socially attractive, a factor which is characteristic of resilient people (Masten, 1997; Maddi, 2005).

Added to their social attraction, the participants are each characterised by a unique sense of humour. They have another trait in common: the ability to see the humour
in past events. Even events that might have been challenging to deal with at the time may contain humorous elements that can be appreciated in retrospect. Although these women are all too well acquainted with the serious side of life, they have an attitude of seeking out laughter when possible. Christine, while still living in challenging circumstances, manages to see the lighter side of her circumstances, particularly when she is with her friend Ronel. Because they have a mutual understanding of each other’s challenges, they tend to know how to uplift one another, which once again emphasise the value of strong peer relationships.

Ria’s sense of humour becomes evident in her delight in playing pranks. I first encountered her on a train journey where she derived much pleasure from scaring her friends as soon as the train entered a dark tunnel. Every time the frightened shrieks were followed by her spontaneous laughter. It was only after interviewing her for this study that I made the connection between Ria’s childhood experiences with being frightened, and her fascination with practical jokes. Ria related only one enjoyable experience that they as children shared with her father, and that was the habit of playing pranks on each other. Similarly she recalls only two instances when her mother laughed with her, both situations in which Ria got a fright, much to the amusement of her mother. These are perhaps the only fond memories she has of her mother. Regarded in this light it makes sense that Ria has the need to create a culture of humour in her own household.

In addition to a lively sense of humour, the women all came across as sociable, expressing their thoughts and feelings freely and keenly. They seemed to enjoy being among people, but with the exception of Ria, were quite happy keeping their own company too. They all have a warm and affectionate demeanour, and Ria and Esther in particular have an attitude of profound gratitude. In her encounters with

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9 Ironically, a week after the completion of my interviews with Ria she got the worst fright of her life, which turned out to be no joke. Upon returning home one evening, she found the body of her 17 year old son, Marnus – the childhood victim of Retina Blastoma – on his bedroom floor. He had chosen to end his life by shooting himself. Ria was faced with the biggest challenge to her resilience, and at the time of going to print she was still a long way from recovery, healing and acceptance.
medical interventions, Ria reacted with appreciation and gratitude towards personnel. She trusted their expertise and chose to remain patient and supportive of their efforts. In some instances she went the extra mile and generously treated medical personnel to her cooking or baking as a token of her appreciation, thus reinforcing their goodwill.

Ria’s ability to remain calm and patient mainly emerges when she realises the necessity for maintaining control, for example under abnormal conditions such as medical or other emergencies. Patience and perseverance are typical personality traits of resilient individuals, as demonstrated in the following childhood example from Ria’s life. While Ria experienced the trauma of continued maternal rejection, she never withdrew from her mother. She persisted in attempting to appease her mother through acts of service, gifts, and an accommodating attitude. Although this may raise questions as to whether she continued to subject herself to pain and rejection, it does seem to be the resilient response in the given situation. Had she reacted with oppositional behaviour, her mother’s hostility towards her would have intensified with dire physical and emotional consequences.

Christine, Ronel and Ria displayed another common personality trait, that is, the fact that they were not overly concerned with other people’s thoughts, actions or reactions. They had a matter-of-fact approach to life, with the focus on getting on with their own business rather than obsessing over other people’s concerns. Ronel has an easy-going disposition and exhibits low distress and low emotionality, characteristic of expected resilient behaviour. The other participants, on the other hand, do not fit this profile and may be perceived as emotional, fast-paced, and excitable.

While none of the women came across as particularly ambitious in conventional terms, Ronel, Ria and Esther displayed strong leadership qualities. Ronel and Ria occupied positions of leadership since childhood, while Esther’s leadership potential only started to emerge after her marriage when her self-esteem gradually improved. Ronel and Christine still fluctuate between the endurance and the recovery phases of their domestic trauma, and are focussed on their own needs and the needs of their immediate circle of significant others. On the other hand, Ria and Esther have
managed to engage actively in their communities, frequently in positions of leadership.

5.3.3 Positive self-concept

Along with social competence and certain personality characteristics, positive self-perceptions can be considered to be a resilience factor (Masten, 1997:3). Positive views of self emerge amongst others in the form of self-confidence and self-efficacy, or what Grotberg (1997) calls “I can do it” motivation. Ronel and Christine both started off in life with positive self-perceptions and self-confidence, but have found that their self-confidence has been shaken during the past two decades of emotional erosion. Ria and Esther, who started off in life by fighting the odds, have steadily grown in self-confidence as they experienced love and acceptance in stable and trusting relationships.

The self-esteem of different women seems to be based in different personal areas. Christine’s self-esteem, for example, was based in her athletic and dancing skills as a teenager, and in her physical attractiveness throughout her life. She grew up in an atmosphere of reassurance that she was special and worthy of love. In her case her appearance seemed to act as a resilience factor. She seems to have been admired for her beauty throughout her life, which contributed to her being easily accepted and liked by friends and relatives. In general Christine’s self-image was one of confidence and an awareness of having an advantage over less attractive women.

To a great extent Ria’s self-esteem was seated in her domestic skills, such as the ability to cook well. She found pleasure and meaning in traditional activities such as running her household efficiently, impressing her husband with tasty meals that were prepared on time, and treating visitors to her culinary delights. She also took pride in generating an additional income for her own use through her direct marketing endeavours. Even as a child her nurturing behaviour extended to include self-nurturing actions, specifically at times of emotional turmoil.

Although Esther has developed into a self-confident woman of distinction, she is notable for a humility which has its origin in her dependence on God. Her self-esteem, like her identity, is predominantly seated in her relationship with God. She
has given much thought to God’s perception of her and who she is in Christ. Her personal statement of self-worth would probably be an extension of Grotberg’s phrase to: “I can do it… through Christ who strengthens me.”

5.3.4 Identity as sense of self

Lachman (2004:247) made the statement that there is no self without a context. It is clear that Esther’s sense of self is seated in the context of her relationship with God, but in all probability also in her relationship with her husband. It was within these two relationships that she finally found answers to the existential questions that plagued her for years: “Who am I? Where do I fit in? Why am I here?” Esther experienced years of identity confusion, during which she tried to define who she was. In time she gradually formed a clearer picture of herself, enabling her to look back at her life with the recognition that certain decisions she had made did not reflect her true identity.

Identity as a sense of self develops from an early age and is updated throughout life (Lachman, 2004:247). The updated identities of the participants are reflected in their changed names at various stages in their lives. The issue of names is a central theme in relation to personal identity. Like Esther, Ria did not call herself by her first name. The first of her three given names was actually a traditionally male name, after that of her grandfather on mother’s side. As a child she was known by the male name. In realising that her name did not reflect her uniqueness and upon finding herself within a different environment than that of her childhood, Ria started using her second name. In her life history narrative she made mention of having been called by the nickname “Cheeky” as a youngster, which reflected on her personality. Another context within which the theme of names features was that of Ria’s employment situation. Her employer insisted on addressing her as Miss X, and after her marriage as Mrs Y. This custom contributed to a continued professional relationship between Ria and Oom Venter.

Esther’s parents did not call her by her name, but referred to her as “the child”. In one of her poems she asks the question: “Was I just a child or did I too have a name?” Her search for her own identity is reflected in this question, and echoes
throughout her narrative when she repeatedly states that she did not know who she was. In an essay she refers to herself as the woman without a name, almost as if being without a name has become part of her essence. It is ironical that she has been known by at least three different names during her life. She had a registered name, the name by which I came to know her, and she has recently chosen to go by another (Biblical) name, representing her current identity and beliefs. A name, to her, seems to be something which may be creatively adapted in relation to personal growth and redefining the self, something which has happened on more than one occasion in her life. With an increased self-awareness, Esther seems to have simply reflected her updated identity in her various names.

Dollinger, Clancy Dollinger and Centeno (2005:315) established that individuals “who are information-seeking in style and who emphasise their personal identity have the greatest potential creativity and evidence the greatest number of creative accomplishments in their (young) lives, whereas those emphasising normative or collective identities evidenced fewer accomplishments.” Of the participants Esther placed the biggest emphasis on issues of identity. She is also the one who, in her middle forties – what Erikson (Slater, 2003:59) would describe as the stage of generativity versus stagnation – creatively tried her hand at new endeavours. She has had a radically positive impact on people’s lives in the process. She has truly managed to transcend her traumatic past.

5.3.5 Gender

The creative undertakings of the other women reflected their gendered identity. Together Christine and Ronel expressed themselves creatively in the craft of sewing. At a stage when they were both particularly vulnerable this proved to have tremendous therapeutic value. Ria and Christine both enjoyed the traditionally female art of homemaking, especially upon having moved into a new home. To Christine, the new home she created became a symbol of hope in a new, improved life. To Ria, having her own new home became a statement of her autonomy and a demonstration of her skills and abilities.
The participants seemed to embrace their womanhood and enjoy their femininity. They liked to illustrate their experiences in socially and culturally feminine terms. Their narratives contained vivid descriptions of colour, décor and clothing. Esther used female metaphors freely and effectively in her conversations and her writing, reflecting her gendered identity. One example of the diverse use of gendered metaphors is Christine and Esther’s disparate references to dolls in their descriptions. Christine’s description of herself as little girl centres on the theme of a porcelain doll who was protected by those who loved her. She uses the same metaphor when referring to her newborn baby daughter. And later on, although no longer the little doll, she does have the chance to live in and decorate her own dolls’ house.

Esther’s doll metaphors are in stark contrast to Christine’s use of the metaphor. She uses a different metaphor for herself and her brokenness, that is, the rag doll, when she refers to having been used and abused by men, only to be cast aside like a broken rag doll. She describes herself as having been the toy of a minister who led her further into hell. When referring to her childhood pain she likens herself to a rag doll with a bleeding heart.

To take the symbolical meaning one step further, one has to consider the role of actual dolls in the childhood lives of the participants. Ria only makes reference to dolls when she reflects on her lack of a childhood. The fact that she never had the opportunity to play with dolls is one piece of evidence that she, like Esther, was never a child. Esther, on the other hand, did have a doll. It was the very special doll on whom she projected her longing for nurturing, the abuse that was inflicted on her, and her desire to cause herself pain.

In terms of gender roles, Ronel and Christine referred to their choice of occupation as having been based on the patriarchal discourse underlying Afrikaans society in the 1980’s. Becoming a typist (like Christine) or a teacher (like Ronel) represented some of the few acceptable careers for women at the time. Esther had few options other than to study education (although she did not complete the course), but her response was almost identical to Christine’s, namely that she did not have much choice but to study education.
Gender issues featured throughout the research data, although I found it almost surprising that none of the women seemed concerned about the rights and the plight of women. Many of the risks these women had encountered were imposed by men, and yet they all had generally positive attitudes toward men and chose to be or remain married. They did not blame men in general for the harm caused by individual men, although they relate numerous scenarios of sexual abuse, harassment and victimisation by men.

Gender plays a role in both risk and resilience. Women identify more with the feelings of others, are more interpersonally dependent, and have a greater need for emotional support than men. They are more likely to turn to their partners and friends for support, and seek emotional support to a greater extent than men. Women are more likely to experience the well-being of their family members as a major source of concern and subsequent distress (Schotte et al., 2006:317; Day & Livingstone, 2003:73). It is, however, generally accepted that women are more resilient than men (DuMont et al., 2007:260). It can be assumed that the participants in this study therefore have their gender as a resilience factor by default. Despite their exposure to gender-based traumatic events and societal prejudice, they maintained their identity and autonomy.

5.3.6 Autonomy

Autonomy, separateness, and independence are considered to be central to the establishment of identity (Jacobson in Lachman, 2004:248). The participants in this study exhibited characteristics of autonomy and were often forced to act independently, albeit not always of their own volition. In the context of severe neglect Esther was allowed to roam the neighbourhood unhindered and unsupervised. Her parents left her vulnerable and expected independence of her from the age of four. Similarly Ria’s parents expected her to assume the responsibilities of an adult from a young age. Her domestic responsibilities were extensive, and she had to enter part-time employment to supplement the household income from the age of eight. She also had to pay her own school fees by covering books at school. While these events may certainly be regarded as risk factors, they seemed to have been definite resilience factors in Ria’s life. In particular, the fact
that she was employed from a young age, contributed to her positive self-esteem, self-confidence and social maturity. She took pride in the fact that she was able to contribute financially to the family income, and did not consider herself to be a victim. Being employed in the positive climate of Oom Venter’s pharmacy is also linked to the fact that she had the opportunity to develop a trusting relationship with Oom Venter as a mentor and substitute parent figure.

The autonomy Ria developed as a child became an important characteristic later in her life. Particularly when her own health was threatened by cancer, she had to function on her own, without the support of her husband. And when her four year old son was diagnosed with Retina Blastoma, she needed the ability to function independently, again without the much needed support from her husband. Being autonomous, she managed alone throughout these trials, although she often felt alone and isolated. The fact is, even though she disliked being alone, she had the ability to function effectively independently.

Another aspect of autonomy which characterised the resilient responses of the participants had bearing on their ability to maintain personal boundaries. The boundaries featured in the participants’ narratives are primarily value-based. Self-respect prompted both Ronel and Christine to establish a limit of acceptable behaviour in how they were treated by men. They both made it clear that they would not put up with being manhandled, and insisted on being treated respectfully by their husbands. (Unfortunately Christine’s husband later habitually overstepped this boundary after their marriage and under the influence of alcohol.)

Ria and Ronel both maintained clear sexual boundaries pertaining to their unavailability for premarital and extramarital sex, even when faced with the possibility of losing a partner for that reason. Similarly Ronel’s faith-based boundaries enabled her to take a stand regarding her prioritisation of church activities, declaring to her future husband that these were non-negotiable. In addition, Ronel drew a clear distinction between self and other, opting to distance herself adaptively from problems that did not affect her directly and whose outcomes she could not influence, for example her parents’ marital problems and subsequent divorce. Partly thanks to the developmental stage she was in during middle to late
adolescence, she was able to focus on her own life and ambitions. Instead of divorcing her husband based on his continued mismanagement of his small business finances and subsequent predicament, Ria eventually chose to remain in the marriage and support her husband throughout his attempts at making amends. Their reconciliation was based on her terms, however, and she negotiated clear boundaries which left her in a position of improved financial security and with an increased sense of control.

Ronel’s autonomy initially developed within a positive peer group of neighbourhood friends who took part in wholesome activities separate from their parents. The positive peer group provided the environment for Ronel to grow in independence and to distance herself from her parents. She chose to focus on her own life and personal goals without being distracted by her parents’ domestic difficulties. As an adult, Ronel’s autonomous nature gave rise to a power struggle in her own marital relationship. Her husband expected her to ask permission in certain circumstances, whereas she grew up accepting responsibility for herself without having to ask permission. Her response was to set her boundaries from the start, with the clear message to her husband that she would not be controlled by him. Ironically she renegotiated this boundary later in her marriage, when she chose to put up with a great deal in order to pacify her by then alcoholic and volatile husband.

Christine did not always have autonomy. The fact that she usually formed a strong attachment with one particular person, might have hindered her development of autonomy. She was mostly dependent on her mother, and before her marriage she relied heavily on Rupert. She lacked self-confidence at times such as in parenting her first child, when she felt that her knowledge and experience were inadequate. The other participants had similar experiences of being patronised, feeling intellectually inadequate and being perceived as ignorant.

The other side of the coin of autonomy and independence seems to be called loneliness or isolation. Together with the ability to act independently, come the consequences of being both alone and lonely at times. Esther and Ria were faced with strong feelings of emotional and physical isolation, while Ronel and Christine experienced loneliness within their marital relationships, with alcohol being the third
party in each marriage. Although these women found loneliness hard to deal with, they resiliently chose to take responsibility for their actions and decisions.

**5.3.7 Internal locus of control**

During the periods in their lives when the participants displayed greater resilience, their actions seemed to have been driven from an internal locus of control. Internal locus of control refers to the ability to take responsibility for one’s own actions and to produce a desirable effect for oneself, thus attributing success or failure to internal sources (Miller, 2006:188). This concept is related to what Landsverk and Kane (1998:422) describe as manageability, that is, the extent to which a person perceives that she is able to gather resources to meet demands, instead of being a victim of circumstances. An example of this resilience characteristic is demonstrated in Wilkes’ (2002:261) finding that locus of control plays a part when adult victims of child abuse break the cycle of abuse by not abusing their own children.

Through the years and with increasing life experience, the participants demonstrated the deployment of effective emotional and behavioural regulation strategies. While Esther’s youth was typified by inadequate self-regulation and impulse control, she started managing her own emotional arousal and behaviour effectively in recent years. She takes responsibility for her actions and believes that she has the ability to bring about change both in her immediate environment and in society in general, but paradoxically, though, she does so with a great deal of dependence on God.

Entrapment refers to the degree in which a woman perceives her investment in an undesirable situation. Women with greater internal locus of control experience more feelings of entrapment than those characterised by external locus of control. The more a woman perceives herself as able to change a situation, such as Ria, the more she experiences feelings of entrapment. Such women believe that they have the ability to make changes for the better (Miller, 2006:188). This sense of empowerment often co-occurs with a sense of purpose and meaning in the actions and choices of the participants.


5.3.8 **Sense of coherence, purpose, meaning**

Meaningfulness is an emotional connection that promotes motivation, and refers to the extent to which a person feels that life makes sense (Landsverk & Kane, 1998:422). A sense of meaning is clearly present in the ability of Esther and Ria to see the bigger picture, their sense of spiritual connection, and their sense of gratitude (Williams, Lindsey, Kurtz & Jarvis, 2001:243). They both have an awareness of self in relationship to others, and similar to Williams’ findings, this awareness mobilises them to be of service to others in their communities. They accept what they believe God has allowed in their lives, as Ria expressed so aptly: “Even if I am an illegitimate child, I am here with a purpose. God made me, I am here, and there’s nothing I can do about it but to make the best of it.”

This sense of purpose was a strong driving force in Esther’s later life, motivating her to take heed of her role of introducing hope to the hopeless. She considered it her calling to encourage individuals to break with self-destructive behaviours and find meaning in a relationship with God. She testified that she could cope with and have victory over the challenges she was faced with, having found God to be her main resource. Antonovsky (Landsverk & Kane, 1998:421) defines this sense of coherence as “a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic, feeling of confidence that (a) the experience of internal and external environments is structured, predictable, and explicable; (b) the resources are available to meet the demands posed by the experience; and (c) these demands present challenges worthy of investment and engagement.”

A sense of coherence enhances coping and adaptation, thus reducing the amount of stress an individual experiences (Landsverk & Kane, 1998:419). When a person views a potentially stressful event or stimulus as irrelevant or harmless, the assumption is made that the event is of little consequence, and the accompanying tension will disappear, thus a stressor is reframed as a non-stressor on a cognitive level. People with a high sense of coherence, such as Ria, are more likely to reframe a stressor as a non-stressor, because they trust in their ability to adapt to the demands of the challenge at hand (Landsverk & Kane, 1998:424). Although the participants are still without answers to many of the questions they struggled with,
they have proven to themselves that they have the ability and resources to cope with future challenges.

5.3.9 Relationship with God

An aspect common to the resilient reactions of all participants is their utilisation of faith in God as a coping mechanism, in keeping with research findings that faith plays an important role as a resilience factor (Greeff & Van der Merwe, 2004:59; Specht et al., 2005:51). I refrain from using the terms religion and spirituality when referring to this component of the participants’ resilience. Neither of these terms accurately reflects what the participants described. Spirituality refers to the need to experience meaning, purpose and connectedness, and is central to all beliefs and faiths (Specht et al., 2005:51), whereas religion concerns the practices and customs related to particular faith.

A more accurate approach would be to describe the participants’ faith-based beliefs in relational terms. Unlike religion and spirituality, these women tell of a relationship with a living God, similar to other relationships in their lives. This relationship contains an interactive component in which two-way communication takes place. These women talk to God as they would to another person, and in their experience He listens to and cares about them. They also hear His voice, mostly through reading the Bible and through interactions with others who have a relationship with Him.

Ria testifies to a continued awareness of God’s presence in her life ever since childhood. At one stage of desperation and without other recourse, she turned to God and dedicated her life to Him in the expectation that He would enfold her in His love. She testifies of her faith in God and the effects of prayer as a problem-solving mechanism. She has experienced her interactions with God as a rewarding relationship, both under normal and challenging circumstances. When faced with challenging events, Ria’s response centred mainly on her trust in God. She prayed about the matter at stake, and confidently waited on God’s timely intervention.

Most powerful, perhaps, is Esther’s testimony concerning Godly intervention in her victory over bulimia nervosa. In earlier years and upon her initial connection with
God, she experienced a change in mindset and actions. Her internalising and externalising destructive behaviour ceased, with one exception: her eating disorder. For years after the first constructive turning point in her life, her bulimic behaviour continued unchanged. She was completely demoralised by this all-encompassing struggle, and begged God to liberate her from the monstrous black dog called bulimia. Gradually she started investing more time in getting to know her Lord, and her relationship with Him became an increasingly bigger part of her life. Her focus shifted from her eating disorder towards God, until on one specific day her bulimic tendencies ended abruptly and permanently. It must have been the most significant miracle she had ever experienced.

5.3.10 Future orientation

An important consequence of a relationship with God is the change in perspective from the past and the present, towards the future. Although the participants’ beliefs as founded on the Bible as the Word of God contain the promise of eternal life after earthly death, their sense of future also pertains to their immediate future. They generally have a positive attitude towards the future, characteristic of resilience (Greeff & Van der Merwe, 2004:59). They have healthy expectations for themselves and reveal a desire to unlock their own potential. They maintain an optimistic mindset with a good measure of humour. The women mostly managed to remain hopeful in times when they seemed higher in resilience, with hope being related to a sense of meaning and purpose (Williams et al., 2001:243).

As children the participants were all achievement-orientated, Christine in dancing and sports, and the others in academic and school-based activities. Success is a relative concept. In adulthood Ronel achieved her educational aspirations by qualifying as a music educator, and has made a successful career of education since. Christine did not have academic aspirations, but has been successful in her secretarial career. While Ria remained in formal employment for a period of nine years mainly during adolescence, her primary ambition was to fulfil a meaningful position in her family and community, which she has certainly achieved. Not all of the participants can be described as ambitious and successful in conventional terms of achievement. Esther did not have clear career or academic goals, but has
probably achieved the most considering the distance she had to travel to be where she is today. Hers is an alternative success story, bearing witness to unprecedented personal growth in the absence of a formal career.

Instrumental to the participants’ success relative to the risks they had to overcome is a combination of skills and determination. Williams et al., (2001:242) identified determination as being related to resilience. Determination was manifested in the participants’ persistence and dedication to achieve their goals, as well as in their inner strength and self-sufficiency. Christine maintained considerable goal-directed discipline and dedication in practising to achieve success in dancing, while Ria’s tenacity was already revealed in her childhood persistence and determination in excelling at her work. The women’s perseverance and orientation towards the future benefited themselves and inspired others.

5.3.11 Creativity and talents valued by society and self

Certain other characteristics and talents valued by the participants themselves and by other people can also be associated with resilience (Masten, 1997). The participants all have creative potential and show particular interest in cultural activities such as music, dancing, drama and singing. With the exception of Ronel, who made a career of her musical abilities, the women pursued their creative passions as extra-curricular activities and hobbies.

Resilient people make the most of opportunities to learn and experience effectiveness (Grotberg, 1997). Christine, for example, grew up in a musical family where much pleasure was derived from making music and playing a variety of musical instruments. Her mother encouraged her to take part in a wide array of extramural activities apart from school. She was a single mother raising an only child, and pursuing her own romantic interests. She had a full-time occupation and realised the importance of having her daughter constructively occupied during the afternoons. She had the insight to recognise that Christine needed to achieve mastery in something other than her negatively perceived school-related activities. Christine subsequently discovered her passion for singing and creative expression through movement. The latter was as much her lifeline through adolescence as
writing was for Esther. During the interviews Christine enthusiastically related her experiences of various kinds of dancing and figure skating, specifically in terms of the enjoyment of creative expression. While she struggled academically, she excelled and achieved in creative movement. Her creative exploration was strongly linked to her positive body image and sense of self-efficacy.

As a child Ria had discovered the pleasure of exploring her own musical creativity and good ear for music through playing the organ in their home. She spent much time practising, until her parents decided to get rid of the organ. She was never in an environment where the development of her talents was encouraged, thus preventing her from pursuing her musical potential. Likewise her capacity for, and interest in, sport were sabotaged by her parents who prevented her from participating.

Since childhood Esther’s self-awareness has enabled her to identify the things that brought her pleasure, such as ballet, music, drawing and writing. Through these activities she could escape temporarily from her harsh reality. Even though she was either prevented by her parents or her own destructive actions from pursuing these interests, it became something she could draw on in later years. Creating through drawing and writing became the medium for her to remain in contact with herself. She compiled several scrapbooks consisting of her own poems, prose and drawings, as well as some collages of images from magazines. Her self-nurturing in the form of creative expression was most probably Esther’s main lifeline up to the first constructive turning point in her life. It became the friend she always needed and the voice she never had. For a long time this seemed to have been Esther’s main, if not only, resilience skill.

5.3.12 Cognitive skills

Several studies have highlighted the importance of normal cognitive development in relation to resilience. Resilient children were found to have better intellectual skills, such as attention and thinking skills, average or above average IQ scores, and the tendency to be streetwise (Masten, 1997:3). The resilient participants seemed to have high intelligence, mostly based on their self-reported scholastic and academic
achievement. Thinking skills, insight and good judgement seemed to be valuable intellectual resources that contributed to the participants’ resilience. Although numerous studies have found high intelligence to be associated with more positive outcomes, it does not seem to be a predictor of resilience (Rutter, 2007:206). An unconventional display of Esther’s intellectual abilities comprised the urban survival skills she needed to master in order for her to make a living in a sordid inner-city neighbourhood.

The development of cognitive skills is influenced by the nature of the relationships in a child’s life. Emotional interactions are at the foundation of creativity, abstract thinking skills and other intellectual abilities (Brazelton & Greenspan, 2006:15). The cognitive development of Esther and Ria in childhood must have been affected by the lack of intellectual stimulation and emotional support they received from their parents, yet they both displayed initiative in dealing with challenges.

5.3.13 **Problem-solving skills**

Resilient children are less likely to use internalising and externalising avoidance coping strategies than their nonresilient peers (Pilowsky et al., 2004:1372). This proves true in the case of Ria who adaptively utilised a number of effective problem-solving skills depending on the nature of the challenge she was faced with. The adaptive use of personal and contextual resources to accomplish age-appropriate developmental tasks is described as psychosocial competence (O’Dougherty, Wright & Masten, 2006:20). This is demonstrated in Ronel’s combined utilisation of her intellectual skills and healthy relationships with teachers and peers to achieve a successful school experience.

As an example of the resilient participants’ effective deployment of problem-solving strategies, I will briefly refer to a number of situations related by Ria. Driven by her need to survive she seldom reacted impulsively or by avoiding the issue when faced with significant challenges. She demonstrated the ability to employ active problem-focused coping strategies and usually deliberately reviewed her options before deciding on the best course of action. Like the other participants, she prayed about important issues which faced her.
One of Ria’s most effective coping mechanisms in dealing with her mother’s excessive demands was the distinct choice simply to comply as far as possible, thereby preventing conflict and violent consequences. When Ria showed physical symptoms of her mother’s abuse, she compensated by covering up the bruises with clothing. Despite the undesirable circumstances in which she lived, she chose to remain where she was and resisted attempts at intervention by either teachers or a social worker. This attitude was firstly driven by the realisation that intervention might aggravate her mother’s anger and subsequently intensify the extent of the abuse. Secondly, her decision was motivated by her desire not to be removed from her family. Even a dysfunctional family was better than being displaced.

In response to the trauma of sexual molestation, Ria firstly decided to keep quiet about the incident, not as an avoidance coping strategy, but rather as a way of protecting herself from stigmatisation and further labelling by her mother. Secondly, she had the wisdom to avoid the people who attempted to molest her or make inappropriate sexual advances towards her. Another problem-solving mechanism Ria occasionally used was to withhold the truth, such as when she used contraceptives before her marriage when she decided to hide the truth from her mother for fear of being considered immoral. When her four year old son was diagnosed with Retina Blastoma, she kept her feelings and the truth about his condition from him, in order to protect him from further trauma.

Ria’s childhood employment confirms that controlled exposure to challenge may enhance resilience, particularly if a person deals with a difficult challenge successfully (Neill & Dias, 2001:35,36). When she started to do part-time work, she did not respond age appropriately, but instead rose to the occasion with great emotional maturity. She managed to do not only what was expected of her, that is, act as a switchboard operator, but more. She was a quick and keen learner and approached the employment situation as a challenge. Driven by her desire to excel and to please, she mastered her tasks and moved on to acquire additional skills such the ability to write orders and take stock. Childhood employment in Ria’s case turned out not to be an adverse life event. What had the potential of placing her at risk, was turned into a resource due to her attitude and resilience.
Esther managed to break the cycle of self-destruction by employing problem-solving strategies revolving around her relationship with God. She uses the metaphor of a tank needing to be filled on a regular basis to illustrate her need for time with God. As soon as she fails to spend sufficient time in studying the Bible and just being with God, her ability to cope with challenging circumstances is diminished.

5.3.14 Positive values

A child’s developing morality grows from early emotional interactions. Brazelton and Greenspan (2006:15) argue that children can only learn to care empathically for another person through experiencing compassion and nurturing interaction in an ongoing relationship. Ria’s values, even though she lacked nurturing relationships with her parents, are characterised by a strong sense of empathy, trust and forgiveness.

Ria’s empathy was revealed in her non-judgemental attitude toward others. She and Esther both had the ability to identify with other people’s struggles due to the fact that they had been exposed to so much themselves. Ria mentioned that she had some understanding of why people attempt suicide, mainly because she had been desperate enough to attempt to take her own life. Esther’s empathy was also for the hurt and broken people in the world. She declared her ability to sincerely understand a variety of social and emotional struggles, such as eating disorders, drug abuse and prostitution, to name but a few. She had been there. She understood.

From childhood on Ria was characterised by strong morals. At various stages of her life she was faced with the unethical, immoral, or hypocritical behaviour of others, which she clearly saw due to her keen sense of observation. Her resilient reaction was always to address the issue wisely and strategically and in alliance with trusted persons, mostly without placing herself in the line of fire. She had the strength of character to take a stand for what is right. Like Ronel, she maintained her sexual resilience in the form of pre-marital abstinence in the midst of a sexually pressured relationship with a divorced man.

Ria’s need to comply in order to appease her mother on occasion came up against a stronger need, that is, the need to do the right thing. Her prioritisation of core
relationships only came second to her integrity. When she was instructed to steal morphine from her employer, she was faced with a severe moral dilemma. If she did not adhere to her mother’s wishes, she would face dire and violent consequences. If she complied, she would on the one hand be doing what was morally wrong, and on the other hand she would betray the one person who trusted her, her employer Oom Venter. Ria’s resilience strategy in this instance was based on her cognitive ability to weigh her options and decide on the best course of action in the context of her strong values.

Despite her altruistic actions, Ria’s strong morals at times caused ambivalent reactions in response to the behaviour of the people in her life. So for example, she chose to help her relatives, but she was repelled by their lack of morals. She chose to live a life unlike the rest of her family, for example by getting married, and doing so in a church, and to adopt a different set of values from those which were the norm in her childhood home. She saw herself as being in a separate social class, but remained accepting of her siblings and maintained good relationships with them, even though she did not share their value system.

In the above section on resilience characteristics I have discussed the mental, physical and social resources that accompany resilience in the life histories of the participants. Resilient children are protected by the self-righting nature of their development, as well as their own actions and those of the adults in their lives (Masten, 1997:4). With this in mind, I will now take a closer look at familial, extra-familial, school and community resources as protective factors that have served as a buffer against the effects of trauma.

5.4 THEME 3: PROTECTIVE FACTORS

The third theme consists of a description of protective factors that shielded the participants against potential risk factors. People live multifaceted lives in multiple contexts, each of which may harbour certain risks and certain protective factors (Masten, 1997:4). For the purpose of this study, a protective factor can be described as the context of a person’s interaction that predicts better outcomes, particularly in situations of risk or adversity. In the participants’ lives there were usually multiple
protective factors involved, subsequently termed cumulative protection (O’Dougherty, Wright & Masten, 2006:19).

### 5.4.1 Social support as the core protective factor

Underlying protection against risk is the recurring concept of relationships. I briefly referred to the resilient person’s knack for establishing trusting relationships above. I will now focus on the role of various forms of social support in the life of the resilient woman.

Neill and Dias (2001:35,36,39) contend that perceived social support is positively related to taking on a challenge and to increased resilience. The resilient participants received different forms of social support during childhood and adolescence. This ranged from only one or two trusted relationships in Christine’s case, to a wide network consisting of peer friends, siblings, and extended family members in Ronel’s case.

There exists some controversy as to whether the size of the support network matters, or not. Werner and Johnson (2004:699) determined that resilient adults who were raised in alcoholic families relied on a larger social support network than adults from similar circumstances who had coping problems. Pilowsky et al., (2004:1372) found that there was no relation between larger support networks and resilience, neither was there any relation between the identity of the members of the support networks and the development of resilience. They conclude that the quality of support is more significant than the number of supporters in a child’s support network.

A wider network of support seemed to have been more protective of the participants as adults, and particularly as children. The fact that Esther had not one trusting relationship in her childhood increased the effects of her trauma significantly. Similarly Christine’s lack of a confidante during her vulnerable secondary school years probably increased her lack of resilience at the time. Weak social networks may lead to problems such as substance abuse, violence, neglect, suicide and psychopathology, while social support and an awareness of one’s roots may protect against risk (Schotte et al., 2006:316).
5.4.2 Familial factors

The availability of supportive relationships within and outside the family has been identified as a family resilience factor (Greeff & Van der Merwe, 2004:59), as has the key role of adult behaviour in a child’s exposure to risks and adversity, as well as resources and protective factors (Masten, 1997:4). What is significant, particularly in childhood, is a warm, nurturing and supportive relationship with at least one competent, caring, positive, responsive, and non-abusive caregiver (Masten, 1997:3; Osofsky, 1999:33; DuMont et al., 2007:255). Such a protective relationship should allow a child to experience unconditional love and acceptance.

In most instances, such as in the case of Ronel and Christine, the mother is the person with whom the child establishes this supportive relationship, but not always. Maternal competence is an important factor to consider. If a mother shows interest in her child and is able to respond emotionally, the child is more likely to be resilient (DuMont et al., 2007:255). Esther and Ria both had mothers who were at best mentally unstable and fathers who were either physically absent or emotionally unavailable. In their households, therefore, they did not have one warm or supportive relationship with either of their caregivers. Ria’s older siblings (as potential caregivers) did not live in the same house for most of her childhood, since they were considerably older than she was. Esther’s siblings, on the other hand, were not significantly older, but were not able to provide Esther with care or support. The crucially important nurturing relationship with a primary caregiver was therefore completely absent from the lives of these two women.

Ronel does not say much of her parents, but there is sufficient evidence to conclude that she was raised by supportive parents, or at least a nurturing mother. Christine’s life history, on the other hand, provides a prime example of a loving relationship with her father in particular, although she gives no indication that the same was not true of her relationship with her mother as well. She mentions how her father had played with her, talked to her while she sat on his lap, taught her skills and conveyed his love of music to her. Accordingly, her father’s death when she was nine years old can be considered a severely traumatic event in her life, and a terrible loss. The
relationship she had with her father was never to be repeated with any other person in her life.

While she lacked supportive relationships in her family of origin, Esther had the opportunity to experience a supportive relationship with her spouse as a substitute caregiver. In many ways he was a loving father and a husband to her, supporting her emotionally and materially, and encouraging her to unlock her potential. Within this intimate and confiding relationship the traumatised child within Esther was finally rescued, and Esther’s resilience blossomed. This is in keeping with what DuMont, et al., (2007:260) determined, that is, that young adults with highly supportive partners were significantly more likely to be resilient than people without supportive partners. Unlike the other participants, Esther confirmed the significant role her spouse had played in her recovery process, particularly in terms of his unconditional acceptance, consistent support and sincere empathy. Through his example of effective self-regulation and emotional maturity, he became a role model for Esther. Not only did he provide the reparenting she needed, but he also repaired her twisted image of fatherhood. This change in perception enabled her to strengthen her relationship with God as her heavenly father. The fact that her husband who was a mere human had the ability to love and to forgive her unconditionally, convinced her that God could do even more.

The social support ideally provided within the resilient family extends beyond individual relationships. Rather, children who are brought up in stable households tend to be more resilient (DuMont et al., 2007:256,261). To ensure a resilient outcome the childhood home environment should be a secure emotional base, providing the child with a sense of belonging and security. A prime example is Christine’s consistent, caring, and stable home environment before her father’s death. It was a home characterised by a positive family climate and low levels of parental discord. Theirs was an organised home environment with traditions such as family gatherings where family members played their musical instruments. Other familial factors that encourage resilience include a moral and religious climate in the family, something of which was present in Ronel’s childhood home where her mother influenced the development of their faith.
Ria’s family of origin was far from the ideal family. The fact that she was overburdened with adult domestic duties while being in part-time employment from the age of eight years onwards had the potential of becoming a severe risk factor in her childhood life. It does seem to have rather been a protective factor that left the impression on her that she was a valued participant in the family. Her sense of pride and self-worth was based on the fact that she could contribute financially to the family. Childhood employment was also her ticket to the substitute-parent relationship she had with Oom Venter. In her present family Ria still places an emphasis on mutual responsibilities and the contribution of children in household activities.

Good parenting is an important protective factor in ensuring positive outcomes in the life of a child, particularly in combination with good cognitive development (Masten, 1997:3). The resilient family is characterised by parents who have an authoritative parenting style which is characterised by warmth and support, and has clear structure, rules and boundaries. Parents provide structure and monitor children’s behaviour and peer contacts. Parents are involved in their children’s education and have high but realistic expectations of their children.

None of the participants grew up in a home which met with all these requirements, but Christine and Ronel’s parents provided them with structure and stability. In Ronel’s home of origin the rules were clear and strict, but I did not gain the impression of an autocratic parenting style. Ronel did not make mention of her parents’ involvement in her academic education, probably because she took full responsibility for her own academic achievement and took pleasure in it. She does, however, mention her father’s distinct interest in and support of the development of Ronel’s playing the piano.

Of the four fathers encountered in the life stories of the participants, Christine’s was the only father who had a distinctly positive impact on his daughter’s life. One can only speculate about whether his success and commitment as an educator/father was related to their small family size or to the fact that he was a chartered accountant. If the latter was the case, this might confirm the potentially protective role of postsecondary education of a parent, associated with socioeconomic
advantages where graduates have the potential of earning a more substantial income. Several studies have shown that being raised in an environment of poverty may increase a person’s risk of experiencing stressful life events and psychological distress. Poverty also reduces resources enabling a person to cope with stressors (DuMont et al., 2007:257). Christine’s family was financially stable until her father’s death, but the other three families all faced socioeconomic disadvantages to some extent.

5.4.3 Extra-familial relationships

Because of the unstable domestic circumstances of some participants, they had to find alternative external sources of emotional support. Extra-familial support may moderate the effect of intra-familial characteristics (Rutter, 2007:207), as in Ria’s case. When her attempts to win her mother’s favour proved to be futile, she had the skill to find solace in relationships with other caring adults, such as their domestic worker and of course her employer, Oom Venter. Within the latter relationship she experienced the much needed connection to a caring, competent, confiding, and emotionally supportive adult outside her family. Oom Venter fulfilled the position of mentor, role model, and substitute parent in Ria’s life, thus protecting her from the effects of her traumatic domestic circumstances.

Some of the participants had supportive connections with extended family members which compensated to some extent for their parents’ limitations. Greeff and Van der Merwe (2004:59) confirmed that the support of extended family members contributed to resilience in divorced families. In Ronel’s case the extended family was a significant factor long before her parents’ divorce. She spent most of her holidays throughout her childhood in the care of her two sets of grandparents and various other extended family members. This created a healthy distance between her and the marital tension at home, as well as her father’s alcohol abuse. Through their consistent and stable influence on her life, her grandparents nurtured a sense of meaning and identity in her.

Similarly, Christine’s grandmother was a preserving force in her life. She was associated with early childhood memories of warmth and nurturing, and was
Christine’s companion at home during her lonely teenage years. Although Esther does not mention of any positive extra-familial relationships, it has to be noted that it was an aunt of hers who finally went through the process of getting Esther released from Sterkfontein Psychiatric Hospital, and in so doing probably saved her life.

Another influential form of extra-familial relationships that are associated with resilience is the connection to pro-social peer friends. The importance of a resilient person’s connection to competent, caring and pro-social peer friends is generally accepted (Greeff & Van der Merwe, 2004:59).

Consider for example Ronel’s relationship with the neighbourhood children. This was a strong protective factor in her life and contributed to her positive retrospective view of her childhood as having been carefree. By occupying themselves with wholesome activities such as riding their bicycles and playing at the local dam, the potential risks from Ronel’s domestic circumstances were reduced. Her family’s prolonged period of residence in the particular neighbourhood might have enhanced her establishment of long-term friendships (DuMont et al., 2007:256,261), of which the neighbours’ daughter was a good example. They had a strong friendship and supported each other in their various endeavours. This relationship seems to have been an effective buffer between Ronel and the domestic tension at home.

Ria mastered the skill of establishing strong peer relationships, although she did not mention of close childhood friendships. The fact that she, like Esther, did not have a typical childhood characterised by playing, leisure time and socialising with peers, isolated her from her peers and she is still left with a sense of loss. As an adult, though, she recruited trustworthy peer friends who have played a hugely supportive role in her life. In times of adversity Ria’s friends have proven their dedication and trustworthiness by providing emotional and other support.  

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10 I had the privilege of seeing this in practice soon after having completed my interviews with Ria. When her youngest son committed suicide, Ria immediately informed her support network of friends and clergy. Much can be said of the events surrounding this tragedy, but I will restrict myself to the topic of supportive relationships. For weeks following her son’s death, Ria and her family were carried by a community of people in whom she had invested over the years. Her network of relationships paid off in the form of a strong safety net of emotional and practical support when she needed it most.
Christine had a number of pro-social peer friendships during her childhood, although some resulted in additional experiences of pain and loss as her friends either passed away or left. Nevertheless, her peer relationships were a positive factor in her primary school years, in stark contrast to her lack of friends when she was in secondary school. Her exposure to a number of traumatic life events in middle childhood caused her to mature emotionally beyond the level of her peers, leading to a sense of alienation, isolation, and an inability to identify with her teenage peers.

The significance of pro-social peer relationships is perhaps clearest when one considers the opposite scenario, that is, Esther’s lack of trusting friendships during her childhood and adolescence. This reinforced her emotional isolation, loneliness, and sense of displacement. Also illustrative of the lack of positive peers was Esther’s involvement in an anti-social neighbourhood group that occupied themselves with sexually and abuse-based activities.

5.4.4 Factors within the formal educational environment

Extra-familial relationships extend to another context, namely the school environment. Interactions and circumstances at school may contain risk factors, as illustrated in Christine’s narrative, but may also be a protective factor in a child’s life. The stable school environment which contributes to a child’s resilience is one which encourages learning and the development of the child’s potential in various areas. The government schools which the participants attended were likely to have been good schools. During that stage in South African history, white Afrikaans schools were generally well-staffed and had access to good resources, a protective factor in itself for the learners in these environments.

Esther’s childhood desire to prove her self-worth through achievement contributed to her positive primary school experience. By making the most of her opportunities for

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11 I was surprised by the small representation school-related experiences had in the narratives of the participants, given the proportionately large period of time during their childhood and teenage lives they spent at school.
extra-curricular participation she discovered her enjoyment of ballet, participation in the school choir, orchestra, revues and speech choir. She could try her hand at different sports, such as netball, tennis and athletics. Esther’s successful primary school experience was enhanced by her discovery that she was intellectually strong, demonstrated by the fact that she achieved academically without much effort and in spite of her domestic circumstances. These successful school experiences gave her something positive to draw on in later years with the realisation of some extent of achievement and potential.

There was one drawback, however. I previously referred to the fact that Esther’s teachers neglected to intervene or respond to her non-verbal pleas for help. In addition to her parents’ complete lack of interest in her performance at school (similar to Ria’s), she did not receive the desperately needed emotional support of her teachers. There is a correlation between the presence of supportive and caring adults in the home, school and neighbourhood, and the school engagement of learners. Learners – Ronel for example – who have the support of adults in their lives, have higher levels of psychological and behavioural engagement with their schooling (Woolley & Bowen, 2007:92). There is one ray of hope though. It was a teacher who committed to taking her for the weekly sessions in a drug rehabilitation programme. This teacher would never have guessed that she was probably the only person who played a supportive role in Esther’s fragile teenage life.

Ria’s is a different story. She tells of some care and support in the school environment. She was encouraged by teachers (and of course Oom Venter) to develop her potential, both academically and in terms of leadership. She had the protective benefit of school connectedness and a positive school experience, which prematurely came to an end when her personal and domestic circumstances necessitated that she leave school at the age of 16 to take up a permanent position in the adult community.

5.4.5 Factors within the community

A number of factors in the community can potentially be considered a protective influence on children and women. The long-term impact of childhood trauma may
depend not only on the characteristics of the child’s family, but also the community at
the time of the adverse events (DuMont et al., 2007:256). It is generally accepted
that high neighbourhood quality protects against risks. This may include aspects
such as safety, security services, recreational opportunities, access to good public
health care and social services, as well as employment opportunities. These factors
were mostly present in the neighbourhoods in which the participants lived.

Although neighbourhood poverty levels were found to be associated with the
occurrence of child abuse and neglect, growing up in an advantaged neighbourhood
does not directly contribute to resilience (DuMont et al., 2007:257,261). Maltreated
children living in advantaged socioeconomic neighbourhoods with more resources
may, however, be more likely to be resilient than children from disadvantaged
communities. When considered in conjunction with other resilience characteristics
and protective factors such as cognitive ability and household stability, an
advantaged neighbourhood does seem to have protective potential.

One characteristic of high neighbourhood quality that had a protective influence on
Christine’s adolescent life was her recreational interests and related affiliation to pro-
social structures. Ronel had access to a tertiary institution which provided her with
the opportunity to learn and qualify for advancement in society (Masten, 1997).

The participants all testify to the protective role of spirituality, faith, and religious
affiliations in their lives (Masten, 1997). Since childhood Ria had a need to belong,
similar to Esther’s childhood desire, but channelled in the more wholesome direction
of a longing to be part of a church. Attending church and participating in church-
related activities was a major part of Ronel’s adolescent life, and contributed to her
sense of purpose and meaning. Being involved in church-based activities
strengthened her values and connected her with a network of pro-social peers. She
felt so strongly about her religious affiliations, that it became a condition for her
continued relationship with her future husband. She was not prepared to negotiate
her involvement in church activities, even if it meant that she would have to give up
her relationship with her husband-to-be. In her later life, Ronel, together with
Christine, derived much support from their fellow Christians, particularly in the form
of a small group that gathered weekly. At a different stage Christine, Ronel and her
mother prayed together regularly. These prayer and fellowship sessions were a powerful force for resilience in the lives of the women.

From the first constructive turning point in her life, Esther relied strongly on her religious affiliations, starting with her connection with an urban missions organisation. The leader of the organisation and his wife supported her by providing accommodation and counselling. The organisation later provided her with training. Through her affiliation with this organisation she came to experience sincere care and social support – no strings attached – for the first time in her life. Throughout the following years Esther invested in the Christian community (also in schools and secular groups) by sharing her own experience. She still counsels and teaches, mostly in the area of substance abuse and eating disorders, whenever the opportunity arises.

5.5 UNDERLYING THEME: EDUCATIONAL FACTORS

5.5.1 Mothers as primary caregivers/educators

When contemplating the education of the participants as children, the fathers seem to have been largely absent from their daughters’ lives, with the exception of course of Christine’s doting father who sadly passed away when she was only nine years old. The other three fathers were generally emotionally unavailable and indifferent to their daughters. Ronel’s father, however, was committed to encouraging her to learn to play the piano. The primary caregivers/educators in the participants’ lives were therefore (as is most often the case across the world) the mothers.

There is much to learn from the mothers of the participants, both from their strengths and weaknesses in parenting. In the participants’ mothers one finds two examples of stable and seemingly nurturing mothers, namely the mothers of Christine and Ronel, while one also sees two examples of violent, abusive and unstable mothers in the other two cases. The quality of the daily interactions between parents and children affects the behaviour and adjustment of children, as can the self-efficacy of parents (Brooks, 2006:299; MacPhee & Andrews, 2006; Fritz & Miller-Heyl, 1996:3278; Bry et al., 1998:120). When parents – such as Esther and Ria’s mothers
– have a history of mental disorder and engage in abusive behaviour, the effects on a child’s mental health and resilience are devastating (Goldstein & Brooks, 2006:299). It is generally accepted that adolescents are at risk of developing internalising and externalising problem behaviour, for example depression and aggression, when rejected by their parents as Ria and Esther had been (Akse, Hale, Engels, Raaijmakers & Meeus, 2004:980).

Ronel and Christine’s parents mostly modelled the resilience-enhancing behaviour by supporting their daughters in developing goals and purpose in their lives, thus protecting them from risk (Goldstein & Brooks, 2006:299). Christine’s mother managed to prepare her for success and satisfaction in her life by encouraging the development of what Brooks (2006:307) calls “islands of competence”, in Christine’s case referring to her physical talent for figure skating and dancing. Her and Ronel’s resilience as children might well have been seated in the skills and positive attitude that their mothers reinforced in them as children (Brooks, 2006:298).

5.5.2 Teachers as educators

Teachers play a markedly insignificant part in the life histories of the participants, which I find almost disconcerting. Given the fact that the participants spent the majority of their time at school for a period of twelve years (in most cases), it is striking that individual teachers’ roles in the participants’ lives are seldom mentioned. There are, however, two exceptions: Ria mentions a male teacher and his wife who asked when she arrived at school wearing a scarf in summer to conceal the marks of a cane beating by her mother. There enquiries were fruitless, but at least they showed some concern, unlike the other teachers who must have been aware that both Ria and Esther were being abused for years, but chose to remain uninvolved. The other exception was the teacher who committed to taking the 17 year old Esther for her weekly sessions in a drug rehabilitation programme.

5.5.3 Participants as next generation mothers

The participants, being role models of resilience, all seem to have become warm, nurturing and stable mothers of their own children. Although Christine and Ria did
not have strong maternal role models, they managed to break the pattern of abusive parenting which their mothers had exemplified. As a matter of fact, in many ways they seem to apply parenting practices that nurture resilience in their own children (Brooks, 2006:301-313), such as empathy, communicating effectively and listening actively, loving and accepting their children unconditionally, providing opportunities for their children to contribute, and disciplining their children in ways that promote self-discipline and self-worth. (The study was not aimed at determining the participants’ parenting practices, and consequently these conclusions are based on mere shreds of information that the participants happened to mention in the interviews. There was, however, no reason to doubt any of the participants’ competence in, and dedication to, their roles as mothers.)

5.6 CONCLUSION

In this chapter I discussed the research findings against the backdrop of existing literature relevant to resilience in the context of traumatic life events. I presented an overview of the three main themes that became apparent in the participants’ life histories, namely risk factors that contributed to the participants’ experiences of trauma, resilience factors that characterised these resilient women, and protective factors that shielded them from risk.\textsuperscript{12}

\textsuperscript{12} Although it is outside the scope of this study, I recognise that there may be gene-environment interactions that influence the resilience of the various participants. Genetic factors, for example, might have diminished a person such as Ria’s sensitivity to environmental risks (Rutter 2007:207). I am also aware of the likely role of genetic factors in an individual’s vulnerability to the depression-inducing effects of stressful life events (Schotte et al., 2006:314; Miller, 2006:193).
CHAPTER 6: CONCEPTUAL FRAMEWORK AND THE INTERACTIVE EDUCATIONAL PLAY

6.1 INTRODUCTION

The previous chapter consists of a cross-validation report on the findings from the research data, as considered against the background of existing literature. In this chapter I will present the conceptual framework derived from the research findings, as manifested in an interactive educational play. As mentioned in Chapter 1 of this study, my goal has been to create an interactive educational play aimed at promoting resilience in women who are primary caregivers/educators of children.

It is significant that, although some people have a natural predisposition to resilience – take Ria for example – it is also true that others – such as the child and adolescent Esther – inherently tend towards vulnerability or a lack of resilience, often exacerbated by circumstances surrounding their primary educational environment. However, the results of this study again confirmed that resilience characteristics can be acquired by the latter group of people. Resilience can in fact be promoted. One challenge is to find the most effective way to translate this research into a vehicle that may bring about change in the South African context with its unique profile of trauma and adversity (O’Dougherty, Wright & Masten, 2006:33). My proposed instrument for educating women for resilience is the interactive educational play. The play will be based on the research findings, and will incorporate some of the risk factors, some resilience characteristics and some protective factors that were discussed in Chapter 5.

I will subsequently present a conceptual framework on which the proposed interactive educational play will be based.
6.2 PHASE 2: CONCEPTUAL FRAMEWORK

A conceptual framework is a structure of ideas about people, groups, situations and events relevant to a study (Maritz, 2006:48). This conceptual framework is based on the thinking map of Dickoff, James and Wiedenbach (1968:423) and consists of agents, recipients, procedure, dynamics, context and terminus. The framework is a synthesis based on the themes that have emerged from the data analysis.

6.2.1 The context of the interactive educational play

The pervasive nature of trauma is a painful reality of living in South Africa today, and has become part of individual and national consciousness. Women who are exposed to potentially traumatic circumstances and life events form the context within which the interactive educational play will be performed. Woman in South Africa are exposed to trauma in various forms, as discussed in Chapter 1. Women of all ages and socioeconomic groups are exposed to traumatic life events to some extent sooner or later in their lives. The nature and severity of trauma differ from woman to woman and community to community, but it is always present. Under normal circumstances trauma could include natural life events such as the death of a loved one. In other circumstances women have to deal with the trauma of being diagnosed with HIV/AIDS, losing a child to drug overdose, being subjected to continuous intimate partner violence, or becoming the victim of a serious crime such as rape.

The detrimental effects of trauma, specifically repetitive or long-term trauma, have been discussed previously; however, it is relevant to remember the impact of trauma on children as well. Even when children are not the direct victims of trauma, their vulnerability increases significantly when their primary caregivers/educators are subjected to traumatic events. The mental health of the woman in society, but the woman as caregiver/educator in particular, should be protected at all cost. Within this context one is sensitized to the imminent need for preventive and protective strategies to improve the resilience of women in South African society.
As real as the presence of trauma in all its forms is the reality of inadequate and inaccessible mental health resources in the country. The vast majority of the population does not have access to mental health professionals, most of whom make a living in private practice by providing services to more affluent socioeconomic groups. It can be deduced that post-trauma counselling is not an option for most victims of trauma, and that lay counselling within communities is the only intervention many people will experience, if any. It follows that women should ideally be equipped with self-help skills on which to draw in challenging times.

The interactive educational play may be a feasible vehicle for transferring resilience skills and knowledge to women, thus empowering them to cope better with future adversity and perhaps even to advance their own recovery after previous experiences of trauma.

6.2.2 The agents of the interactive educational play

There are three potential agents of the play, namely the authors of the play, the women who are the direct recipients of the play, and the procedure as agent.

a) The authors of the play as agents

The authors of the procedure are the first potential agents. After having conceptualised the play, I consulted an educator friend who teaches on the topic of creativity and writing, but who is also experienced in drama and theatre work. As playwrights and co-authors of the procedure we may be considered to be the agents of the interactive educational play.

b) The direct recipient as her own agent

Women who are the primary caregivers/educators of children – normally their own children or grandchildren – make up the intended audience of the proposed interactive educational play. Through exposure to the educational content of the play, a woman will be confronted with storied illustrations of resilient and non-resilient reactions to traumatic life events and circumstances. She should be able to identify with some scenarios, some attributes of the characters, and some responses
to adversity. Through reflection on the implicit and explicit messages of the play, she will be faced with her own responses to adversity. During the interactive stage of the play she will have the opportunity to direct questions to the actors in character, or have her suggestions enacted. She may be able to evaluate her own reactions to trauma and decide to change her behaviour to include a more resilient approach to adverse events and circumstances in her own life.

An interesting parallel can be drawn between the woman as her own transformational agent and Tomkins’ (McAdams, Hoffman, Mansfield & Day, 1996:371) dramaturgical perspective on personality: The individual is the playwright of her own personal drama, which consists of scenes depicting specific memories that are organised into scripts. The scenes are dynamically transformed into the life history, which is in actual fact the story of the person’s identity. Chapters 3 and 4 consisted of these life histories, reflecting the identities of the participants. Similar women will make up the audience of the interactive educational play, and as playwrights of their own personal dramas, they will be qualified to become agents in the performed play. There is one condition for the woman to be turned from a spectator to a spect-actor who is capable of social agency as a result of her active responses, and that is sustained social interaction between audience and actors (Kruger, 1999:109). This would therefore be a key component of the prospective interactive educational play.

c) **THE PROCEDURE AS AGENT**

The interactive educational drama as procedure may also be considered the agent. As a potential instrument of transformation, the drama itself is essential for setting in motion the dynamics that would bring about enhanced resilience and sustained mental health. The Brazilian political activism Theatre of the Oppressed, co-created by Augusto Boal, was heralded as a change agent on a personal and societal level (Tromsky & Doston, 2003:54). Similar to the change brought about by Theatre of the Oppressed, this interactive educational drama is intended to act as agent by facilitating the following in the women who make up the audience: they will be able to identify themselves in the play; they will be able to distinguish themselves from
others; and they will be able to imagine how they would be like, or rather in this case, how they would react to traumatic life events.

6.2.3 The procedure of the interactive educational play

The interactive educational play is the procedure through which the intended outcome of increased resilience and improved mental health is to be achieved. Drama has a number of characteristics that qualify it to be an appropriate and effective educational instrument for conveying the message of resilience.

In addition to drama’s innate ability to engage and entertain audiences, interactive drama in particular has become a powerful medium for promoting social change in communities (Tromsky & Doston, 2003:53; Maritz et al., 2002).

The interactive educational play complies with most of the requirements for preventive programmes as highlighted by O’Dougherty, Wright and Masten (2006:32). It is intended to be a community-based intervention which is contextually adaptable and could therefore remain culturally relevant, even in the diversity of South African cultures and communities. The play can be performed across multiple settings with certain context-specific adaptations. Drama can be a cost-effective, highly portable, universally acceptable form of educational entertainment, even in an environment of low literacy.

Drama elicits emotional responses to the informational content, thus facilitating experiential learning on an emotional and a cognitive level. This combination of emotion and information has the potential of effectively educating and motivating members of the audience (Stephens-Hernandez, Livingston, Dacons-Brock, Craft, Cameron, Franklin & Howlett, 2007:11). While standardised instruction may discourage active audience participation (Kruger, 1999:109), interactive drama facilitates expression and communication in an open and dialogic space. Interactive drama allows for improved interaction, and stimulates communication between audience and actors on difficult issues (Tromsky & Doston, 2003:54). It should also extend communication on the issue of resilience to the everyday environment to which the women in the audience return after the performance.
Interactive drama can be an effective instrument in community education. The main curricular event in arts-based research, according to Conle (Sinner, Leggo, Irwin, Gouzouasis & Grauer, 2006:1252), is the presentation of the art to an audience. In this case the curricular function is the audience’s reception of information through the medium of interactive educational drama.

There have been a number of local efforts in the form of community arts, employment endeavours, and national projects to address relevant social issues in South Africa, such as the production *Sarafina*, and the recent *Heartlines* television series. Locally appropriate education through drama has proven to be a particularly effective approach in answer to HIV/AIDS issues, particularly in rural communities (Middelkoop, Myer & Smit, 2006:526). Other relevant social issues were effectively addressed in key episodes of the South African educational soap opera television series, *Soul City*, which were performed by theatre-in-education groups for audiences without television (Kruger, 1999:109). In her model for primary prevention of intimate partner violence, Jewkes (2002:1423) advocates creating a climate of non-tolerance of intimate partner violence amongst other by raising awareness through educational dramas such as *Soul City*. She suggests changing community norms by supporting community theatre aimed at preventing violence against women. The same vehicle could be effective in conveying the principles of resilience through educational dramas and community theatre. Although HIV/AIDS as a predominant health concern is being widely addressed in South Africa, resilience as a necessary survival skill in response to the psychological implications of the HIV/AIDS pandemic has yet to be addressed on a personal and national level. This play may be an effective first step in the right direction.

The interactive educational drama introduced here borrows from other alternative forms of theatre, such as theatre for development, theatre-in-education, improvisational theatre, industrial theatre, and theatre of the oppressed (Tromsky & Doston, 2003:54; Kruger, 1999:109,111). To a great extent this play relies on the practices of interactive drama or participatory theatre in providing simultaneously both a forum for discussion and an entertaining performance. Members of the
audience engage in dialogue with the characters and each other, thus reflecting on the issues raised while shaping the performance (Tromsky & Doston, 2003:54).

The procedure of educating for resilience and improved mental health is not restricted to drama as a genre. Alternative procedures could be followed, such as a television series which is likely to be effective in reaching large numbers of women. Such an approach is likely to be limited by the fact that it excludes under-developed rural communities and will lack the benefits of interactive audience participation. For a target audience consisting of children, the simplified principles of resilience can be demonstrated by means of an interactive puppet show, while an adolescent audience would benefit from a high quality resilience computer game in which they could exercise decisions and see the consequences in a simulated environment.

6.2.4 The dynamics of the interactive educational play

The dynamics of the play are based on the present lack of mental health resources for victims and potential victims of traumatic life events. Women are generally ill-equipped to endure, recover and grow from their adverse experiences, and often do not have the necessary skills and support. When such women are immersed in their own struggle for mental health, they do not function optimally, and are, for example, unable to perform their parenting responsibilities adequately. The result is that the children in their care in turn often do not have the maternal support they require to deal with their own trauma. This group of women is the intended target audience of the interactive educational play. Such women who experience the need to deal more effectively with adversity and hardship will be motivated to attend the play in order to equip and empower themselves.

6.2.5 The recipients of the interactive educational play

There is more than one group of potential recipients of the play. The primary caregivers/educators of children who make up the audience-participants are the direct recipients of the content of the play. The secondary recipients are other women in the circle of influence of the primary participants, who absorb the
information conveyed through the play indirectly. Another group of possible indirect recipients are the children in the care of the women who participate in the play.

a) **Women who are primary caregivers/educators as direct recipients**

Women’s participation in community-based educational programmes has been effective in equipping them with knowledge and skills in various forms (Molloy, 2007:28; Gordon, 1985:37). Community audiences consisting mainly of women who are primary caregivers/educators are the intended direct recipients of the interactive educational play as procedure. The importance of providing mothers (and substitute primary caregivers) with parenting guidelines is generally accepted (Kim, Han & McCubbin, 2007:33). Gewirtz and Edleson (2007) established that promoting healthy relationships and responsive parenting, in combination with supporting vulnerable mothers to access services and develop social support networks, contributes to increased relationship functioning and mothers’ enjoyment of their children. While improved parenting skills and parent-caregiver relationships will certainly work protectively in the lives of children faced with trauma, the main aim of the play is not the transfer of parenting skills per se.

The decision to target mothers and other primary caregivers/educators as the intended audience is motivated by the pivotal role of women in their families and communities. In addition to their caregiver/educator roles, women may also play the roles of intimate partner, daughter, friend, colleague, employee, extended family member. Some of these roles are founded on the woman’s supportive function in society, be it in the form of mentor, counsellor or confidante. It is these roles that qualify the woman as the ideal change agent for transferring resilience skills in a trauma-ridden South African society. When a play has an impact on members of the audience, it will stimulate discussion with friends and relatives afterwards. In this way it could be instrumental in distributing information to the community beyond the direct audience (Stephens-Hernandez, 2007:15).
b) OTHER WOMEN AS INDIRECT RECIPIENTS IN THE CIRCLE OF INFLUENCE OF THE PRIMARY CAREGIVER/EDUCATOR

The Community Mothers Programme in Dublin formalised mothers’ natural tendency to teach and counsel in a parent support programme. These volunteer mothers were trained and monitored to give support and encouragement to parents in low socio-economic areas, thus transferring their skills and knowledge (Molloy, 2007:28). Although a formalised approach such as the Community Mothers Programme would probably be effective in the urban South African context, many close-knit, traditional South African communities have always transferred knowledge, skills and experience spontaneously. An alternative strategy for enhanced resilience could simply be to harness the existing social networks by providing key players in a community with accurate and relevant information, through the vehicle of the interactive educational play. Like the direct recipients, these indirect recipients would in turn be able to apply resilience information in their own parenting practices, thus benefiting the children in a community.

c) CHILDREN IN THE CARE OF DIRECT RECIPIENTS AS INDIRECT RECIPIENTS

Ultimately, the aim of the interactive educational play is not only to strengthen the woman as primary caregiver/educator, but also to equip her with the necessary skills and strategies to foster resilience in the children in her care. The second group of indirect recipients, therefore, are the children in the care of the primary caregivers/educator. Like their mothers, children are increasingly exposed to adversity, reflected in escalating rates of both externalising and internalising disorders (Ferguson & Horwood, 2003). It is essential that greater attention be given to promoting resilience in children so that they may be able to face, overcome and be strengthened by experiences of adversity (Grotberg, 1997:13,14). The current South African public school system does not always succeed in achieving regular curricular outcomes, and is highly unlikely to succeed in bringing about changes in the arena of childhood resilience. Many households are headed by women, with absent or unavailable fathers being the norm. The only person who can thus accompany a child in these circumstances toward increased resilience and
maintained mental health, is the woman who cares for and educates the child at home.

**6.2.6 The terminus of the interactive educational play**

Similar to other performing arts-based researchers I hope to bring about attitudinal and behavioural changes through motivating the self-empowerment of members of the audience (Sinner et al., 2006:1252). The terminus of the play is increased resilience and maintained mental health in the direct and indirect recipients of the procedure. This will be achieved through four central educational outcomes which are based on the three main themes from the research findings, that is

- increased understanding of the effects of risks and the lack of resilience;
- increased understanding of resilience characteristics;
- increased understanding of protective factors; and
- additionally, increased awareness of the necessity for the transfer of resilience skills.

**a) Increased understanding of the effects of risks and the lack of resilience**

The psychoeducational play aimed at fostering resilience in women as primary educators should combine strategies that promote competence with those strategies that reduce risks (Masten, 1997). In view of the findings of this study as presented in chapter 5, it would imply that risk factors would have to be identified together with the detrimental effects thereof on individuals, families and communities. The content of the play will thus reflect many risks and cumulative trauma, which are often experienced by South African women of all cultures. Members of the audience will be encouraged to reduce their own and their children’s exposure to risk and adversity (O’Dougherty, Wright & Masten, 2006:31).
b) **INCREASED UNDERSTANDING OF RESILIENCE CHARACTERISTICS**

It has been argued that brief educational interventions are unlikely to have a long-term effect on outcomes (Pollio, McClendon, North, Reid & Jonson-Reid, 2005:112). The interactive educational play, however, is not intended to be a comprehensive intervention and will therefore not claim to be of sufficient depth and length to address the magnitude of the problem of inadequate resilience in the face of trauma. It is also not meant to be a therapeutic intervention, although it is likely to provide women with self-help skills. As a single preventive educational intervention, its goal is to facilitate an improved understanding of the nature of resilience and awareness of the fact that women can acquire resilience skills and transfer such knowledge to others. The play is intended to be a first educational intervention which should ideally be followed up and reinforced with successive interventions aimed at promoting resilience.

On a practical level the women's resilience competence will be promoted by encouraging them to take responsibility for their own mental health through knowledge, resources and experience so that they may be able to make, implement, and evaluate their own decisions (Landsverk & Kane, 1998:429). In addition, an enhanced sense of coherence will benefit women's mental health and is the focus for educational interventions suggested by Landsverk and Kane (1998:426). Women will also learn coping skills and will be encouraged to develop their talents so as to experience a sense of mastery (Masten, 1997:4).

c) **INCREASED UNDERSTANDING OF PROTECTIVE FACTORS**

O'Dougherty, Wright and Masten (2006:31) suggest another aspect which is appropriate for promoting resilience competence, and that is the mobilisation of protective systems. Most resilience characteristics may take time to put in place, while protective factors are perhaps simpler to implement. The main issue here is that protective resources need to be added to counterbalance risks. Masten (1997:4) suggests tapping into protective factors, such as fostering supportive relationships and seeking out more positive environments. Women will be encouraged to identify, assess and mobilise other resources that may contribute to a
more supportive environment (Landsverk & Kane, 1998:427). These represented not only a sensible preventive strategy, but will also benefit abused and traumatised women (DuMont et al., 2007: 270).

d) **INCREASED AWARENESS OF THE NECESSITY FOR TRANSFER OF RESILIENCE SKILLS**

The fourth outcome of the interactive educational play underlies the previous three outcomes. The benefits of an increased understanding of risk factors, resilience characteristics and protective measures can be exponentially increased if these new understandings are communicated to other members of an audience member’s family and community. Through the transfer of information and skills a resilience ripple effect will become visible in communities where the interactive educational play has been performed. In addition, women will be challenged to attempt fostering resilience in the lives of the children in their care, while being sensitised to the fact that the promotion of resilience should be approached differently in children at different developmental stages (Masten, 1997:4). Members of the audience will be challenged to reconsider their parenting styles and their domestic environments in terms of potential risks to the children in their care. They will finally be reminded that they have both the responsibility and capability to bring about change in their own lives and those of their children.

Tromsky and Doston (2003:52) found that interactive dramas had an effect on awareness, understanding and skills, while Landsverk and Kane (1998:420,421) similarly emphasised increased knowledge and understanding, improved coping and adaptation to stressors, and enhanced self-management as improved health outcomes. The ultimate aim is to promote resilience competence through the experience of research data crafted into an interactive educational play (Sinner et al., 2006:1252). Thus the closely connected research and curricular functions will culminate in increased resilience and sustained or improved mental health, regardless of trauma.
6.3 PHASE 3: INTERACTIVE EDUCATIONAL PLAY

You need three things in the theatre - the play, the actors, and the audience, and each must give something. - Kenneth Haigh

The proposed interactive educational play is based on the conceptual framework of Phase 2, as described above. Certain creative elements, processes and strategies serve as guidelines for the implementation of the arts-based educational research in the proposed play (Sinner et al., 2006:1234).

6.3.1 Guidelines for the implementation of the interactive educational play

Among the guidelines for implementation of the play are several strategies that need to be adhered to, a certain process that has to be followed, and specific elements that have to be present for the outcomes to be achieved effectively.

a) Strategies of the interactive educational play

The strategies concerning the play consist of the following general guidelines or principles that have to remain valid regardless of variables such as audience, infrastructure, and language. These are discussed below.

The educational philosophy: Principles of adult education will apply throughout. The audience of women are adults with considerable personal experience, multiple skills and valuable opinions which they will be encouraged to contribute during the interactive stages of the play (Pollio et al., 2005:112).

The entertainment philosophy: Crucial to the success of the play is its entertainment value. “Drama cannot simply teach: an uninteresting play defeats the purpose of its presentation (Stephens-Hernandez et al., 2007:11).”

The core values: Brendtro and Long (2005:158) pointed out that effective interventions must be grounded in positive values and interpersonal relationships.
The core values on which the play, the performance, and the relationships between the characters and the audience will be based are respect, responsibility and choice.

**The method:** Although the basic plot will be predetermined, improvisational theatre allows for spontaneity of characters through unplanned action (Tromsky & Doston, 2003:53). No two performances will be alike as a result of actor improvisation and audience-character interaction.

**The content:** The play is primarily a preventive intervention, but members of the audience will be able to extrapolate the principles they learn to aid in their own recovery from trauma. The content will have reference to multiple risks and cumulative protection strategies for prevention (Masten, 1997:4).

**The cast:** Only experienced actors will be cast to ensure the success of the improvisational and in-character interactions of actors with the audience. The actors will be trained in resilience theory and the implementation of interactive educational theatre beforehand so that they will be equipped to work towards achieving the desired educational outcomes.

**The director-facilitator:** Within a context of open communication and audience participation the educational outcomes can be achieved and learning can take place. The director-facilitator plays a key role in this process. There has to be sustained interaction throughout “if visiting facilitators are to get beyond the role of experts, if the host community is to get beyond passive reception, and if both are to work toward the transformation not merely of the immediate performance script but also of entrenched scripts of habit and social action (Kruger, 1999:109).”

**The venue:** Performances will take place within communities, at familiar, non-threatening locations where audience members may participate uninhibitedly.

**The technical parameters:** In order to access a wide range of communities in diverse locations throughout the country, the technical emphasis will be on simplicity and mobility. Props and décor will be minimal, while sound and light effects will have to operate independently from the infrastructure at any given venue.
b) **Processes of the Interactive Educational Play**

In order for the performance of the interactive play to achieve its purpose, particular processes have to be followed before, during and after the performance. These are discussed below.

i) **Before the Performance**

Presenting a play that will entertain as well as educate requires thorough planning on many levels (Stephens-Hernandez, Livingston, Dacons-Brock, Craft, Cameron, Franklin & Howlett, 2007:11). Besides the preparation and rehearsals of the actors and director-facilitator, a number of other managerial and administrative tasks have to be executed before a performance. The following is a brief outline of the main issues that need to be considered, and is by no means a complete list.

Once a venue and date for a performance have been confirmed, the marketing process starts as with any other performance. A number of marketing strategies could be followed, ranging from exposure in local media such as radio and newspapers, to the distribution of flyers, to word of mouth communication through key institutions such as churches, schools and community centres. The choice of marketing medium will be determined by the budget available and the social structure of the community in question. Care should be taken to market the play as being of interest to women only. This may seem odd, but in traditional, patriarchal, or abusive households the empowering and transformative effect of the play may be undermined if the dominant male in the household also attends and if he displays a critical response to the message of the performance.

Different socio-cultural variables will be considered so as to adapt the play to fit the profile of the community represented by a particular audience. The question *Who is the audience?* has to be answered. This includes issues such as language, culture, religion, socioeconomic and educational levels, and prevalent risks in the community. A profile of the community may be established through culturally sensitive liaison with the local police station, religious leaders, health workers, traditional leaders and/or others. If the need arises and it is at all viable, trained
translators should be available during performances. (An ideal scenario would, of course, boast a range of interchangeable actors representing the eleven official South African languages!)

The emotive and personally relevant nature of the play will affect the audience of women on an emotional and psychological level. Some may be confronted with their own traumatic memories and emotional pain. Others may decide to take action to alleviate their present adversity. The possibility of potential responses cannot be anticipated and will vary from one audience to the next. Measures should, however, be in place to provide emotional and practical support during and after the performance. Preparations in this regard would include not only on-site mental health professionals and/or counsellors, but also support from within the community. Information should be obtained beforehand regarding the particulars of local mental health professionals and other social support resources, in order that women who require additional support may be referred to these resources.

When it comes to judging the effectiveness of the interactive educational play as a resilience education intervention, quantitative assessment measures seem to be the most practical approach. Upon arrival, pre-performance survey forms should be voluntarily completed by members of the audience. Such forms will be aimed at determining the individual’s existing opinions and behaviours related to risks, resilience, and protective measures in the context of adversity. The format of these forms should be simple, clear, friendly, and preferably available in the local language/s. Discreet assistance should be provided, especially to people who want to complete the survey forms, but whose literacy levels prevent them from doing so themselves. In addition to enabling effectiveness assessment, these survey forms will provide women with an opportunity for self-assessment in terms of the desired outcomes of the play.

**ii) Structure of the play**

When it comes to the actual performance of the interactive educational play, the structure will vary from conventional theatre. The director-facilitator will be visible to the audience and will interact with both members of the audience and with the actors.
intermittently throughout the performance. The basic structure of each scene will be preconceived, but there will be inter-scene interactions between the director-facilitator, audience and characters in response to issues raised during each scene. Within this context of open communication, members of the audience may explore sensitive subjects related to the characters and their actions, thus learning and reflecting without making themselves vulnerable by exposing their personal concerns and circumstances. Another key characteristic of the interactive educational play is the necessity for actor improvisation, that is the emergence of the characters’ emotions through impromptu behaviour (Tromsky & Doston, 2003:53). Members of the audience may suggest alternative actions to the characters, in which case the actors will have to improvise while maintaining the integrity of the plot.

**iii) After the performance**

The audience will be in dialogue with the characters during the performance, but may also want to interact with the actors out of character after the performance. This is also the point in the process where there may be a need for emotional support, counselling, or therapeutic intervention, for which measures will already have been in place in advance. Post-performance surveys of new opinions and expected behaviour will be completed, again on a voluntary base. To assess the long-term effectiveness of the play as an instrument of resilience education, follow-up surveys may be conducted, though this will only be feasible in predominantly literate communities with sound infrastructure.

**c) Elements of the interactive educational play**

The elements of the play are the same essential elements of all drama, that is, the play has a specific title, setting, characters and plot. The proposed play introduced here is intended to be a prototype which could be adapted as deemed necessary for the context in which any particular performance will take place. In conjunction with the backgrounds of the participants in the study, I chose to place the prototype within a traditional Afrikaans context. The contextual detail could be culturally adapted and transferred to other contexts without affecting the risk and resilience outcomes, most of which are universal principles.
i) **The title: The Net**

The title of the play is purposefully ambivalent, while being universally accessible. The net as metaphor may have positive, negative or neutral associations, varying from one person’s frame of reference and experience to the next. Of the numerous possible associations with the word *net*, some may be harnessed as metaphors for risk and others for resilience. So, for example, risks may be expressed in terms of an animal or fish caught in a net, symbolising the experience of being trapped in destructive relationships, circumstances, addiction and so forth. Resilience, on the other hand, could be metaphorically illustrated by a range of symbols as simple as a tea net or a mosquito net, to the life-saving trapeze artists’ net. Neutral concepts such as social networks or the industrialised person’s likely first association with the internet may be utilised in either risk or resilience terms. The multiplicity of associations with the word *net* can be utilised effectively to bring across the message of the play.

ii) **The setting: A train**

The play is set in a train on a long journey through South Africa. Two years before the completion of this study I made the following entry into my research journal:

10 March

I was struck by the following quotation:

“Recording our own stories enables us to view, question, and analyse our individual life journeys over time, as well as the life journeys of others occurring simultaneously around us. Exchanging our journeys with others forces us to select the important encounters and events, to prioritise our values and beliefs, and to articulate these stories clearly and honestly. Transformative exchanges occur when our journeys intersect with life journeys both similar to and distinct from our own; only then do we begin to understand and experience authentic multiple perspectives applicable to our own lives (Obidah & Teel cited in Gallavan & Whittemore, 2003:19).”

I have positive associations with train journeys in particular after having toured abroad by train and having met Ria on an unforgettable local train tour. Many South Africans’ frame of reference regarding travel by train has a completely different
flavour, however, as in South Africa commuting by train is mostly utilised by the poor and is often an unsafe means of travel. In times of political or industrial unrest and heightened crime many people have lost their lives after having been thrown off moving trains. Attempts have been made to increase security on stations and trains, but it remains a logistical nightmare. Long distance journeys are safer and are utilised by a wider range of socioeconomic groups. The latter therefore seems to be the most appropriate way of train travel to serve as the context of the play, while also allowing sufficient time and opportunity for the characters to establish a relationship.

The train journey is a journey of discovery, similar to my personal journey of discovery through research, learning about others and learning about myself (Sinner et al., 2006:1242). The train journey is symbolic of the journey of transformation, perhaps from inadequate resilience in the face of trauma to the station of resilience. Similarly, the train journey may also be a metaphor for each person’s journey through life, complete with stations along the way, co-passengers getting on and off at various stages, with or without having affected one’s life. On the journey through life there are occasional traumatic incidents along the way, but mostly it is a journey of self-discovery and other-discovery. In essence it is a journey where one has ample opportunity for choice. You choose which train to embark, and you choose your destination. You have the option of disembarking prematurely. Depending on your socioeconomic position you may travel in first, second or third class, but bar a number of comforts along the way, you will arrive at your destination.

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13 South Africa also boasts at least two exclusive train companies catering for affluent international and local tourists, but this is certainly not the intended setting of the play. Until recently private companies were able to contract trains from Transnet for customised tours, such as the one on which I met Ria.
iii) **Characters and back stories**

The protagonist of the play, Maria, is a colourful, extroverted woman in her early forties. She communicates with much gesticulation and verbal expression, and has a distinct sense of humour. She is an earthy woman who enjoys the sensory pleasures in life and approaches challenges in a practical way.

Maria’s back story is not as colourful as her character. She was born as what was then considered to be the illegitimate child of a teenage school girl and her boyfriend who lived in the same town, Kroonstad. Her father was emotionally immature, and abruptly ended the relationship with her mother upon hearing of the pregnancy. Soon after, he left the town and was not heard of since.

Maria’s mother later married a divorced man with two sons from his previous marriage, who only visited on weekends and during school holidays. Her decision was mainly motivated by her lack of skills and subsequent low income. Her husband was a railway worker who provided her and Maria with a steady income and benefits such as government housing and medical aid. Although it seemed a good proposition initially, theirs was not a happy marriage. Still, they had two other children, a boy and a girl. Their volatile relationship was partly the result of the husband’s incessant philandering, and in response Maria’s mother increasingly turned to alcohol as a source of comfort and escape.

As her mother’s dependency on alcohol along with her stepfather’s absence increased, so did Maria’s domestic and parenting responsibilities. As the eldest daughter of the household, she was expected to take care of the needs of the younger two while running the household – a type of local Cinderella. When her elder stepbrothers were there, she especially had her hands full. Surprisingly, she maintained a reasonable academic performance, but kept a low social profile at school for fear of raising suspicion of her domestic circumstances.

Throughout her childhood and teenage adversity Maria had the benefit of one consistent and supportive relationship, that being her relationship with their next door neighbour, Tannie Pops. Tannie Pops was a widow with an open heart and an open...
hand. Maria was often sent next door to borrow a cup of sugar or some flour, and used every opportunity to spend time with Tannie Pops. She poured out her heart to Tannie Pops on condition that the latter did not call out the welfare. In return Tannie Pops nurtured her through conversation, encouragement and advice. She taught Maria domestic skills which helped her with her responsibilities and gave her a creative outlet. Over the years Tannie Pops taught Maria to crochet and sew, bake and cook, resulting in many enjoyable hours spent together.

When she was 16 years old, Maria’s life changed irreversibly. Her perfectionist stepfather arrived home after having worked away for a week or two. While her mother was passed out in drunkenness, her stepfather raped her. Maria chose not to disclose the rape, having been warned by her stepfather that he would claim it was consensual sex. She could not tolerate the possibility of a secondary emotional rape, but Tannie Pops put two and two together. When Maria thought things could not get any worse, she discovered that she was pregnant. In desperation, suicide became an attractive option. Tannie Pops intervened and convinced Maria that her best option was to break with her past, make a new beginning for herself, and give her baby a chance at a better life. Tannie Pops gave her a train ticket and the address of a cousin in Johannesburg. Maria left her hometown never to return.

In Johannesburg Maria gave birth to a beautiful baby girl, whom she gave up for adoption after an immense emotional struggle. Even though she had only a standard eight certificate, Maria managed to get a job at the post office. She gradually progressed in her work and managed to complete her matric exams successfully after hours. At age 22 she married, and they had a son. Her son was still a toddler when Maria’s husband died of leukaemia. She stayed on at the post office and is currently postmistress of a busy post office in Johannesburg.

Maria is about to make the train journey to attend Tannie Pops’ funeral in Kroonstad.

The antagonist, Jenny, is an attractive modern woman of slight build in her late twenties. She dresses in neutral colours so as to avoid attracting unnecessary attention, but her clothing and accessories suggest wealth. She is socially groomed, but now and then her reactions suggest underlying feelings of uncertainty and self-
consciousness. As a chartered accountant she is very conscious of social expectations and she tries to live up to it without getting involved with people on a personal level.

Jenny’s background story starts at a large provincial hospital in Johannesburg. Her biological mother gave her up for adoption, but left her with a beautiful name and a delicately crocheted baby blanket. She was adopted by a wealthy couple from Cape Town. At first they accepted her as their own. They even left their life in Cape Town for a year or so in order to prevent any suspicion that Jenny was not their biological child. Although they were often away on business, they saw to it that she had only the best – she was not allowed friends or free time or games in the mud, but was given tutors and a brilliant education. Jenny has a distinct early childhood memory of having only been allowed to play within the ray of sunlight that fell across the carpet in her mother’s study, while her mother sat working at her desk. Whenever she ventured outside of the sunlight, her mother screamed at her from across the large desk.

When she was seven, her sister Amanda was born. From that point onward her life changed gradually, as she became more and more the outsider in her family. Despite her academic achievement and success as long-distance athlete, she did not receive the love and approval of her parents. In time Jenny became increasingly convinced of what she believed to be her own inadequate physical appearance. She did what she could to remedy her perceived problem, that is, started exercising fanatically and cut down her kilojoule intake radically. She lost a great deal of weight but needed to lose even more. Occasionally she could not resist the urge to injure herself, and somehow it gave her temporary relief from the pain inside of her. Jenny now has an intense fear of flying and an obsession with hygiene.

Several years ago Jenny received the shocking news that her parents and sister had died in an armed robbery. In the process of sorting through her parents documents she pieced together her past. She was devastated to learn that the only family she had ever known had treated her as an outsider because she was in fact an outsider. She started suffering from debilitating headaches and had to self-medicate to
suppress the intense pain she experienced on multiple levels. At this stage Jenny cannot cope without large doses of prescription painkillers anymore.

Recently Jenny was in a motor accident in which she sustained a leg injury, but the driver of the other vehicle was seriously injured. She was found to have been under the influence of prescription drugs, and in the subsequent court case received a suspended sentence. She was also sentenced to attend a drug rehabilitation programme. Jenny is about to travel to a rehabilitation centre in the Western Cape, which is considered to be one of the best in the country. She is reluctant to travel by train, but cannot drive to the Cape due to her recovering leg injury, and cannot fly because of her fear of flying.

6.3.2 The implementation of the educational outcomes within the plot

The intended educational outcomes to be achieved, as described in the terminus of the conceptual framework, have to be achieved on a practical level through the actions and dialogue of the characters in the play. The plot is based on a story across generations. It is a story of patterns and cycles and repetitive life scripts within a family. The story is told below.

a) Scene 1: Beginning of play

The play starts at Park Station in Johannesburg. Jenny is waiting for the train, which is late. She has a couple of matching suitcases. She paces up and down uneasily, and has a slight limp. When the train eventually arrives, she gets in. On the heels of Jenny, Maria rushes across the platform with quite a commotion. Along the way the heel of her shoe gets stuck in an air vent and she stumbles, parcels scattering. Jenny looks over her shoulder on her way into the train, hesitates when Maria stumbles. Maria calls out to Jenny for some assistance, but Jenny hurries into the train as if she has not heard. Maria spends a while getting her things back together again, and then struggles to try to get the shoe out.
Interactive educational interlude: The director-facilitator intervenes and asks the audience for comments on what just transpired. The purpose of interaction at this stage is mainly to establish rapport with the audience and to introduce the interactive component of the play. The audience may be asked to give their opinions of the characters, encouraging them to reflect on their first impressions of the personalities, attitudes and behaviour of the two characters. Key descriptors are written on two separate white boards, one for resilience, the other for lack of resilience. The play continues.

b) **Scene 2: Jenny in compartment**

Inside the compartment Jenny drops her suitcases, pauses a moment, and then looks around at the compartment in dismay. She opens a bag and takes out a container with hygiene wipes. She gives everything a wipe. She takes out a throw and drapes it over her seat. She sits down, and takes out a bottle of tablets. She swallows a couple and washes them down with some mineral water. She jumps up again and takes out her laptop and some books. She sits down eventually after the hectic activity, looks at her watch and mutters something about the train leaving late. She seems lost in thought for a while, then slowly and instinctively pushes up the long sleeve covering her left arm. She strokes across the scars and plasters along her forearm. Jenny is disturbed by a noise from the passage as Maria enters and the train departs.

Interactive educational interlude: The director-facilitator focuses on Jenny’s behaviour, and elicits some responses from the audience in this regard. The aim here is to highlight Jenny’s lack of resilience as reflected in her obsession with cleanliness, suspicions of substance addiction, and her compulsion to self-injure. Key words are added to the lack of resilience board. The play continues.

c) **Scene 3: Maria in compartment**

When Jenny hears a commotion at the door, she hastily reaches for her cell phone and starts sms’ing. Maria asks rhetorically if she can come in. Jenny looks up in dismay, then ignores Maria as she shuffles – or rather hobbles (she still wears only one high heeled shoe) – into the compartment. Jenny feels guilty for not having helped Maria on the platform, and she mumbles in the affirmative. She has difficulty hiding her discomfort at having to share an already unpleasant experience with a fat, common woman.
Maria drops onto the seat with a loud thud and heaves a sigh of relief. She wonders whether the shoe on the platform is a sign from God that she shouldn’t go, then admits to herself that she is clutching at straws. She confesses her reluctance to go, more towards herself than to Jenny. Maria reminisces about the lost shoe, wondering what she should wear to the funeral instead. She explains the purpose of her visit to Kroonstad, that it was Tannie Pops’ wish to see her. She expresses concern about the elderly women’s health and increasing frailty and acknowledges the importance of doing the right thing by going to see her childhood mentor, even if it would be for the first time in 27 years. She admits to being afraid of facing the ghosts of her past, all of whom are waiting in Kroonstad. Eventually she throws the other shoe out of the window: “Wat is, kan af.”

[Interactive educational interlude: The director-facilitator encourages the audience to explore interpretations of Jenny’s actions and her possible emotions. Relevant terms are jotted down. The director-facilitator moves on to Maria and explores audience reactions to her motive for making the journey and speculations regarding her reluctance to go. Emphasis is placed on the resilient characteristics of responsibility and choice. At this stage members of the audience are presented with the opportunity briefly to check their assumptions and hypothesis with the characters as a means of establishing rapport between audience and characters. The director-facilitator remains in control of the interaction. The play continues.]

d) **SCENE 4: MARIA AND JENNY**

Meanwhile, Jenny has opened her laptop and seems to start working frantically. By means of a data projector displayed on the screen overhead, the audience can see that she is in fact journaling her thoughts and experience, while Maria is under the impression that she is working. Occasionally she glances suspiciously at Maria. When they make eye contact, Jenny smiles faintly and unconvincingly. While talking about Kroonstad and Tannie Pops, Maria opens a small case and takes out a pair of high heeled shoes. She chats about her glory kit in which she keeps things that make her feel special, such as the necklace Tannie Pops gave her on her thirteenth birthday, a bottle of *Your’e the Fire* – her favourite perfume, her little pocket Bible, photos of her son and the little baby girl she had to give up for adoption, and of course a pair of beautiful shoes. She carries on about her passion for high-heeled shoes: “Sometimes they let me lay bye a pair – even for six months.”
Maria looks down at Jenny’s shoes and looks impressed, then notices the cast around her lower leg, protruding from underneath her trousers. She asks about it and Jenny briefly explains about the accident, omitting, of course, the detail about the prescription drugs. The issue of physical pain is discussed, and Maria gets the bright idea to give Jenny a foot massage to help ease the pain and relax the muscles. It sometimes even helps if you don’t know where the pain is coming from. Maria tells of her mother and how she had often tried to relieve her mother’s tension by giving her foot massages. She comments that Jenny appears uncomfortable, as if she doesn’t belong, and she asks what the purpose of Jenny’s trip is. Jenny briefly mentions having been out of place ever since she could remember, then gives a false explanation. She is interrupted when her cell phone rings.

In the ensuing telephone conversation Jenny lies about where she is and Maria realises this. Maria opens her craft basket and takes out her crocheting. When the call is finished Maria asks about Jenny’s life. She tries to dodge the issue, then provides false information, all while busy on her laptop. Maria observes Jenny intently while crocheting a baby blanket. She tells the story of babies arriving with “n brood onder die arm” (a loaf of bread under the arm). Every new baby she knows of gets such a blanket. Jenny doesn’t pay attention and focuses on her laptop. When the sunlight falls across Jenny she becomes extremely uncomfortable. Maria enquires and manages to extract the truth about the sun ray memory.

[Interactive educational interlude: At this stage the audience is guided toward a mental clarification of the concept “resilience”. The director-facilitator prompts responses about Jenny’s background and issues related to her physical and emotional pain. The audience is encouraged to explore Jenny’s vulnerability as illustrated by her exposure to inappropriate parenting practices and neglect, as well as her sense of displacement. The contrast between Maria’s openness versus Jenny’s untruths and misrepresentations is considered, together with the potential consequences of each. The director-facilitator elicits observations of the protective potential of Jenny’s socioeconomic position, good educational opportunities and resilient skill of journaling her thoughts and feelings, thus maintaining a sense of self-awareness. Similarly, Maria’s resilient skills of self-nurturing by means of the glory case, her trusting relationship with Tannie Pops as positive role model, her altruistic ability to give – also of herself – to others, and her creativity are all discussed. Members of the audience may choose to address the characters, to which they respond briefly and in keeping with their character profile, and without revealing the plot. Key concepts are again written down. The play continues.]
e) **SCENE 5: THE TRAIN STOPPING**

The train stops suddenly. Shocked exclamations and a general commotion are heard. Maria leaves the compartment to find out what is going on. Jenny locks the door, and seizes the opportunity to get out the bottle of tablets. She swallows a couple of tablets without water. She reaches for the disinfectant wipes and cleans the places that Maria has touched. She stops abruptly when she notices the baby blanket, picks it up and stares at it long and intently, then presses it against her cheek. Upon hearing Maria’s voice, she rushes to her seat and carries on working as if nothing has happened. Maria enters and tells her that there has been a suicide. The train driver is in shock – a young girl smiled at him and waved just before she stepped onto the tracks. They now have to wait for the arrival of the police and the people from the morgue. Some of the back stories are revealed. Maria speaks about her attempted suicide.

Jenny admits that she had often considered suicide. She starts revealing information about her home of origin and her past. Maria listens intently. Maria tells about the five percent rule that Tannie Pops had told her about. Do something new, something small, something simple, to break the pattern and regain some control in your life. The important changes will then be easier to deal with. “Come my dear, let me give you a good foot massage. It’s my gift you know, my speciality. Aunty Pops taught me to polish the top side till it shines. It’s actually an Afrikaans expression: ‘Hou die blinkkant bo’ doesn’t work so well, it’s better to: ‘vryf die bokant blink’. Keep the sunny side up. Oh? What if there isn’t a sunny side? Then you polish the side that shows till it shines like the sun.” Jenny doesn’t try to stop Maria, and allows her to take off her shoes, take some fragrant oil from a flask, and goes through the slow, comforting motions of massage. While Maria massages, Jenny starts to type a letter to her mother.

*Interactive educational interlude: This interaction is focussed on achieving primarily two educational outcomes: establishing an understanding of locus of control as an implicit concept which enhances resilience, and gaining insight into the termination of destructive cycles of behaviour. The risks associated with suicide are explored as are resilient alternatives. Again the white boards are utilised to highlight main concepts. The play continues.*
f) **Scene 6: Train starts moving again**

The train starts again. Kroonstad is not too far away. When Maria goes to the toilet, Jenny prints the letter on her mobile printer and puts it into an envelope with a wad of cash and a photo of a baby. Maria returns and they travel the last part of the journey in silence, each caught up in their own thoughts, except for several passing remarks. At one stage Maria expresses her dream of starting a home for children without hope and home. Right there, in Kroonstad. She has made up her mind. It is time to go back and make a difference.

[Interactive educational interlude: The director-facilitator asks for responses to what just transpired, and predictions of what lies ahead for both women. Members of the audience again interact with the two characters, making suggestions about what to do next. They speculate about whether Maria knows or not. The audience debates the options open to Jenny, while the facilitator-director translates the options into resilient versus unresilient responses, underlining the fact that she has the choice to bring about positive change in her life. The play continues.]

g) **Scene 7: Train stops in Kroonstad**

When the train arrives at Kroonstad, Maria puts her glory kit on the seat next to Jenny. “This is yours, dearie, I carry my safe place inside me. You still need to find yours. In the meantime, you can wear these shoes; they’re your size.” She gets out with bare feet. A few seconds pass, then Jenny gets up and rushes to the window as if to call after Maria. The whistle blows and the train departs. She sinks back into her seat, then mutters: “And I didn’t even ask her name…” She opens the glory case and takes out the photo of the baby. It is an exact copy of the photo she has put into the envelope for Maria. She drops her face in her hands and sobs. When the crying ceases, she reaches into her bag, takes out the bottle of tablets and a razor blade. A ray of sunlight shines in through the window. Jenny moves into the sunlight and purposefully pushes up her sleeve.

[Final interaction: Members of the audience get to respond to the final scene. Jenny’s motives for regressing to her destructive behaviour are debated. “What if” speculation is encouraged, and again resilient alternatives are explored. In conclusion the implicit difference between resilient and unresilient characteristics and behaviour is made explicit by referring to the key words on the two white boards. Final conversation with the actors out of character may also take place at this stage.]
6.4 CONCLUSION

In this chapter I introduced the conceptual framework consisting of the context, agents, procedure, dynamics and recipients of the interactive educational play. I discussed the guidelines for implementation of the contextually adaptable interactive educational play, *The Net*, by means of certain strategies, processes, and elements of the play. I finally applied the theory in a discussion of the prototype plot against the background of certain educational outcomes. I conclude this chapter in the hope that women who participate in the proposed interactive educational play will not only be equipped with the skills and knowledge of resilience in practice, but will also be empowered through their changed attitude to make life choices that result in improved mental health.
CHAPTER 7: CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

7.1 INTRODUCTION

In the previous six chapters I have presented an overview of the problem, the research design and methodology, and the research results in the form of four life histories. Then a cross-validation report was given against the backdrop of existing research. Finally the findings were presented in a conceptual framework which formed the basis for an interactive educational play. In this chapter the research process will be wrapped up in the form of conclusions, an assessment of the research in terms of the unique contribution and limitations of the study, and recommendations for future research.

7.2 OVERVIEW OF THE RESEARCH PROCESS

The purpose of the research was to explore and describe how resilient women manage to endure, recover from, and be strengthened emotionally and/or spiritually, through exposure to trauma. This was to result in the creation of an interactive educational play aimed at facilitating mental health in women exposed to traumatic life events. This purpose was achieved in the study, along with the objectives as reflected in Phases 1, 2 and 3 of the research.

The research was conducted in three phases. Phase 1 consisted of multiple case studies by means of life history research; Phase 2 involved constructing a conceptual framework based on the data analysis; and Phase 3 entailed the description of an interactive educational play aimed at fostering resilience.

7.2.1 Phase 1: Multiple case studies and Life History research

The research method in this study consisted of multiple case studies, made up of a purposive sample which ended up consisting of four resilient women who were likely
to make a specific, unique contribution to this study. The women who participated in this study were chosen because they seemed to meet the criteria for resilience, that is, they seemed to have the ability to endure, recover and grow through trauma.

The multimethod research approach was informed by the three pillars of arts-based educational research practice, namely literary, visual, and performative areas of research. The research data consisted of literary and visual texts in the form of the interview transcripts together with Esther’s drawings and autobiographical reflections as found in her scrapbook. The transcripts were the product of unstructured interviews with Esther, the primary participant, the three secondary participants, Christine, Ronel and Ria, and a semi-structured interview with the primary participant’s husband, Deon. On a performative level, the findings of the study culminated in an interactive educational drama.

The empirical data in this study consisted of Esther’s the scrapbook, the transcribed interviews with the participants and the primary participant’s husband, as well as my research journal consisting of notes made during the research period.

Data analysis consisted of the coding of the different texts with the emphasis on interpreting for understanding. The texts were read and reread in order to identifying recurring themes. Coding categories were developed, and the different themes and concepts were defined and listed. Codes were assigned to different units of text and concepts were compared across texts to establish relationships between the concepts. Finally a Gestalt therapist provided a conditional analysis of the scrapbook images and text. The results of the analysis were discussed in a cross-validation report.

7.2.2 Phase 2: Conceptual framework

The themes that emerged as a result of the data analysis and were described in the cross-validation report were combined in a conceptual framework. This conceptual framework became the basis for an interactive educational play aimed at fostering resilience and mental health in women.
7.2.3 Phase 3: Interactive educational play

Resilience can be enhanced by avoiding risk factors and developing resilience. However, it remains a challenge to find a suitable instrument to achieve the desired outcomes. The conceptual framework from Phase 2 became the basis of a preventive intervention in the form of an interactive educational play focussed on fostering resilience, primarily in women as caregivers/educators, and secondly in the children in their care.

7.3 UNIQUE CONTRIBUTION

This research has made a unique contribution in two distinct ways. On the one hand, this is the first study to describe and explore resilience in adult women who have been victims of trauma in South Africa, particularly within the Afrikaans community. Other studies on resilience which have been conducted in this context were mostly aimed at adolescents.

This is the first study in which the findings from resilience research culminate in an interactive educational play aimed at fostering resilience and mental health in a practical and accessible way.

7.4 REFLECTING ON LIFE HISTORIES

At the end of the research journey, the four participants and I look back at the process that brought us to this point. I look back at the five year journey since my first interview with Esther, and she, like the other participants, looks back across her lifespan at the life history in her hands. I have recently presented her with a copy of Chapter 3 of this thesis, as part of member checking to ensure the trustworthiness of the research. I anticipated some form of emotional reaction to the text, remembering my own initial reaction to hearing her life story in the interview. For a year I could not bring myself to start transcribing the audio-taped interviews. It was simply too distressing. Only recently did I realise that being immersed in Esther’s disconcerting personal history for those four hours and witnessing her (at times painful) revelations of her past, was in itself a mildly traumatic experience for me as interviewer.
And now, for the first time, she was confronted with her long forgotten memories from a third person perspective – almost as if it were not her own. And yet it was her own, the part of her history that she prefers to refer to factually at speaking engagements, should the topic require it, and without reliving it on an emotional level. On such occasions she normally relates only the aspects of her life that need to be referred to in order to bring her message across. Esther's recounted two strong emotional reactions upon reading her own life history. Her first sensation was an awareness of something stirring inside of her. Being confronted with her almost forgotten memories, the part of her personal history which belongs to the distant past, moved her. She was surprised at the issues she was still struggling with at the time of the interview, five years before – issues that she now realises were only healed on the surface, but that she now has no issue with any more. This contributed to her second emotional impression, namely extreme gratitude and relief at the fact that she has been released from these events which seem to have taken place so long ago. She was delighted at being able to look back and see how much she had grown, even since the time of the first interview. Her final reaction was one of anticipation at where and who she might be within the next five years.

What caught me off-guard during our recent conversation about her reactions to the process of member checking was the unexpected conclusion to her relationship with her mother. I became aware of my own negative emotions toward her mother, while she told the story of how their relationship had changed towards the end of her mother's life. Actually it was her mother who had changed. About a year after our first interview Esther's mother died, a much-loved granny and a concerned mother. In the later years Esther's mother had apparently become a gentler, kinder person who adored Esther's husband Deon, and showed concern for Esther and her siblings. Esther's own memories of her mother are predominantly positive, and her later relationship with her mother seems to have enhanced her recovery and healing.

When reflecting on my own experiences of sharing the compressed details of the participants' personal histories with them, I realise the need for me as researcher to find closure to their pasts. They have so clearly moved on with their lives, while the possibility exists that the researcher, and even the reader, might remain stuck in what used to be. In their narratives they made numerous references to matters in
their past that remain inexplicable to them. This time I was wondering why. A simple conclusion would be to schedule a post-research meeting with the various participants to find answers to my and their unanswered questions. Perhaps I will do just that.

### 7.5 LIMITATIONS OF THE RESEARCH

The fact that this has been a contextual, descriptive, exploratory multiple case study has certain limitations. The sample consisted of four women from the same culture, developmental stage and similar geographical locations. As always in case studies, the results cannot be generalised to the larger South African society. Against the background of considerable cultural and socioeconomic diversity, results obtained within a small population cannot be arbitrarily applied to the larger population.

### 7.6 RECOMMENDATIONS FOR FUTURE RESEARCH

Based on the research findings and the literature review, I would like to suggest a number of recommendations for future research.

#### 7.6.1 Performance and assessment of the proposed play

Phase 3 of the research process as discussed in Chapter 6 needs to be implemented. The play as proposed preventive educational intervention should be performed and assessed for effectiveness. Quantitative and qualitative research should be conducted on establishing the effectiveness of interactive educational plays in fostering resilience in the South African context.

#### 7.6.2 Studies in other South African contexts

This study was an exploratory, descriptive look into the lives of four middle class Afrikaans women in South Africa and their resilient responses to the cumulative trauma they have had to face throughout the last three or four decades of their lives. The findings from this study are not meant to be generalised to the larger South African society. Further research – preferably combined qualitative and quantitative methods – ought to be undertaken within the South African context. The South
African population is extremely diverse, and, although there seems to be a certain universality to the mediating mechanisms involved in resilience, further community-specific investigation is necessary. Different cultural and socio-economic groups are faced with universal risk factors, but also with community-specific threats. In response to the unique combination of risks that are prevalent in a community, the resilient members of such a community are likely to devise specific problem-related coping mechanisms and resilience skills. These responses need to be investigated and compared in order to devise appropriate conceptual and intervention models targeted at the needs of the various social and cultural groups.

7.6.3 Potentially preventive role of teachers

In Chapter 5 of this study I have raised the question of whether teachers are equipped to identify and address instances of abuse and neglect as these appear in the classroom. One also cannot but ask: do teachers even care enough to reach out to the abused child in empathy, providing perhaps the only care, warmth and comfort such a child might experience? Research should be conducted to assess the effectiveness of teacher training in providing emotional and practical support to those learners who are victims of traumatic life events. Studies should also be conducted with the aim of developing a model for resilience education of professional educators in order to self-empower and encourage the transfer of resilience skills.

7.6.4 Arts-based educational interventions

The interactive educational play is but one way of addressing the issue of resilience in South Africa. It seems to be a tool particularly suited to the target audience of adult women. Other populations may be reached with similar resilience educational messages, but with different arts-based instruments. Some populations, such as younger children, may receive simplified forms of resilience education through puppet theatre. Sullivan (in Sinner, 2006:1255) states: “the digital world is proving to be an especially rich setting in which newer conceptions of theory and practice in the arts are being explored.” Given the availability of new media technology, many option resilience-fostering educational computer games may provide children and
adolescents with the opportunity to practise resilient decision making in a simulated environment.

7.6.5 Urban resilience programme for mothers

As a local resilience-based initiative one could learn from The Community Mothers Programme in Dublin in which volunteer mothers’ natural tendency to teach and counsel has been formalised in a parent support programme (Molloy, 2007:28). Research should be conducted that would culminate in a resilience programme for urban women without traditional support structures available. Such women may be trained and monitored to give support and encouragement to other women in their neighbourhoods, thus transferring their skills and knowledge while establishing their own support network.

7.6.6 Biophysical factors in resilience

Although several mediating factors in resilience have come to my attention, certain aspects of a resilient person’s profile cannot be researched through qualitative research methods. The secrets hidden within the resilient person’s genes need to be unlocked, thus necessitating interdisciplinary research into this subject, in keeping with the view of Rutter (2007:207).

7.6.7 Processes and mechanisms in resilience

Rutter (2007:206, 207) argues that individual resilience characteristics and stable environmental factors do not seem likely to explain the processes leading to resilience. He suggests that coping mechanisms/strategies may play an important role in establishing resilience. I recommend that the processes and mechanisms that play a role in fostering resilience in the South African context be investigated.

7.7 CONCLUSION

And now the drama has come to an end: the end of the research process into the phenomenon of resilience as drama, and the end of the different life histories as dramas of the past. It is all over for now. What remains is a celebration of the
manifold victories over risk, adversity and trauma through the mechanisms of resilience and with the support of other caring people. As she prepares to leave the stage, Esther asks one last timeless question: “The book has been closed. Your past is your past. The question is rather, what do you do with your past, your present and your future?”

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CSIR Crimebrief, November 2000. *National report on rape highlights crucial issues.* Available from:


**ADDENDUM 1: OVERVIEW OF THEMES, CATEGORIES AND SUB-CATEGORIES**

<table>
<thead>
<tr>
<th>Main theme</th>
<th>EXTERNAL RISKS as opposed to protection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RISK FACTORS THAT THREATEN MENTAL HEALTH</strong></td>
<td>(Direct exposure to potentially harmful circumstances or behaviour of significant others)</td>
</tr>
<tr>
<td></td>
<td>o Institutionalisation in psychiatric hospitals/wards</td>
</tr>
<tr>
<td></td>
<td>o Long-term mental illness of parent</td>
</tr>
<tr>
<td></td>
<td>o Long-term physical illness of parent</td>
</tr>
<tr>
<td></td>
<td>o Physical violence by parent</td>
</tr>
<tr>
<td></td>
<td>o Substance abuse by intimate partner</td>
</tr>
<tr>
<td></td>
<td>o Substance abuse by parent</td>
</tr>
<tr>
<td></td>
<td>o Unsuccessful school experience: academic difficulty and/or unsupportive teachers</td>
</tr>
<tr>
<td></td>
<td>o Victim of childhood sexual abuse</td>
</tr>
<tr>
<td></td>
<td>o Victim of emotional and psychological abuse</td>
</tr>
<tr>
<td></td>
<td>o Victim of long-term sexual abuse and rape</td>
</tr>
<tr>
<td></td>
<td>o Victim of verbal abuse</td>
</tr>
<tr>
<td></td>
<td>o Abnormal pre-birth and childhood development (Erikson)</td>
</tr>
<tr>
<td></td>
<td>o Cyclical modelling of inadequate and negative parenting styles</td>
</tr>
<tr>
<td></td>
<td>o Lack of/inadequate external support</td>
</tr>
<tr>
<td></td>
<td>o Hypocritical behaviour of others</td>
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<table>
<thead>
<tr>
<th><strong>VULNERABILITY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>as opposed to invulnerability</td>
</tr>
<tr>
<td>(Life events that increased the participant’s potential vulnerability)</td>
</tr>
<tr>
<td>o Adopted after birth</td>
</tr>
<tr>
<td>o Unplanned</td>
</tr>
<tr>
<td>o Relationship with mother</td>
</tr>
<tr>
<td>o Relationship with and death of father</td>
</tr>
<tr>
<td>Main theme</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>o Insecure attachment to primary caregiver</td>
</tr>
<tr>
<td>o Neglected by parents</td>
</tr>
<tr>
<td>o Parental divorce</td>
</tr>
<tr>
<td>o Poverty</td>
</tr>
<tr>
<td>o (Prebirth) rejection by significant others</td>
</tr>
<tr>
<td>o Identity confusion, role confusion, seeking</td>
</tr>
<tr>
<td>o Displacement</td>
</tr>
<tr>
<td>o Social incompetence</td>
</tr>
<tr>
<td>o Inadequate understanding, insight, knowledge</td>
</tr>
<tr>
<td>o Absence of intervention</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>LACK OF RESILIENCE</th>
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<tbody>
<tr>
<td>as opposed to resilience</td>
</tr>
<tr>
<td>(Resulting in participant’s potentially harmful choices)</td>
</tr>
<tr>
<td>o Attempted suicide</td>
</tr>
<tr>
<td>o Criminal activity – theft</td>
</tr>
<tr>
<td>o Had abortion/s performed</td>
</tr>
<tr>
<td>o Involvement in destructive groups: child sex and satanic groups</td>
</tr>
<tr>
<td>o Mental illness: depression, eating disorders, dissociation(?), self-mutilation, substance abuse/addiction</td>
</tr>
<tr>
<td>o Pathology: anxiety, acute stress, depression, PTSD, alcoholism, eating disorders, substance dependence</td>
</tr>
<tr>
<td>o Own unplanned pregnancy/ies</td>
</tr>
<tr>
<td>o Sexual promiscuity and prostitution</td>
</tr>
<tr>
<td>o Escape (ontvlugting)</td>
</tr>
<tr>
<td>o Moral decay, (afstomping)</td>
</tr>
<tr>
<td>o Not/unprepared to change</td>
</tr>
<tr>
<td>o Lack of self-control</td>
</tr>
<tr>
<td>o Physical illness, fatigue</td>
</tr>
<tr>
<td>o Lack of privacy</td>
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<tr>
<td>o Isolation</td>
</tr>
<tr>
<td>o Rebellion</td>
</tr>
<tr>
<td>o Unfinished business</td>
</tr>
<tr>
<td>o Emotional and physical vasgevangenheid</td>
</tr>
<tr>
<td>o Guilt</td>
</tr>
<tr>
<td>o Ineffective treatments, pathology</td>
</tr>
<tr>
<td>Main theme</td>
</tr>
<tr>
<td>------------</td>
</tr>
<tr>
<td><strong>PROXIMAL RISK FACTORS</strong></td>
</tr>
<tr>
<td>(Indirect exposure to potentially harmful circumstances)</td>
</tr>
<tr>
<td>- Negative peer groups</td>
</tr>
<tr>
<td>- Cycles/patterns: Lifescript carried over</td>
</tr>
<tr>
<td>- Distorted perceptions of intimate relationships</td>
</tr>
<tr>
<td>- Witnessed extreme parental conflict/violence</td>
</tr>
<tr>
<td>- Witnessed human sacrifice</td>
</tr>
<tr>
<td>- Witnessed physical abuse of mother</td>
</tr>
<tr>
<td>- Witnessed physical abuse of sibling</td>
</tr>
<tr>
<td>- Witnessed substance abuse of intimate partner</td>
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<tr>
<td>- Witnessed substance abuse of parent/sibling</td>
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<table>
<thead>
<tr>
<th>RESILIENCE FACTORS</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHARACTERISTIC OF PERSON</td>
<td>Being female</td>
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</table>

<table>
<thead>
<tr>
<th>SOCIAL COMPETENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Attachment</td>
</tr>
<tr>
<td>- Seek trusting relationships</td>
</tr>
<tr>
<td>- Relationships with peers</td>
</tr>
<tr>
<td>- Emotional responsiveness (to support)</td>
</tr>
<tr>
<td>- Empathy, altruism, required helpfulness, attentiveness toward others</td>
</tr>
<tr>
<td>- Communication skills</td>
</tr>
<tr>
<td>- Sense of humour</td>
</tr>
<tr>
<td>- Active, vigorous</td>
</tr>
<tr>
<td>- Flexible and adaptable</td>
</tr>
<tr>
<td>- Ability to elicit positive reciprocal responses from others</td>
</tr>
<tr>
<td>- Ability to monitor own and other’s emotions</td>
</tr>
<tr>
<td>- Bicultural competence – ability to negotiate the cultural divide</td>
</tr>
<tr>
<td>Main theme</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>PERSONALITY CHARACTERISTICS</td>
</tr>
<tr>
<td>- Sociable</td>
</tr>
<tr>
<td>- Affectionate</td>
</tr>
<tr>
<td>- Engaging, appealing temperament</td>
</tr>
<tr>
<td>- Easy-going disposition</td>
</tr>
<tr>
<td>- Low distress, low emotionality</td>
</tr>
<tr>
<td>- Ambitious</td>
</tr>
<tr>
<td>- Patient</td>
</tr>
<tr>
<td>- Oplettendheid</td>
</tr>
<tr>
<td>- Sense of normality - lewensgordels</td>
</tr>
<tr>
<td>- Good judgement</td>
</tr>
<tr>
<td>SENSE OF IDENTITY</td>
</tr>
<tr>
<td>- Self-awareness</td>
</tr>
<tr>
<td>- Concern with name/s</td>
</tr>
<tr>
<td>- Transcendence to something outside the self</td>
</tr>
<tr>
<td>- Self-management</td>
</tr>
<tr>
<td>- Fixed identity</td>
</tr>
<tr>
<td>- Self-management</td>
</tr>
<tr>
<td>POSITIVE SELF-CONCEPT</td>
</tr>
<tr>
<td>- Positive view of self (self-esteem, self-efficacy, self-confidence, self-regard, self-worth)</td>
</tr>
<tr>
<td>- Sense of being lovable</td>
</tr>
<tr>
<td>- Self-care</td>
</tr>
<tr>
<td>- Feel special and appreciated</td>
</tr>
<tr>
<td>AUTONOMY</td>
</tr>
<tr>
<td>- Ability to act independently</td>
</tr>
<tr>
<td>- Social maturity</td>
</tr>
<tr>
<td>- Internal locus of control</td>
</tr>
<tr>
<td>- Nurturing</td>
</tr>
<tr>
<td>- Images of strength and competence</td>
</tr>
<tr>
<td>- Effective emotional and behavioural regulation strategies; good self-regulation of emotional arousal and impulses</td>
</tr>
<tr>
<td>- Ability to separate self from dysfunctional environment (adaptive distancing)</td>
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</tbody>
</table>
### Main theme

<table>
<thead>
<tr>
<th>SENSE OF PURPOSE AND FUTURE ORIENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Positive mindset, hopefulness; optimism</td>
</tr>
<tr>
<td>o Scholastic achievement</td>
</tr>
<tr>
<td>o Intellectual stimulation</td>
</tr>
<tr>
<td>o Sense of future</td>
</tr>
<tr>
<td>o Career</td>
</tr>
<tr>
<td>o Pleasant experiences</td>
</tr>
<tr>
<td>o Foresight; future-orientation planning skills; realistic goal-directedness; goal attaining skills</td>
</tr>
<tr>
<td>o Healthy expectations for themselves</td>
</tr>
<tr>
<td>o Success orientation; achievement motivation; educational aspirations(?)</td>
</tr>
<tr>
<td>o Faith; religious beliefs that are supported by significant others</td>
</tr>
<tr>
<td>o Sense of coherence; sense of meaning in life</td>
</tr>
<tr>
<td>o Morality</td>
</tr>
<tr>
<td>o Persistence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHARACTERISTICS VALUED BY SOCIETY AND SELF</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Talents, interests, hobbies</td>
</tr>
<tr>
<td>o Creative exploration</td>
</tr>
<tr>
<td>o Ingrepe</td>
</tr>
<tr>
<td>o Creativity = Nurturing = self-care &gt; internal locus</td>
</tr>
<tr>
<td>o Social nurturing: males, friends, parents, self</td>
</tr>
<tr>
<td>o Attractiveness to others; general appealingness</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROBLEM-SOLVING SKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>o View obstacles as challenges</td>
</tr>
<tr>
<td>o Ability to think abstractly, reflectively, flexibly; attempt alternate solutions</td>
</tr>
<tr>
<td>o Salvation of the traumatised child</td>
</tr>
<tr>
<td>o Ability to employ active problem-focused coping strategies (to deal with anger)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COGNITIVE/INTELLECTUAL SKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Higher intelligence than non-resilient peers (based on self-reported academic achievement only)</td>
</tr>
<tr>
<td>o Initiative</td>
</tr>
<tr>
<td>Main theme</td>
</tr>
<tr>
<td>------------</td>
</tr>
<tr>
<td><strong>SPIRITUALITY</strong></td>
</tr>
<tr>
<td>o Transformation process</td>
</tr>
<tr>
<td>o breaking the cycle of self-destruction</td>
</tr>
<tr>
<td>o Process of victory</td>
</tr>
<tr>
<td>o Insight</td>
</tr>
<tr>
<td>o Survival instinct/need/urge</td>
</tr>
<tr>
<td>o Desire to unlock own potential</td>
</tr>
<tr>
<td>o Outreach to others, sharing</td>
</tr>
<tr>
<td>o Hopefulness</td>
</tr>
<tr>
<td>o trust</td>
</tr>
<tr>
<td>o Forgiveness</td>
</tr>
<tr>
<td><strong>POSITIVE VALUES</strong></td>
</tr>
<tr>
<td>o Morals, ethics, integrity, trust</td>
</tr>
<tr>
<td><strong>PROTECTIVE FACTORS THAT BUFFER FROM RISK</strong></td>
</tr>
<tr>
<td><strong>FAMILY FACTORS – SECURE BASE</strong></td>
</tr>
<tr>
<td>o Authoritative parenting style: High on warmth and support; clear rules and boundaries; parents provide structure; parents monitor child’s behaviour and peer contacts; parents involved in child’s education; high but realistic parental expectations in multiple domains</td>
</tr>
<tr>
<td>o Children are valued participants in the family: Responsibilities and domestic chores; part-time work to contribute financially</td>
</tr>
<tr>
<td>o Consistent, caring, stable, supportive childhood home environment; secure emotional base providing child with a sense of belonging and security</td>
</tr>
<tr>
<td>o Maternal competence</td>
</tr>
<tr>
<td>o Moral climate in the family: Faith and religious affiliations</td>
</tr>
<tr>
<td>o Organised home environment: Rituals and ceremonies; mutual responsibilities</td>
</tr>
<tr>
<td>o Positive family climate: Low level of parental discord; low level of discord between parents and children; positive sibling relationships</td>
</tr>
<tr>
<td>o Postsecondary education of parent</td>
</tr>
<tr>
<td>o Small family</td>
</tr>
<tr>
<td>o Socioeconomic advantages</td>
</tr>
<tr>
<td>Main theme</td>
</tr>
<tr>
<td>------------</td>
</tr>
<tr>
<td><strong>EXTRAFAMILIAL FACTORS AND OTHER RELATIONSHIPS</strong></td>
</tr>
<tr>
<td>o Warm, nurturant, supportive relationship with at least one responsive caregiver; substitute “parent”; vervangingsfigure</td>
</tr>
<tr>
<td>o Connection to caring, confiding, emotionally supportive adults outside the family, e.g. mentors/elders/role models</td>
</tr>
<tr>
<td>o Connection to competent, caring and pro-social peer friends</td>
</tr>
<tr>
<td>o Extended family members who nurture a sense of meaning and identity</td>
</tr>
<tr>
<td>o External support: Experiencing unconditional love and acceptance</td>
</tr>
<tr>
<td>o Supportive connections with extended family members, including grandparents</td>
</tr>
<tr>
<td><strong>FACTORS WITHIN THE SCHOOL ENVIRONMENT</strong></td>
</tr>
<tr>
<td>o Opportunities for extra-curricular participation; opportunities to learn and develop talents</td>
</tr>
<tr>
<td>o School connectedness: Caring and support within stable school environment; teachers</td>
</tr>
<tr>
<td>o Successful school experiences and education</td>
</tr>
<tr>
<td><strong>FACTORS WITHIN THE COMMUNITY</strong></td>
</tr>
<tr>
<td>o High neighbourhood quality:</td>
</tr>
<tr>
<td>o Safety, security services</td>
</tr>
<tr>
<td>o Recreational opportunities</td>
</tr>
<tr>
<td>o Access to good public health care</td>
</tr>
<tr>
<td>o Access to welfare/social services</td>
</tr>
<tr>
<td>o Employment opportunities for parents</td>
</tr>
<tr>
<td>o External interests and affiliations to prosocial organisations</td>
</tr>
<tr>
<td>o Support derived from cultural and religious traditions</td>
</tr>
</tbody>
</table>
ADDENDUM 2: LETTER OF AGREEMENT

29 Maart 2004

Departement Opvoedingswetenskappe
Fakulteit Opvoedkunde en Verpleegkunde
Randse Afrikaanse Universiteit

Geagte navorsingsdeelnemer
Toestemming tot deelname aan navorsing

Ek is tans besig met navorsing vir my DEd-graad oor die onderwerp: Resilient women and their ability to endure, recover and grow through trauma. Die doel van hierdie navorsing is om ‘n model te ontwikkels wat die geestesgesondheid van vroueslagoffers van trauma kan bevorder. Dit kan betrekking hê op vroue wat aan voortdurende traumatische omstandighede blootgestel is, of wat die slagoffers van afgehandelde traumatische gebeure was. My oogmerk is om uiteindelik hierdie inligting toeganklik te maak vir vroue in diverse sosio-ekonomiese kontekste, met die klem op vroue wat minimale toegang het tot formele ondersteuningsdienste, soos sielkundiges, maatskaplike werkers en ondersteuningsgroepe.

Ek sal met graagte enige vrae wat jy mag hê oor die navorsing, beantwoord. Ek heg ook graag ‘n uittreksel uit die manuskrip van my proefskrif aan, om aan jou ‘n perspektief te gee op my persoonlike agtergrond en my aannames ten opsigte van hierdie navorsing.

Ek het besluit om jou te nader vir deelname aan hierdie navorsing, omdat jy na my mening voldoen aan die kriteria vir ‘n deelname aan hierdie studie soos beskryf in my profiel van ‘n resilient persoon. Die detail van hierdie profiel kan ek nie op hierdie stadium aan jou bekendstel nie, omdat dit die vertrouenswaardigheid van die navorsing mag benadeel.
Sou jy instem tot vrywillige deelname aan hierdie studie, onderneem ek as navorser om jou privaatheid en anonimité te beskerm. Ek onderneem om nie transkripsies van my onderhoude met jou in geheel te publiseer nie, maar mag wel kort uittreksels uit die transkripsies inkorporeer in my proefskrif of latere navorsingsartikels. Sodanige uittreksels sal so gekies word dat jou anonimité behoue bly, en enige besonderhede wat jou identiteit kan ontbloot, sal weerhou word. Verder sal ek in my transkripsies, data-analise, navorsingsjoernaal en bespreking van die navorsing deurgaans 'n skuilnaam gebruik in verwysings na jou.

Ek onderneem om die opnames en transkripsies van ons onderhoude veilig te bewaar en nie aan ander partye beskikbaar te stel nie. Die uitsondering is 'n eksterne kodeerder aan wie ek die transkripsies anoniem sal voorlê vir kontrole en bevestiging van my data-analise. My studieleiers, Prof CPH Myburgh en Prof M Poggenpoel mag moontlik bewus wees van jou deelname, maar sal nie direk toegang hê tot opnames of transkripsies van my onderhoude met jou nie.

Ek onderneem verder om aan jou terugvoer te gee oor die bevindinge en resultate van die navorsing, en hoe dit in die praktyk aangewend word.

Jou potensiële rol in die navorsing behels drie aspekte: Eerstens sal ek jou vra om jou lewensverhaal te vertel. Tweedens sal ek jou vra om my in kontak te plaas met 'n belangrike ander persoon in jou lewe, aan wie ek enkele vrae sal vra om 'n tweede perspektief te kry. (Hierdie vrae sal vooraf aan jou voorgelê word vir kennisname.) Derdens sal ek jou vra om anoniem deel te neem aan 'n groepsonderhoud, waartydens ek beoog om terugvoer te gee oor die voorlopige navorsingsbevindinge. Die doel van hierdie geleentheid is om die bevindinge te kontroleer met die navorsingsdeelnemers, en wysigings aan te bring indien nodig.

Gesien in die lig van die persoonlike aard van die onderhoude, mag dit gebeur dat deelnemers na afloop van die onderhoude verkies om ondersteuning in die vorm van berading of terapie te verkry. Vir hierdie doel sal ek jou graag in kontak stel met 'n sielkundige wat vertroud is met die aard van hierdie navorsing, en wat toegeer dus om ondersteuning te bied in die hantering van die moontlike emosionele effek wat die vertel van jou persoonlike geskiedenis op jou mag hê.
Sou jy instem tot deelname aan hierdie navorsing, behou jy deurgaans die reg voor om op enige tydstip as deelnemer aan die navorsing te onttrek.

By voorbaat dankie vir die waardevolle bydrae wat jy tot hierdie navorsing kan lewer.

Vriendelike groete

Norah Clarke

Navorser

DEd (Psigo-Opvoedkunde) student

(Tel. 083 654 4228)

Hiermee verklaar ek, ____________________________, my bereid tot deelname aan bogenoemde navorsing.

Geteken ____________________________ op hierdie ____________________________ dag van ____________________________.
ADDENDUM 3: CERTIFICATE OF PROOFREADING