

**Disability and Violence: A Narrative Inquiry into the journey of
healing**



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ABSTRACT:

The effects of violence and trauma on personal health are far-reaching and extensive, more so, for the individual who has acquired an impairment through violence. Studies on healing have suggested this to be an iterative process, with shifts back and forth across stages. None of these studies however, were conducted in contexts declared globally to be violent, such as South Africa. Research in occupational therapy has highlighted the important role of occupation in promoting restorative recovery for individuals who have experienced geographical displacement, or suffered war trauma. These studies were conducted either in Western contexts as places of refuge, or in Sierra Leone, a war torn zone. Lack of research in this area within a context such as South Africa, where violence is endemic for a country 'at peace' and present uniquely, given a particular historical past and on-going inequity, leaves a critical gap in literature with regards to the experience of healing for affected individuals. Rehabilitation services for such individuals may thus lack contextual relevance. **Aim:** The current study focused on people who have acquired a physical impairment through violence, and aimed to understand their experience of healing. **Objectives of the study:** To describe the experience of healing for people who have acquired a physical impairment through violence, using story; to understand the impact and/or influence of context on the healing journeys; and to identify and describe the role occupation(s) have played in these healing journeys. **Methodology:** The study followed Narrative Inquiry methodology. Photo-voice and Narrative Interviews were used as data collection tools. Narrative-analytic methods were used to produce explanatory stories of the data obtained. **Findings:** The stories presented encapsulate the participants' experience of healing, and occupational engagement within violent contexts. A key finding was the emergence of collective occupation and its potential to enhance the healing journeys of those who had acquired a physical impairment through violence. **Conclusion:** This study supports the use of narratives within practice as a form of assessment and encourages occupational therapists to explore the use of collective occupation to promote health and well-being.

DEFINITION OF TERMS

Disability:

Disability in the current study describes the interaction between the functional limitations resulting from impairments caused by violence and the social and physical environments in which the person is occupationally engaged (Carson, 2009).

Healing:

‘the emergent process of the whole system bringing together aspects of one’s self and the body, mind, emotions, spirit and environment, at deeper levels of inner knowing, leading toward integration and balance with each aspect having equal importance and value’ (Dossey, Keegan & Guzzet, 2005: 48).

‘Impairment acquired through violence:’

This term refers to the resulting physical limitations experienced by the person who has been injured by a violent act.

Occupation:

‘A type of relational action through which habit, context, and creativity are coordinated toward a provisional yet particular meaningful outcome that is always in process’ (Cutchin, Aldrich, Baillard & Copopola, 2008: 164).

Occupation is also a construct for appreciating the agency, actions and adaptive capacity of humans in and on their lived environments and of the environment’s effect on them (Duncan, 2009).

Violence:

‘The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation’ (Krug, Mercy, Dahlberg & Zwi, 2002: 1084).

Context:

Refers to conditions within the environment that impact and/or influence the person’s participation, occupational choice(s) and daily-life experiences. These

conditions include; physical, socio-economic, political, cultural, historical and temporal influences.

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CHAPTER 1: INTRODUCTION

*'...[South Africa] a country disfigured by apartheid;
a country that rose above this terrible past, for a flickering second,
to become an international symbol of humanity's triumph over adversity and
what is most evil in man.'* (Tolsi, 2013).

1.1 BACKGROUND TO THE STUDY

During my time working as an occupational therapist at a community health centre that serves two communities in the Western Cape (Langa and Bonteheuwel), my primary focus was in developing a Supported Employment Programme for people with disabilities in the area. The nature of my work dictated I take client histories to determine; level of education, skills, capabilities and previous employment experiences. Whilst taking these histories, and through further interaction with clients, I realised that a number of people with physical impairments had acquired these through a violent incident. This is when I first became curious about the possible contributing contextual and person factors that resulted in their disability. I also wondered about the effects of surviving such an incident on the person's subsequent healing journey. Lastly, I wondered if occupation(s) played/had the potential to play a role in the healing journeys of those who had acquired impairment through violence.

1.2 CONTEXT OF THE RESEARCH

Violence is a common problem in both the contexts of Langa and Bonteheuwel. Langa is a township situated about 15km from Cape Town city centre. The township houses predominantly black¹ Xhosa speaking residents. It was one of the many

¹ A 'black' person generally refers to a person with African ancestral origins (Agyeman, 2005:1014).

places designated to black people under the Apartheid² Regime, more specifically, the Group Areas Act (1950). These racial divides are still visible today. Langa has over the years developed much needed infrastructure, in the form of taxi-ranks, shopping centres, fuel stations as well as community halls and grounds used for social development. Even so, crime and violence are rife in Langa, and is said to be a direct result of the high prevalence of poverty and unemployment in the area, but mostly from the residual effects of the unfair distribution of resources that took place under the Apartheid regime (Beck, 2011). Violent crimes include; ‘murder, robbery with aggravating circumstances, rape and assault with intent to inflict grievous bodily harm’ (Gie, 2009: 7).

Bonteheuwel is separated from Langa by a busy main road and is occupied by predominantly coloured³ residents who are Afrikaans and/or English speaking. Although in such close proximity Bonteheuwel is clearly distinct from Langa as it consists of more formal housing, and has better developed amenities. Bonteheuwel was built in response to the shortage of housing for coloured communities under the Apartheid regime. The high rates of crime and violence are exacerbated by the presence of gangs as well as the high incident of substance abuse in this community (Gie, 2009).

Although the position of the community health centre where I was employed meant that the majority of the people who accessed the supported employment service were from either Langa or Bonteheuwel, these two areas can be seen as representing the many low socio-economic and violent areas in the Western Cape, and as such, microcosms of the broader South African context. Statistics regarding impairments acquired through violence in these areas are poorly recorded and difficult to access. Furthermore, there is a shortage of literature on the healing and disability experiences of those who had acquired impairments through violence. This served as rationale to search for available literature on the topic so as to gain a deeper

² ‘Apartheid’ refers to ‘the institutionalization of a regime of systematic racial discrimination’ (Davids, 2003:37)

³ The term ‘coloured’ refers to ‘South Africans loosely bound together for historical reasons: slavery and combined oppression and selected preference during apartheid. It is neither a common ethnic identity, nor reference to common biological genealogy’ (Erasmus, 650:2011). The general use of the term however, often glosses over these historical facts, and fore-grounds mixed racial ancestry.

understanding of violence, the impact/influence of violence contexts in determining occupational choices and to explore the role of occupation in the healing journeys of people who had acquired impairment through violence.

1.3 SIGNIFICANCE OF THE STUDY

Through the participation of key informants (participants), I wish to gain a deeper understanding of the aforementioned. Thereafter, to provide some direction on the role of occupational therapy in providing services that are scientifically sound, practical, easily-accessible, socially acceptable and empowering. Such services are in line with the Primary Health Care (PHC) approach that aims to promote health in a socially-responsive and equitable manner, with a specific focus on community participation and intersectoral collaboration (Leonard, 1998).

Furthermore, developing such services would further contribute to outlining a clear role for occupational therapy in responding to the occupational injustices⁴ exacerbated by violent contexts, thereby reducing exclusion and social disparities to participation in occupations of choice.

The significance of this study has focused on the profession of occupational therapy. However, this study is relevant to all rehabilitation professionals as healing is a key focus and/or component of therapeutic goals. A deeper understanding of this term will contribute to the development of appropriate services across disciplines wherein 'healing' is a key factor.

1.4 RESEARCH PROBLEM

Rehabilitation therapists frequently come into contact with clients who have acquired impairments through violent incidents, particularly within the South African context (Seedat et al, 2009). There is, however, a lack of literature exploring the everyday lived experiences of this client group. Of specific interest to occupational therapists is the promotion of health and well-being through occupation-based and client-

⁴ Occupational injustice refers to an injustice that occurs when 'participation in occupations is barred, confined, restricted, segregated, prohibited, undeveloped, disrupted, alienated, marginalised, exploited, excluded or otherwise restricted' (Townsend & Wilcock 2004: 77).

centred practice (WFOT, 2012). The current lack of literature raises questions regarding the relevance and suitability of existing occupational therapy services in violent contexts such as South Africa, for this client group. This is particularly so, if occupational therapists have not fully understood;

- a) the experience of having acquired an impairment through violence
- b) the process of healing after acquiring such impairment.
- c) the impact of context on the occupational engagement of these clients, particularly if they have continued to reside in areas where they acquired impairments through violent acts from others.
- d) the role of occupations in the healing journey

The findings of this study offer an understanding of the experiences of those who have acquired a physical impairment/disability through violence. Through gaining a deeper understanding of the participants' experiences, this research study aimed to explore the potential role of occupation(s) in enhancing the healing journey for people who had been impaired/disabled through violence. Insights gained were used to formulate and offer suggestions to occupational therapists in regards to the therapeutic use of occupations to promote health and well-being. This and further research on this subject matter will aid in the development of scientifically-sound and contextually relevant forms of intervention in response to the aftermath of violence.

1.5 RESEARCH QUESTION

My broad research question was;

What are the experiences of healing post- impairment/disability for people who have acquired impairment through violence?

Sub-question:

What is the role of occupation(s) in the healing journey of people who have acquired a physical impairment/disability through violence?

1.6 RESEARCH AIM

This study aims to gain a deeper understanding of the healing journeys of people who have acquired a physical impairment/disability through violence and the role of occupation(s) therein.

1.8 RESEARCH OBJECTIVES

- To describe the experience of healing for people who have acquired a physical impairment through violence, using story.
- To understand the impact and/or influence of context on the healing journeys.
- To identify and describe the role occupation(s) have played in the healing journeys.

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CHAPTER 2: LITERATURE REVIEW

2. INTRODUCTION

South Africa has become infamous for the high levels of violent crime. Phrases such as ‘a culture of violence’ and ‘rape capital of the world’ show the globally accepted view of South Africa as a violent context (Hamber & Lewis, 1997; Jewkes & Abrahams, 2002: 1232). These statements imply that violence is not an external phenomenon that occurs or happens to the person and/or communities, but rather a *modus operandi* that South Africans have adopted as a means of negotiating relationships with each other, within context. Violent crime statistics further below support this view. This literature review will further explore the character and consequences of violence within the South African context. The broad and multi-faceted term ‘healing’ will be explored, including the role of spirituality within individuals’ experience of the phenomenon. Lastly, relevant literature highlighting the role of occupations in promoting health and well-being for people who have acquired an impairment/disability through violence will be discussed.

2.1: SOUTH AFRICA: A VIOLENT CONTEXT

Violence is defined by the World Health Organization (WHO) as ‘the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation’ (Krug et al, 2002: 5). Violent contexts are environments that have high incidents of violent crime, war-torn areas and situations of conflict.

Table 1 Violent crime statistics, South Africa 2011/2012⁵

Category of violent crime	Numbers reported (2011/2012)	Incidents committed by a spouse/partner/family member/friend (%)	Incidents committed by known perpetrator (%)	Incidents committed by unknown perpetrator (%)
Assault	381 180	20.9	29.9	10.5
Sexual assault	64 514	35.7	38.4	18.6
Murder	15 609	30.3	47.2	7.8
Public violence	1 152	-	-	-

The above table and statistics bring to light interesting dynamics about the nature of violent crime in South Africa namely; perpetrators of violent crime are likely known to their victim(s), the incidence of violence between the perpetrator and victim of violence is highest in familial or intimate relationships, implying that the potential for a person to become a victim of violent crime is highest within their own home. These dynamics call for a deeper understanding of violence and violent crime in South Africa.

2.1.1: Understanding South Africa's 'culture of violence'

There are many factors that contribute to the high incidence of violence in South Africa. These include poverty, unemployment, a history of Apartheid, access to firearms, patriarchal notions of masculinity, substance abuse and income inequality (Seedat et al, 2009). South Africa's history of Apartheid highlights a specific period

⁵ Information compiled from; Statistics South Africa- Victims of Crime Survey 2010/2011: 3 & South African Police Service Website, 2013.

where violence was used by the government in power to enforce this oppressive doctrine through the assault of detainees, torture of suspected 'terrorists', and the killing of political rivals (Hamber, 1999). Those opposing the Apartheid regime did so through acts of sabotage, neck-lacing⁶ of suspected informants, and military training of the resistance movements such as Umkhonto We Sizwe ⁷ (Hamber 1999, Motumi, 1994). In addition to South Africa's political history, the inequality perpetuated by Apartheid rule is still evident today. Numerous incidents of expressions or 'ruptures' of anger, frustration, shame and a loss of respect continue to be visible manifestations of the insidious culture of violence (Keet, 2009). Contexts where violence is endemic are problematic as constant violent acts undermine a country's social and economic development and the social cohesion of its people (Black, 2011).

The fact that violence was and remains expressed in South Africa as a response to an oppressive government, although true, is only partially true. Violence is also perpetuated by citizens on one another through violent crime, and aggressive forms of interaction and communication within households and communities (Hamber, 1999). Hamber (1999:123) gives an apt description of the problem by recognizing that 'the socially sanctioned use of violence to solve problems has saturated South African life'.

2.1.2: The 'character' of violence

Acts of violence include murder, rape, assault, intimidation, torture and abuse (Statistics South Africa, 2012). Violence involves both perpetrators and victims of violence and any citizen has the potential to fall into either one or both of these categories. In addition, incidents of violence can, and often do include the broader community. Examples of this include domestic violence and vigilantism. Both of

⁶ Neck-lacing is a form of 'political punishment' adopted in South Africa during the Apartheid regime. The act involves placing a tyre soaked in petrol around the victim's neck and setting it alight (Ball, 1994)

⁷ Umkhonto we Sizwe was the military wing of the African National Congress (ANC) during the Apartheid era (Nculu, 2003)

these forms of violence require implicit approval or desensitization from the wider social context in order to be practiced as widely as they are (Thaler 2012, Knox et al 2011).

Although occurring as physical, sexual, emotional and financial abuse within family homes, domestic violence has the potential to negatively affect all levels of society (van der Hoven, 2001). The most tragic consequence being unsafe homes where children adopt the violent tendencies they are exposed to as a norm, thereby perpetuating the use of violence as a response to problems and as a means of gaining and/or maintaining control within families and broader social contexts (van der Hoven, 2001). Women specifically are often victims of gender-based and intimate partner violence. Intimate-partner violence involves; ‘the control, intimidation and subjugation of one’s intimate partner’ (Ansara, 2009: 188). These forms of violence are all indicative of the dominant patriarchal system within the South African society, and consequently women and children especially, face the greatest risk of violence within their homes.

Vigilante violence is problematic for several reasons; the most significant being that vigilante groups are unregulated. An unregulated body such as this has the potential to create a breeding ground for the perpetration of human right violations, with most acts of injustice going unreported (Hamber 1999; Harris, 2000). Furthermore, the existence of such groups indicates a distrust or lack of faith in the existing protective services such as the police force and the judicial system. Police officers themselves, often having a history of using violence to intimidate, obtain information and exert power. This implies that as a country, South Africans often do not view the use of violence as wrong or detrimental, but rather, as an effective means of seeking justice.

2.1.3: Consequences of violence

Black (2011: 219), an occupational therapist who worked with Guatemalan refugees who had been victims of torture, describes the negative effects of violence on a population as fuelling ‘a cycle of intimidation, and alienation, ultimately corrupting human connections and creating isolation’. Furthermore, torture disrupts families, creates fearful and distrustful communities, and limits people’s feelings of power to

influence change, highlighting the impact of violence on the person within context (Black, 2011). In her work with the refugees, Black found that the most detrimental and damaging effects of this type of violence on the individual's spirit lay in the objectification of the tortured person; into an 'object to despise' (Black, 2011: 219). Special attention needs to be drawn onto the use of the word 'object' as it encapsulates the dehumanisation experienced by victims of violence.

One such example of the dehumanisation of victims of violence is the Xenophobic attacks that occurred in South Africa in 2008. Xenophobia, defined as 'negative attitude' or 'feeling of hatred' directed towards foreign nationals manifests in 'practices that result in bodily harm and damage' (Harris, 2002: 170). Mostly perpetuated by black South Africans on other black African nationals, the reasons cited for xenophobia have been broadly attributed to competition for limited resources between the two groups (Tshitereke, 1999). The dehumanisation of the 'other' in this period resulted in the burning of shops and small businesses owned by black African foreigners who often lived in the informal settlements together with black South Africans. Other violent acts included brutal assaults and murder (Harris, 2002). Perhaps the most profound tragedy of this and other such cases, is that the victim's identity is viewed with hatred directly opposing the African spirit of *Ubuntu* described by van Marle & Cornell (2005: 205) as 'an interactive ethic, or an ontic orientation in which who and how we can be as human beings is always being shaped in our interaction with each other'. Incorporating the *Ubuntu* perspective, it is evident how violent interactions systematically sever the ties that connect people to each other. Points of relation or commonality are destroyed, and the 'other' is seen as an enemy or entity that needs to be eradicated in order to meet the perpetrator's needs.

Violence is the second leading cause of death and disability in South Africa, second only to HIV/AIDS (Seedat et al 2009, Mathers, Boerma & Fat, 2009). Violence creates high mortality and disability rates, both of which are preventable. Less visible after-effects on the person include emotional numbing, hyper vigilance and distrust (McLeod, 2009). These consequences have been likened to those experienced by torture survivors and need to be understood within the social, cultural

and spiritual context of individuals affected (Quiroga & Jaranson. 2005). The consequence of violence of specific interest to this study given an occupational therapy perspective is that of impairment and disability.

Both the social and the medical models of disability are applicable in this study, in that disability as a phenomenon arises from social stigma and the disabling political, social and economic environment, as well as a result of the individual's acquired impairment(s) (Phillips, 2005). Using both the medical and social model of disability, the person's subjective experience is important, but the context cannot be ignored. This is particularly critical because most people who have acquired an impairment through violence, are likely to continue living in such violent contexts (Seedat, 2009).

2.1.4: Impairment/Disability through violence

People who have been disabled through violence, refers to those who have been injured by a violent act that has resulted in subsequent impairments, activity limitations and participation restrictions (World Health Organisation, 2001). This group is of particular interest in the current study as the participants of this study will be in the process of negotiating coming to terms with an impairment acquired through violence within a violent context(s). Treloar (2002: 597) in a study exploring the experiences of adults with disabilities and their family members found that participants experienced physical, emotional and spiritual trials and difficulties related to their acquired disability status. These trials and difficulties centred on loss of identity and function, and feelings of being punished by God. Literature on the experiences of people disabled through violence is scarce; further confirming the wide-spread 'normalisation' of violence and secondly, supporting the need for further research in this area.

2.2: EXPLORING HEALING

To find a universal definition of healing in literature proved difficult. This is because healing has predominantly been used in the medical field, based on the medical model and has referred primarily to the 'physiological processes related to curing' (Egnew, 2005: 255). Furthermore, the processes involved in healing have not been

adequately explored in health related literature. Beyond the health sciences, different aspects of healing are acknowledged by different disciplines. Healing in medicine is often different to the understanding of the term in psychology and sociology. Healing in the latter two disciplines identifies relevant aspects linked to 'social organization, roles, meaning, and personal growth' (Egnew, 2005).

Further compounding the challenge of clearly defining the term 'healing' is the often interchangeable use of the word with other words that do not fully represent its holistic meaning. These are rehabilitation and cure, highlighting a culture of correction and cure and omitting a fundamental element; care (Egnew, 2005). In addition 'healing' has been associated and is often confused with 'the alternative', 'the esoteric' or 'the spiritual' (Egnew, 2005; Hsu et al, 2008).

In a study by Hsu et al (2008), researchers investigated the views of patients and clinicians on the central concept of healing. Focus groups were facilitated with health professionals and patients separately and then together. Results showed that definitions held by physicians and other health professionals lacked empathy, communication and acknowledgment of the health professionals' relationships with patients. These elements were identified as central to healing by patients. Interestingly, when the focus groups were mixed (patients and health care providers) the following definition emerged; healing is 'the process of moving toward balance and well-being that implies making changes and the blending of the physical, mental and spiritual' as well as 'the restoration of health with caring acceptance and understanding' (Hsu et al, 2008: 309). The second definition particularly, implies that healing is not a process that can be achieved in isolation, but depends heavily in the support available to the injured/unhealthy or disabled person. In addition, the fact that this definition came about after talks and discussions with health care providers and consumers of health services indicates that a universal definition and understanding of healing can emerge through dialogue, communication and collaboration between sectors, professionals and patients.

Themes that were drawn from the above study shed light on the nature or stages of healing, they were: healing is multi-dimensional and holistic; healing is a process and a journey; the goal of healing is recovery or restoration; healing requires the person to reach a place of personal balance and acceptance and lastly; relationships

are central to healing (Hsu et al, 2008). These themes highlight the multi-faceted nature of the term 'healing', aspects of which are not always considered when using the term.

Richmond et al (2000), collected narratives to investigate the journey of recovery following physical trauma. The study identified three themes that are useful in understanding the stages of healing as a process. These themes were: 'Event'; 'Falling out' and 'Moving on', which gave structure to the healing process. 'The event' is identified as the starting point of the journey and is identified by the traumatic incident that the participants experienced. Participants described this stage as 'more than the trauma; it is the perceptual and contextual experience that needs to be incorporated into a person's essence' (2000: 1341). 'Fall out' refers to the participants' realization of the far-reaching impact of the trauma and sustained injury/disability on their lives; these included physical, social and economic repercussions. This stage was described by participants as 'profoundly significant and is not resolved easily' (2000: 1344). Struggles with depression and post-traumatic stress are included in this stage. 'Moving on' was identified as the final stage of the healing process and was highly subjective. Key aspects of this stage were acceptance, seeking independence, professional and familial support, becoming active and being productive. An important point to make is the iterative nature of these stages, where participants reported a back and forth movement between stages while resolving issues and addressing the challenges that each stage holds. Although shedding light on the healing process, the stages offered by Richmond et al (2000) are still primarily focused on the individual's experiences implying a separation from context. An adapted replication of the study in a context such as South Africa, where violence is endemic, becomes imperative.

A holistic definition of healing from the nursing literature is provided by Dossey et al (2005: 48), who defines healing as; 'the emergent process of the whole system bringing together aspects of one's self and the body, mind, emotions, spirit and *environment*, at deeper levels of inner knowing, leading toward integration and balance with each aspect having equal importance and value'. This definition is holistic as it not only takes into account the physical, mental and spiritual nature of healing but also implies aspects of subjective meaning and personal understanding

within context (Egnew, 2005). Attention to context in exploring healing suggests that it is no longer understood as purely an individualistic phenomenon, but perhaps also partly a collective process. This interplay between the subjective experience of healing and context, as well as the collective dimension, will be tackled later on in this literature review.

2.2.1: Healing and the Role of Spirituality

The spiritual dimension of healing, although apparently central to the process, has proven problematic for health professionals (Chuengsatiansup, 2002). This can be attributed to a lack of clarity in defining spirituality. This lack of clarity is further confounded by the use of the word 'spirituality' interchangeably with 'religion' (Dyson et al, 1997; George et al, 2000). This conflation of constructs occurs as a result of most people's experience of spirituality within an organized religious context, thereby making the differentiation between the two phenomena difficult (Hawkes, 1994; Baldachino & Draper, 2001). Chuengsatiansup (2002) suggests that the lack of a clear definition is due to the lack of knowledge about spirituality. His view is that building a knowledge base through further research, would help in the understanding of spirituality and ultimately the formation and agreement on a universal definition.

Many diverse definitions and interpretations of the term spirituality exist (George et al, 2000). Puchalski & Romer (2000:129) define spirituality as; 'that which allows a person to experience transcendent meaning in life. This is often expressed as a relationship with God, but it can also be about nature, art, music, family, or community - whatever beliefs and values give a person a sense of meaning and purpose in life'.

Aligning the working definition of spirituality with an occupational focus, the Canadian Association of Occupational Therapists define spirituality as: ' a pervasive life force, a manifestation of a higher self, source of will and determination, a sense of meaning, purpose and connectedness that people experience in the context of their environment.'(CAOT, 1997: 182)

Both (Puchalski & Romer 2000, CAOT 1997) definitions recognize the difference between spirituality and religion. They also highlight that spirituality is a highly personal and subjective phenomenon that has both internal and external components and is influenced by the person's context (Hawkes, 1994).

In the literature, spiritual health has been explored through two aspects; firstly, the internal characteristics of those who are spiritually well, and secondly, the way in which spiritually well or healthy individuals express themselves in their external interactions (Hawkes, 1994). The internal characteristics provide the person with purpose and meaning, a sense of connectedness with others, a sense of beauty and oneness with nature, a commitment to something greater than the self and a sense of wholeness and purpose in life. These factors include feelings of love for self and others; joy, peace, fulfilment and hope. Externally, spiritually healthy individuals express themselves through compassion, service to others, trust, honesty and integrity. Spirituality has the ability to provide an improved sense of well-being and quality of life, and provides social support (Hawkes 1994; Puchalski, 2000). A deeper understanding of spirituality linked to healing is a pre-requisite if health professionals are to provide relevant and appropriate services.

2.3: OCCUPATIONS AND THEIR ROLE IN PROMOTING HEALTH AND WELL-BEING

Occupation can be understood as: 'a type of relational action through which habit, context, and creativity are coordinated toward a provisional yet particular meaningful outcome that is always in process' (Cutchin et al, 2008: 164). This definition of occupation is appropriate for this study as it proposes a transactional relationship between person and context, thereby highlighting the individual's relationship to and impact on the context and vice versa. Although this definition is useful in understanding the individual within context, our 'interconnectedness' as humans remains unacknowledged and the process of meaning-making within context is thus not fully reflected.

Ramugondo & Kronenberg (2013) propose a collective understanding of occupation in response to a lack of literature exploring this form of occupation. In so doing, they have begun to bridge the gap between an individual and collective understanding of human occupation within context. Collective occupations are defined as: 'Occupations that are engaged in by individuals, groups, communities and/or societies in everyday contexts; these may reflect an intention towards social cohesion or dysfunction, and/or advancement of or aversion to a common good' (Ramugondo & Kronenberg 2013: 17). This definition is of interest to this study for two reasons. Firstly, violence can be understood and therefore further investigated as a collective occupation, providing more insight into this practice within a South African context. Secondly, it increases the scope of the study, that is, when exploring the role of occupations in the healing journeys of those physically impaired through violence, occupations under study will not just refer to those performed or engaged in by the individual, but also to occupations that participants engage in as part of a group and/or a broader community. This view of occupation aligns with Black's work with disabled Bosnian women (Black, 2011).

In her chapter looking at collaborative community-based occupational therapy, Black (2011) discusses her key areas of learning, one of which being how engagement in meaningful occupations can influence social change. She shares the example of a group of displaced Bosnian women who through making and selling their hand-crafted wares to the community they had sought asylum in, experienced the achievement of dual goals. Firstly, through participation in the occupation of craft-making and being part of the group they were learning to cope with feelings of anxiety, depression and isolation associated with their refugee status, and secondly, their occupational engagement (with others) created opportunities for their culture, identity and contributions to be recognized in their unfamiliar contexts, fostering a new sense of belonging.

Black (2011) also reports on the work of a fellow colleague (Whiteford, 2005) who was involved in the formation of 'The Kohler Kitchen' - a name given to the Friday night meals that would take place with a group of displaced refugees and torture survivors where a traditional meal from each country would be cooked each week.

Shared cooking experiences allowed participants to claim back aspects of their identity that torture had tried to destroy. The kitchen thus became a safe space, where participants felt accepted and free to celebrate that which made them who they are. Participation in occupations of traditional cooking and meal preparation reportedly facilitated the processing of experiences, memories and the sharing of skills. Group members reported feeling alive, happy and experienced a sense of celebration.

The above examples indicate that although it is important to immediately meet basic health needs, the need to connect with others, to re-establish familiar routines as well as to re-engage in meaningful occupations is also important for the person's healing journey. In contexts characterised by violence there may be limited opportunities for spiritual expression, resulting in the person not feeling heard, understood or respected. Violence may precipitate and perpetuate occupational apartheid (Kronenberg et al, 2005) because it compromises the search for meaning and exploration of understanding of the self and others and the world that occurs through acting in and on the world.

In the context of post-war conflict, specifically Sierra Leone, six occupational categories have been shown to foster 'centering, meaning, connectedness, and healing' (Thibeault, 2011: 157). These are; caring duties, social status chores, trust-inducing/modelling tasks, grounding routines, tasks for belonging and prevocational skills.

Caring duties involved survivors of amputation quickly putting their residual abilities towards the service of their new-found community, providing them with a sense of peace and the opportunity to contribute. Social status chores were those that had a high social value and when given to perpetrators of crime and violence were found to radically shift their self-perception and perception of others in a positive direction. Trust-inducing/modelling activities aimed to afford the individual the opportunity to regain trust and feelings of safety in social environments often lost following trauma. By encouraging people to engage in occupations in the community, desensitization occurs and normal patterns of interactions resurface. Grounding routines refer to occupations that provide stability, rhythm and containment; examples given were running, grinding maize, praying and singing.

The client's spiritual needs are addressed, and the means to connect with their source of spiritual solace made available (Thibeault, 2011).

Tasks for belonging address the challenge of reintegration into society, which is especially difficult for trauma and war survivors. This challenge is exacerbated by stigma. Occupations initially require minimal interaction; the level of interaction required is increased as and when the client grows more comfortable in the environment, allowing them to control their own reintegration process. Prevocational skills are provided in response to the individual's desire to explore their vocational potential. An effort is made to match the client with a skills training that matches their abilities, desires, goals and interests (Thibeault, 2011)

Occupations that address socio-political issues, and attempt to address abuses and inequalities in a society are also important for the person's health and well-being as they address some of the root causes of violence being perpetrated in context(s). Issues include; promotion of equal rights, and the eradication of social and political barriers, all of which Thibeault, (2011) argues (and demonstrates) can be addressed through using an occupational framework. Thibeault describes the 'universal' nature of occupation in the term 'lingua franca' – which refers to a common language spoken by speakers of different languages. The vast differences present in man-kind have the potential to be bridged through occupation. Once the healing process and its relationship to occupation is better understood, programs for enhancing the process can be developed, implemented, and evaluated.

2.4: CONCLUSION

This literature review has described the interface between violence, disability and healing, framing this within an occupational framework which highlights occupation as the particular focus of occupational therapists concerned with helping disabled people achieve their potential and aspirations through the ordinary things they do every day. Key aspects regarding the character and consequences of violence in South African culture have been explored highlighting the detrimental effects thereof, especially disability. Further exploration regarding the concept of 'healing' and the ambiguous use of the term has been discussed. This literature review has confirmed the potential value of understanding the experience of those impaired or

disabled through violence and their healing process within a violent context such as South Africa, and the role of occupation therein.

University of Cape Town

CHAPTER 3: METHODOLOGY

3. INTRODUCTION:

This chapter introduces the philosophical standpoint, theoretical framework as well as Narrative Inquiry as the qualitative methodology selected for the study. It offers a rationale for choice of methodology, as well as use of narrative interviews and photo-voice to collect data and explains the data collection process. Ethical considerations are highlighted as part of describing the research process. The process of data analysis using narrative analytic methods used to co-construct participants' stories is explained. At times the researcher's writing style shifts from using voice in the first, to the third person and vice versa. This was done to explain and justify the methodology selected (third person) and the steps taken to select participants as well as collect and analyse data (first person).

3.1 PHILOSOPHICAL STANDPOINT

The paradigm informing this research study is constructivist. 'In the constructive perspective, knowledge is constructed by the individual through his interactions with the environment' (Murphy, 1997: 3). Knowledge and reality do not have an objective or absolute value, but are socially constructed as the knower interprets and constructs a reality based on his/her experiences (Clarke, 1999). Constructivists assume that there are many possible, potentially meaningful interpretations of the same data. Therefore both the researcher and the researched are part of the knowledge constructions and cannot be regarded as separate (Murphy, 1997; Clarke, 1999).

3.2 THEORETICAL FRAMEWORK

This study will draw on occupational science as a theoretical framework because it offers emerging (it is a relatively new discipline) theoretical rationale for occupation as self-action and inter-action; as the relational glue between the individual and the social (Cutchin et al, 2008). According to Cutchin et al, occupation is the means through which "humans and context exist in an ongoing process of reproduction and

occasional transformation, dependent on one another for their current states of existence” (2008: 162). For the purpose of this study occupation is a construct for appreciating the agency, actions and adaptive capacity of humans in and on their lived environments and of the environment’s effect on them (Duncan, 2009).

An interpretivistic framework will also be used as the objectives of the research study are best met through ‘Understanding the complex world of lived experience from the point of view of those who live it’ (Schwandt, 1994: 24). This framework is useful in understanding the research participant’s definition of healing and meaning attributed to their own activities whilst providing contextual depth (Hussey & Hussey, 1997).

3.3 RESEARCH METHODOLOGY

A qualitative research approach is used when researchers want to understand social processes in context or aim to examine the subjective nature of human life (Polit & Beck 2004:16). Uncovering people’s experiences of occupational participation after acquiring an impairment/disability through a violent incident(s) requires participants to reflect on the past and the present – and share their experience imbedded within a context. Narrative Inquiry as a methodology, is best suited to obtain this information as this design seeks to describe human action through stories (Polkinghorne, 1995).

Narrative inquiry is most simply defined as the ‘study of experience as story’ (Connelly & Clandinin, 2006: 479). Narrative inquiry affords the opportunity to research ‘experience as phenomenon’ (Connelly & Clandinin, 2006, p. 479), with a specific focus on the individual’s subjective experience (Reissman, 1993). Narrative inquiry offers two methods of investigation; *analysis of narratives* and *narrative analysis* (Polkinghorne, 1995). Analysis of narratives involves the collection of participant(s) stories as data, and further analysis consists of identifying overarching themes or categories to offer insight into the phenomenon under study. This approach appears to be what Richmond et al (2000) followed to investigate the journey of recovery in the American context. Reciprocally, narrative analysis involves the collection of data as significant events and/or happenings that after further analysis yield stories (Polkinghorne, 1995). Narrative analysis will be used in this study to produce participants’ stories. A story is described by Barret & Stauffer

(2009) as ‘an account to self and others of people, places, and events and the relationships that hold between these elements’. Participants will have experienced violence, and will have subsequently acquired a physical impairment. These, together with their occupational engagement patterns and other significant happenings will be configured to understand how they have affected or influenced the participants’ healing journeys, thereby giving expression to their lived experience (Polkinghorne, 1995).

Narrative Inquiry requires three dimensions to be simultaneously explored to fully understand the human experience, these are: temporality, sociality, and place (Clandinin & Huber, 2002). In other words, the narrator’s experience is embedded in a particular *physical* and *social context*, and is *time-bound*. Taking these three aspects into account will shed light on key aspects of the participants’ experiences, namely: identity, hopes, values, meaning(s) and intentions (Barton, 2004). The collaborative nature of narrative inquiry cannot be ignored. Both the researcher and participants will collaborate in constructing the participants’ stories (Barton, 2004). This ensures that the participants’ ‘way of knowing’ is preserved whilst encouraging a deeper understanding of their experience to other interested parties.

Narrative Inquiry is appropriate for this study as the intention is to explore and discover new information in reference to the potential role of occupations in the healing process of people who have acquired an impairment/disability through violence. This research methodology is useful as information about the participants’ subjective experience of violence and acquiring a physical impairment will help me to gain a deeper understanding of their individual healing journey. In addition, through participants’ describing what it is that they do, an understanding of how the participants construct meaning through their everyday occupations within context will be uncovered.

3.4 ACCESS TO PARTICIPANTS, ETHICS AND THE RESEARCH PROCESS

3.4.1 Access to Participants

Approval for this study was granted by the University of Cape Town's Human Research Committee [HREC REF: 529/2011] (Appendix A.1). Access to participants was initially sought through the Association for People with Disabilities (APD) centres in both Bonteheuwel and Langa. Potential participants that were identified and approached however, did not contact me as agreed. This encouraged me to widen my search area and also look for participants within the practice learning contexts in which I supervise students as a clinical educator. These practice learning contexts are informal settlements, similar to Bonteheuwel and Langa in terms of limited access to amenities, high unemployment rates and high incidents of violent crime. I managed to secure 4 participants from Gugulethu, Eersterivier and Delft- informal settlements in the Western Cape.

Ethics and the Research Process

Ethical guidelines are important as they aim to prevent any harm to research participants. Ethical guidelines were considered before, during the research process, and after the data were collected, to address any possible vulnerability that partaking in the research might have created (Liamputtong, 2007).

Informed consent

Informed consent is described as 'a voluntary and explicit agreement made by an individual who is sufficiently competent or autonomous, on the basis of adequate information in a comprehensible form and with adequate deliberation to make an intelligent choice about a proposed action.' (Lin & Chen, 2007: 65). In order for the consent obtained to be valid, I had to fully disclose the aims, objectives and purpose of the study, as well as the possible risks and benefits to participation (Connolly, 2003). I had to ensure that the participants fully understood the demands of participation in the study, including topics that were to be covered (Liamputtong, 2007). Participants needed to be provided with explicit information to be able to

weigh the costs and benefits of participation in the research study (Yick, 2007). In addition, participants needed to understand that they could cease participation at any point if they so wished (Connolly, 2003). The above was ensured, and informed consent obtained through a form signed by each of the participants (See Appendix A.2).

After agreeing to partake in the study and signing an informed consent form, participants were given a negotiated time-frame to complete the photo assignment. This assignment required participants to take photos of the everyday activities that they performed and/or partook in. An agreed-upon meeting date was set approximately 2 weeks after the photo-assignment was given for me to collect the cameras. I asked participants for brief feedback on their experience of capturing their daily activities, and set an appointment date for the first Narrative interview.

Beneficence and Non-Maleficence

‘Beneficence concerns the provision of benefits and balancing those benefits against the risks of participation’ (Fontes, 2004:163) Non-maleficence refers to our duty as researchers to do no harm (Yick, 2007). It was my responsibility to take special care not to stigmatize participants further and to ensure their safety. This was done by conducting the interviews in an environment that they were comfortable in, namely their homes or places of employment.

The first interview focused on the participants’ accounts of what happened to them. The second interview focused on encouraging participants to use their photos as a medium or point of reference whilst sharing their experience of engaging in the activities they had captured in their photos.

A third meeting was held after I had transcribed and produced the participants’ stories to ensure that I had captured, understood and interpreted the information given by the participant to reflect their experience.

Privacy & Confidentiality

I respected the privacy of participants when accessing their personal records and I took care not to disclose any personal information about the participant outside the guidelines of the information necessary to answer the research question. This also meant that the manner in which the information was collected, used, stored and

destroyed did not violate the participants' right to privacy and confidentiality. Participants were encouraged to select pseudonyms for themselves to protect their identity. Transcriptions and written reflections were stored in a hidden folder on my computer. The pictures taken were returned to participants.

Catalytic validity is an empowering aspect of research that benefits the participant and refers to the extent to which participation in the study fosters a new found understanding of the world, and the role they can have in transforming it (Fontes, 2004). Participants enjoyed hearing their stories read back to them, and were pleased to know they would be playing a part in developing relevant and accessible occupational therapy services. A more detailed account of data-collection schedules is described in Appendix A.3.

The participant also needs to be aware of the potential emotional distress taking part in such a study could have for him/her. The researcher needs to ensure that he/she has a means of debriefing for himself or herself to prevent burnout (Fontes, 2004). This precaution is further supported by Liamputtong (2007) who stresses the importance of ensuring that the emotions of the participant are managed, and that when the research project is completed, the participants are not left with painful experiences. The above was ensured in this research study by leaving participants with a 'healing journal' containing their pictures and stories, as well as a contact list of relevant service providers (if necessary) in their area. These healing journals served as a tangible symbol or representation of their experience and progression through their healing journey. I prevented personal burn-out through journaling and sharing my experiences during meetings with my academic supervisor.

Justice

Justice calls for the fair treatment of research participants, free from discrimination, as well as fairness in distribution of benefits and burdens of the research (Yick, 2007). The principle of justice in research typically refers to the notion that the benefits and burdens of research should be shared equitably (Fontes, 2004).

The research study should be designed in such a way that knowledge obtained benefits the population group which the participant represents (Connolly, 2003). In this study, the research findings should benefit people disabled through violence. It

will do so by informing the development of client-centred occupational therapy services. In conducting this research, it was important to highlight issues of social justice by identifying social phenomena that contributed to the stigmatization of the participant population. It was therefore my responsibility as a researcher to determine how best to disseminate the data obtained to achieve or affect social change (Connolly, 2003). Data will be disseminated through publications to make it accessible to occupational therapy practitioners, and any other persons that have an interest in developing services and/or contributing to research in this area.

3.5 RESEARCH POPULATIONS AND SAMPLING

Purposive Sampling

I had initially planned to obtain maximum variation of participants based on three criteria, namely; race, gender and socio-economic group, and targeted six as the desirable number of participants. Maximum variation requires the largest minimum sample size of any of the purposive sampling strategies (Morse, 1994). This demographic variation is important for analytic reasons to show the far reaching effects of violence in the Western Cape, irrespective of racial, gender and socio-economic groups. Maximum variation was however not achieved in this study as I struggled to gain access to participants who were white⁸ and/or female and/or belonging to a high socio-economic group. Possible reasons for this will be explored in Chapter 6, where I will discuss limitations of the study.

Sampling Procedure

Potential participants were identified during supervision of students during their practice learning blocks. More potential participants were identified by colleagues that I had informed about my research study. This included colleagues from the University of Cape Town(UCT), Association for People with Disabilities (APD) and other health professionals working with people with disabilities in the Cape Town Area. I was given the name and contact details of potential participants and contacted them so we could plan to meet and I could provide further information about the

⁸ White – a term used to refer to a member of the Caucasian race (Painter, 2003).

study. Organisations working to combat violence and/or its effect were also contacted to source potential participants.

Inclusion and exclusion criteria

Inclusion criteria:

- a) Male/female with a physical impairment/disability as a result of violence. Physical impairments were chosen as people with mental health issues or intellectual impairments may struggle with expressing their experience, thoughts, opinions and values in an interview
- b) Ages 18– 65 (adults eligible for a disability grant)
- c) Duration of disability following the violent incident(s): at least 1 year. A year affords time for physical healing from trauma as well as sufficient time to re-engage in and/or develop new occupational engagement patterns.

I have not included exclusion criteria as any person who did not meet the above mentioned criteria would not be included for participation in the study.

Table 2: Final Participant sample

<u>Participant:</u> (Self-chosen pseudonym)	<u>Race:</u>	<u>Gender:</u>	<u>Socio-Economic Status.</u>
Al Capone	Black	Male	low
Papa	Black	Male	low
Smiggs	Coloured	Male	low
Lucky	Coloured	Female	low

Number of participants

Reasons for targeting a total number of six participants is that this number is small enough to allow for in-depth knowledge of persons experience but also large enough to include representatives from all contexts in the Western Cape, according to the

demographic criteria discussed previously. Although I managed to secure only four participants, the findings obtained are still relevant in that the stories generated provide an in-depth account of the participants' experience within context. Literature supports the far-reaching extent of violence in South Africa

3.6. DATA COLLECTION METHODS

3.6.1:Photo voice

'Photo-voice is a qualitative data collection tool combining photography and participant narratives to create descriptive evidence of everyday health realities' (Garcia & Hendricks, 2009: 2). Photographs can be seen as a form of story-telling and are particularly effective as a resource for narrative inquiry (Harrison, 2002). Photo-voice is a creative approach, created by Wang (1990), to complement participatory action research and is particularly useful in conducting research with marginalized groups, as this strategy gives them an opportunity to share their experiences and make their voices heard (Wang, 1999).

Using Photo-voice as a data collection method, participants are encouraged to take photos of the phenomena under study, which occur in their everyday lives. These visual images are a powerful means of communicating participants' needs and concerns as well as the subjective experience of living with a health disorder, disease and /or disability in their respective contexts (Baker & Wang, 2006; Oliffe & Bottorff, 2007). This falls in line with the objectives of this research study.

The emancipatory nature of photo-voice as a data-collection tool in qualitative research has been discussed by Oliffe and Bottorff (2007) in their study investigating the lived experience of men living with prostate cancer. They found this method put the power in the hands of the participants, and served as a powerful medium of catharsis achieved through making their experiences visible. This standpoint is

supported by Schrader et al (2010) who also highlight the usefulness of the photos taken as a medium that can 'sharpen participants' memories and reduce the areas of misunderstanding between researchers and participants, while exploring complex social conditions' (Schrader et al, 2010: 3) This perspective is consistent with the constructivist/interpretivist stance discussed earlier in that the participants' subjective experience is captured and told by the participants themselves.

Photo-voice or visual storytelling has been effectively used to bridge the gap between health care providers and consumers, helping health care service providers to gain a deeper understanding of the health problems experienced by the participants, suggesting how services can be adapted to provide client-centred and holistic care (Schrader et al, 2010).

For purposes of this study, participants were given disposable cameras and asked to take photos of the everyday activities that they engage in. Narrative interviews were conducted to gain insight into the participants' processes of healing by asking a fundamental question 'what happened to you?' Their captured activities (represented by the photos taken) were then used as a medium to discuss the role occupations have played in the participants' healing journeys, with specific focus on the meaning derived from and purpose attributed to these occupations. The photos are a visual representation of what the participant would like to communicate, and are used as a medium or interactive tool during the narratives (Wang & Baker, 20006).

3.6.2: Narrative interviews

The Narrative Interview is a form of unstructured, in-depth interview with specific features. It 'envisages a setting which encourages and stimulates interviewees to tell a story about some significant event in the informant's life' (Bauer, 1996:2). The idea is to reconstruct social events from the perspective of informants as authentically as possible.

Question-response techniques in interviewing are unsuitable for this research study because of the structure imposed on the informant evidenced through the interviewer taking responsibility for generating and ordering the questions, and using 'research' language to word/formulate the questions . Bauer (1996) suggests that whoever asks the questions; controls the situation, and ultimately what is shared and discussed in

the interview (Bauer, 1996). The question asked; 'Please tell me what happened to you?' was purposefully selected in consideration of the concerns outlined above. Firstly I made no mention of disability, healing, occupation and/or violence. This is because I did not wish to introduce language that implies a pre-determined view and/or understanding of participants' subjective experiences.

The Narrative Interview is conducted in five phases. These are; *preparing the interview, initialisation, main narration, questioning phase* and *small talk* (Bauer, 1996). Preparing the interview involves the researcher familiarizing themselves with the topic under investigation and formulating questions that speak to the core of the topic - these are named exmanent questions. I formulated a list of such questions (Appendix A.4). The goal is to ultimately turn exmanent questions into immanent questions: those based on the 'themes, topics and accounts of events that appear during the narration of the informant. 'This is done through listening to the informant's language and using it to ask the questions identified in the preparation phase (Bauer, 1996: 5).

In the initialisation phase a topic is formulated to be discussed in the interview, using visual aids to support the participant (Bauer, 1996). In this study, the topic discussed was the participants' experience of acquiring an impairment/disability through violence. The photos taken by the participants were used as a medium the participant could refer to when describing what it is that they do within context. During the main narration phase, the interviewer is encouraged not to interrupt the participant, but rather show non-verbal signs of encouragement and attention until the narration comes to a natural end. I did not interrupt participants whilst they shared their experience, but only probed further for clarification purposes during the question phase, where immanent questions are asked (Bauer, 1996).

During the final stage of small talk – recording of the interview is stopped, and interviewer and informant have a chance to engage in relaxed conversation to close the session. It is acknowledged that relevant information may arise from this interaction; the interviewer is therefore encouraged to keep a note book to document any reflections immediately after the interview is terminated (Bauer, 1996). I used the small talk stage to create a relaxed environment and engage in informal conversation with my participants. I kept a 'research diary' in which I documented

my personal reflections following the interview process. These reflections were used to provide rich descriptions of the participants within context when constructing the participants' stories.

3.7: DATA MANAGEMENT AND ANALYSIS

3.8.1: Data Management

Two copies were made of the photos taken by participants, one set was returned to participants at the conclusion of this study. The other set was used when conducting narrative interviews with participants. Photos were kept confidential; the photos that appear in this study have been approved for publication by each of the participants respectively. Participants' eyes are 'blacked out' to ensure anonymity.

Narrative interviews were captured on a voice recorder and transcribed. Transcriptions were stored on my computer, to which no other parties had access. The transcriptions together with the participant's photos were used to construct the participants' stories.

3.8.2: Data Analysis

As briefly mentioned under data collection, I analysed the data collected through Narrative Analysis, thereby producing an 'emplotted narrative' (Polkinghorne, 1995:15). My role as researcher required me to uncover a plot that linked the events shared by participants in their interviews, thereby giving the events meaning in attainment of a purpose or goal. Polkinghorne (1995:15) suggests that researchers identify 'a bounded system of study', to ensure that the data collected relates to the experience under investigation. The bounded system, and experience under investigation relevant to this study, is the *healing journey(s)* of the individual(s) who acquired a physical impairment/disability through violence.

Because we discussed events that had already occurred, information produced was retrospective. I also acknowledged that participants were still on their healing journeys, therefore relevant information attaining both to the ‘present’ and any future aspirations was included. By organising events along a time-line, I was able to incorporate the temporal nature of human experience. The events and/or happenings shared by the participants were analysed and configured into a story, giving the events coherence and organising them into a whole.

To begin developing participants’ stories I used the data collected to identify an emerging plot. A plot is described as ‘a narrative structure through which people understand and describe the relationship amongst the events and choices in their lives’ (Polkinghorne, 1995: 16). As the plot began to take form, relevant events and happenings become more apparent. Events that did not contradict the plot, and are not important for the development of the plot were omitted. This ensured that the stories produced brought an ‘order and meaningfulness’ to the data that was otherwise not apparent.

The Seven criteria for judging a life history (Table 2) proposed by Dollard (1935) and further developed by Polkinghorne (1995) were used as a guide when generating the participants’ stories. This guide was helpful in determining both structure and relevant content and allowed for the influences of the person within context to be reflected.

Table 3: The seven criteria for judging a life history

The seven criteria for judging a life history:
1. <i>Descriptions of the cultural context</i> in which the storied case takes place.
2. In gathering and configuring the data, the researcher should attend to the <i>embodied nature of the protagonist</i>
3. The importance of <i>significant other people</i> in affecting the actions and goals of the protagonist.
4. Concentrate on the <i>choice and/or actions</i> of the central person

5. Consider the <i>historical continuity</i> of the characters
6. The produced story needs a <i>bounded temporal period</i>
7. Final check: Is the story about the phenomena under study <i>plausible and understandable</i> ?

Description of cultural context:

Polkinghorne (1995; 16) describes cultural context as ‘values, social rules, meaning systems and language conceptual networks of the culture in which he/she [the protagonist] developed’. When generating a story, describing and explaining the above features yield a deeper understanding of the influence of cultural contexts on actions taken and choices made, and conveys specific meaning attributed to happenings and/or events (Polkinghorne, 1995). Participants’ stories include a description of their cultural context(s), thereby shedding light on the influence of these contexts on their occupational choices and processes of meaning-making.

The embodied nature of the protagonist:

To embody is to ‘express, personify, or exemplify in a concrete form’ (Memidex online dictionary). Polkinghorne (1995) proposes that the bodily dimensions of the person have an influence on their personal goals. This is a key factor in this study as the participants are men and women who have acquired a physical impairment/disability through violence. Identifying the impact of their physical impairment together with other physical characteristics (race, gender, age) on the protagonists’ identity, productivity, goals and actions is vital if I were to provide an accurate account of their lived experience.

Importance of significant others:

Significant others are those people that the protagonist has a relationship with and who influence and affect actions taken and decisions/choices made; these include

family, friends, employers etc. Polkinghorne (1995) proposes that few actions are taken for personal-fulfilment or satisfaction, thereby recognizing the inter-dependent nature of human life. When generating the participants' stories, explanations of the relationship and role between the protagonist and any significant person(s) were described to foreground the role they have played in the participant's story, thereby contributing to the development of the plot.

Choices and actions of the central person:

'To understand the person, we must grasp the person's meanings and understandings, the agent's vision of the world and his or her plans, motives, interests and purposes' (Polkinghorne, 1995: 16). By acknowledging that each person is unique in both character and response to circumstances, Polkinghorne (1995) highlights the importance of paying attention to both the choices and actions of the protagonist, in so doing, drawing attention to inner conflicts, challenges and emotional states of the person within context. Through describing the participant's choices and response to both personal and contextual circumstances, I hope to build a rich description of the often complex interaction between the protagonist and the context.

Historical continuity of the characters:

People are historical beings that retain their previous experiences as part of themselves. These previous experiences manifest in the present as habits which range from movements of the body to patterns of thought (Polkinghorne, 1995). Participants' experience and/or exposure to historic events, eras and regimes have been taken into account to shed light on potential influences of these experiences on their identity, mind-set and view of the world.

Delineating a bounded temporal period:

A story needs to be located temporally and 'needs clear beginning, middle and an end (Polkinghorne, 1995; 17). The bounded system of study in this research project is the healing journeys of those disabled through a violent incident. Due to the highly subjective and continuous nature of the healing journey, the beginning point of the story was identified by the participants, and informed by their experience and

understanding of the term 'healing'. The same applied when determining the end-point of the story.

Ensuring the story generated is plausible and understandable:

This step serves as a continuous check-guideline, and is concerned with ensuring that the storyline gives a meaningful account and explanation of the protagonist's actions, choices and responses. This is done by continuously checking if the events and happenings discussed, and characters described support the plot and address the outcomes of the research (Polkinghorne, 1995).

3.8: ENSURING TRUSTWORTHINESS

Triangulation is a method useful in establishing credibility in qualitative research (Guion, 2002). Methodological triangulation was used in this study, evidenced through photo-voice and narrative interviews to collect data. A research journal to note impressions of each interview session, and unfolding stories of the participants' experiences was also kept. Consultation with an expert colleague is another method of ensuring credibility, as well as confirmability in qualitative studies (Cutcliffe & McKenna, 1998). In this research, this was achieved through consultations with my supervisor during the collection and analysis of the data to prevent researcher bias. Dependability was ensured by ensuring high fidelity between all aspects of the research with accepted tradition of conducting Narrative Inquiry.

Transferability refers to the 'The range and limitations for application of the study findings, beyond the context in which the study was done' (Malterud, 2001: 484). The findings of this study may be applied beyond its context, within limits. South Africa has many violent contexts. Although the *experience* of this phenomenon and therefore generated stories are subjective, common contextual factors will increase the likelihood of the population having similar experiences or engaging in similar occupations to promote healing, across settings.

Member-checking is a technique used by qualitative researchers to ensure that the data they have collected, and have interpreted, provides as close of an account as possible to the participants experience (Carlson, 2010). In this way, member-checking also strengthens the credibility of findings. Member-checking was carried out once I had analysed the data and constructed a draft of the participants' stories. These stories were read back to participants providing them with the opportunity to determine whether my interpretation was representative of their experience or not, making corrections where necessary. This ensured that the stories I wrote accurately reflected their experience throughout their healing journey

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CHAPTER 4: PARTICIPANT STORIES

4. INTRODUCTION:

The following section contains the co-constructed stories of each of the participants. The stories begin with the 'initial impressions' of the participants and then move on to describe what happened to them. Each story moves interchangeably from the past, present and future, highlighting key events, people and/or activities in order to show their relevance and influence on the participants' experience and process of meaning-making. The stories end with the participants' subjective view of their stage in the healing process as well as future dreams and aspirations. After each story, participants' photos capturing their engagement in occupation(s) are depicted, thereby 'adding life and colour' to their experience of occupational engagement.

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4.1. SMIGGS:



Figure 1 Introducing Smiggs

Initial impressions

Upon first meeting Smiggs, one is struck by his relaxed manner, easy-going charm, and good looks. He dresses well, is neat and it is clear that he takes pride in his appearance. As a result of several gun-shot wounds he acquired due to gang-related violent incident, Smiggs suffers from hemiplegia and walks with the aid of a crutch. Although he appears confident, he has the expression of someone who has experienced a lot of pain in his life.

Smiggs currently lives in Elsiesrivier, an area that was set aside for people falling under the 'coloured' race category during the apartheid regime. Although this doctrine is no longer law in South Africa, many people are still in the areas assigned to them under the Group Areas Act (1995). Elsiesrivier is riddled with socio-

economic problems that include high rates of crime, gangsterism and drug abuse. These problems are further compounded by high incidents of HIV/AIDS and unemployment.

The incident

At the time of the shooting that would leave Smiggs disabled, he was a member of a well-known gang, notorious for acts of violence, turf-wars, dealing with illegal firearms as well as drug and substance abuse. Shooting at 'targets' and being a target himself, were part and parcel of gang life. The specific incident that would result in Smigg's impairment and consequent disability occurred when he was 23 years old.

On the morning of the shooting, Smiggs remembers feeling uneasy, and tense. This tension resulted in a headache. He could not identify the source of the tension, but decided that he needed to smoke some drugs to take the edge off. A couple of his friends and fellow gang-members came to his house, and invited him to take a stroll with them. These strolls were a regular occurrence that would end at a randomly chosen street-corner or fellow gang-member's house, where they would smoke drugs and socialize to pass the day. Smiggs was standing on the street with some of his friends and fellow gang-members when a bakkie drove past. , the group did not take any notice of the bakkie as it did not seem suspicious. Unknown to them, there were armed rival gang-members lying down at the back of the bakkie, concealed with a blanket. After they drove past the unsuspecting group, the vehicle's concealed occupants stood up and opened fire on Smiggs and his fellow gang-members. Some escaped with injuries, others lost their lives. Smiggs was shot on his torso and the bullet exited through his spine, resulting in damage to his lower thoracic spine. Upon realising that he had been injured, and that he could not move, Smiggs stayed trapped under the body of one of his friends, pretending to be dead.

"I pretended to be dead, do you understand? Why? The people [rival gang-members who opened fire] came nearby me; I lay on the ground, pretending to be dead, with my eyes closed. They then said to themselves; 'no, he is dead!' "

This quick-thinking was the reason Smiggs survived. The rival gang-members left satisfied that all were dead.

Violence and crime a way of life...

Smiggs describes himself as a naughty child growing up. From an early age he started mixing with people who would negatively influence him and ultimately pave his way into a life of violence and crime, and ultimately the life of a gangster. As a teenager he used to steal from shops with a group of boys from the area, and would use this money to buy drugs and name-brand clothing. Making up to a R1 000 rand a day, in contrast to the poverty surrounding them, Smiggs was convinced that this lifestyle was a lucrative one. Having money meant that he could afford to purchase the things he felt he was not getting at home, mostly new clothing. Although Smiggs was not part of a formally recognized gang at the time, he used to stab and rob people in and around his community with his group of boys. Such groups were common in Smiggs's community which was known for high statistics of violent crime. Engaging in and/or being exposed to violence and criminal activity had therefore become a norm.

“But like I told you, there in Elsiesrivier, it's the ghettos man; it's the way we grew up.”

Smiggs started with criminal activity, outside of substance abuse and stealing from home, at the age of 14. He was arrested for the first time and imprisoned at the age of 15, for murder. He served his eight month sentence at Pollsmoor Maximum Security Prison and it was during this period of incarceration that he received tutelage on the ways of the operating Numbers' gangs within the prison system. Consequently he was inducted into one of the notorious prison gangs. Upon his release, Smiggs returned to join the corresponding prison-affiliated gang active in his community. His second arrest and subsequent jail term was for illegal possession of a weapon. Thereafter, he served sentences for stabbings, shootings, assault, and theft. Smiggs has been in prison seven times in total.

Outside of prison, life was just as violent, turf wars and planned assassinations of rival gang-members were daily incidents that he and his fellow gang-members planned and executed. Smiggs displayed leadership skills within the gang; he was an effective member and was therefore well respected. As his family ties and relationships suffered due to his drug abuse and gang-related activities, he began to

identify fully with his position in the gang and the often ruthless gangsters' way of life.

“ We are gangsters, we are evil, we don't worry about what we do, do you understand? And the story travelled, my name stuck, it's Smiggs, you understand, you see?. ”

When asked whether he ever feared for his safety and more importantly his life, Smiggs explains that to have such fears and concerns would be futile; as a gangster, one had to accept that you would inevitably be injured, shot and/or killed;

“But I was prepared, one of these days I will be shot. ”

As dangerous as this way of life was, it seemed a much better option than the tension and strained relationships at home.

Drugs and difficult family relationships

Smiggs had a difficult and tumultuous relationship with his mother. His parents divorced when he was six years old, as a result of his father being abusive towards his mother. His mother raised him and his five siblings as a single parent. Financially, times were tough, and they often had to cook what food they had on an open fire. Smiggs felt that his mother transferred her resentment of his father and the resulting difficult circumstances onto him. During the interview he recalls an incident where she came into the bathroom where he was washing himself and started beating him, asking him why he couldn't 'come right'. He remembers being hurt and confused because he didn't know what he had done or how exactly to 'correct' himself. He feels that she has always resented him for something, he is not sure why this is and shares that it is something he would like to ask her about someday in the future. Smiggs started running away from home at the age of six. He would spend many weeks away from home with youngsters in similar family-situations, stealing and taking drugs. When there was no money, he would sell his clothes or steal from home.

“...I stole a lot of their things, I hope they will forgive me, but I hurt them a lot, you understand?”

This behaviour together with the conflict-riddled, confusing and potentially destructive relationship between him and his mother negatively impacted the relationship he had with his siblings. He was not allowed back in the house unless his mother or older siblings were home. He became the 'black sheep' of the family and as a result he is not close to his siblings to this day.

During the narrative interview, Smiggs became tearful when talking about the strained relationship between him and his mother. He explained that the state of their relationship saddens him and that he regretted all that he put the family through to support his drug habit. The social network of friends and gangs he was part of became his family during his youth. The norms he adhered to and the systems of belief that he adopted about life and relationships were directly influenced by this lifestyle of gangsterism, drugs and violence.

Coming to

After the shooting, Smiggs woke up in a local community day hospital. He recalls laughing with some of his friends who had survived the close brush with death they had encountered. At the time he was still high on drugs. He was then transferred to Tygerburg Hospital, and recounts his time there as feeling as though he was losing his mind. This was as a result of withdrawal from mandrax, tik⁹ and marijuana that he had become accustomed to. What devastated him the most, however, was learning about his paralysis. After two weeks he was transferred to a physical rehabilitation centre where he stayed for eight months.

It was at the rehabilitation centre that Smiggs was hit with the full gravity of his situation. Not only was he dealing with the loss of function as a result of his injuries, but he was also confronted with people in the rehabilitation centre with serious injuries that he had inflicted. It was all too overwhelming for him and he became severely depressed. Rehabilitation is a slow process, and without the drugs as an escape mechanism, Smiggs was forced to think about and reflect on his life. He became pre-occupied with thoughts of what his life would be once he had been discharged from the centre;

⁹ 'tik' is the colloquial term commonly used to describe the drug Metamphetamine (Berg, 2005)

“..I am paralysed now, you understand? I can't do what I want to do, you understand? And my tears began to fall...”

The wheelchair he was in symbolised the loss of respect and power he anticipated upon discharge from the centre. He could not see how he would literally and figuratively be able to stand up for himself as a man, and as a gang-member on the outside. He sunk into a deeper state of depression, and consequently became suicidal - going on a hunger-strike and refusing to take his prescribed medication;

“..I was in the hospital, then I said to myself, no man, I don't want to live anymore.”

His family was contacted to inform them of what was happening. Their pleas for him to eat, take his medication and adhere to therapy fell on deaf ears. His family then contacted a well-respected community member known to Smiggs and his family, to counsel him. Having the opportunity to speak to and be counselled by this community member lifted Smiggs's spirits and encouraged him to continue with therapy and not lose progress made up to that point. His attitude regarding his situation and his fellow in-patients changed. He made friends, met a girl, and adjusted to life in the centre to the extent that he did not want to leave at the time of discharge. He left the centre being able to walk with the aid of crutches.

Smiggs moved back in with his mother and stepfather upon discharge from the rehabilitation centre, and from this point initiated a period of isolation from the outside world. He shared feelings of helplessness and frustration, caused by not being able to do for and by himself, and having to rely on his family to do for him. The loss of independence coupled with the familiar sounds of community life and gang-activity outside, negatively affected his mood. He questioned his place in the world. He became sullen and withdrew further into himself for a period that lasted just over two years.

During one of his physiotherapy check-ups, Smiggs was referred to a factory that specializes in vocational rehabilitation for people with disabilities. This workshop creates opportunity for people with disabilities to work in a supportive environment and go through a process of work-rehabilitation with the goal of empowering them to obtain work in the open labour market. Smiggs secured employment at the workshop

and attended work for just three days before he absconded, feeling that he was being 'paid peanuts'. He started smoking tik again as a means to escape the frustrating reality of his situation as well as temporarily make himself feel good.

"But after a while, I started misbehaving at home, I started stealing my mother's and family's things again."

Realizing that Smiggs was headed down a familiar path of self-destruction, his mother phoned the staff at the workshop to ask for his job back, she disclosed that he had relapsed and was taking drugs. They helped her admit him into a rehabilitation facility. To his discontent, he discovered that there were means to access drugs within the facility. He later discharged himself, returned home and continued to steal from and terrorize his family. He was then arrested and imprisoned for six months.

Turning point

It was while serving this six month sentence that Smiggs decided that this was not the life he wanted for himself. This decision was a result of the thoughts he had been having about what would happen to him if his mother died and could no longer look after him. He realised that he needed to accept his disability status and return to work if he was to have a healthy and safe life. Smiggs shared that he would never fully accept his impairment, but knew he had to accept it to some extent if he was going to move forward with his life. He realised that with a standard six education, he was not likely to find high-paying legal work, and lastly, that he needed to make an effort to stay drug-free otherwise he would never break free of the cycle of drugs, crime, violence and imprisonment. It was at the time of his discharge that he decided to re-apply to the workshop where he had been previously employed.

The staff at the workshop accepted him and he began to fully apply himself through attention to his work tasks and an openness to socializing in the work environment. The pay was still the same, but he realised that an opportunity to work outweighed his dissatisfaction with low wages;

"... I don't want people to say that I work for little money, you understand? It hurts me man. At least I get up, at least I don't steal their things, you understand? At least I don't want to take their things. At least I get up early in the morning to come work for my own money, you understand?"

At work he found that he was surrounded by people he could relate to. He also had access to supervisors who served as mentors and a source of motivation and encouragement. He realised that the people he had been socializing with were holding him back from reaching his potential, and therefore slowly cut ties with all old friends. He spent most of his time with his younger sister, his niece and nephew and a close friend that he had made at the workshop. He gave up the mandrax and tik, but admits to still smoking marijuana from time to time. He says it helps him relax, and does not make him violent and aggressive. In addition, he reports that it is relatively cheap compared to other stronger drugs and he is able to support this habit with his wages.

At the time of the interview the specific work tasks that Smiggs was responsible for included a contract for a construction company that required him to identify faulty nuts and bolts and correct them where possible. Living with an impairment has given Smiggs extra motivation to confront stigma against people with disabilities. He does this through making an active effort to provide high quality work and in so doing encourages a good reputation with the contracting building company. He takes pride in the quality of work he produces and feels that he can develop his skills in the safety provided by the sheltered workshop environment. He explains that he and his fellow workers are not afraid to tell each other in a respectful manner when their work is not up to standard, and he appreciates this. Smiggs also enjoys the feeling of being able to earn a living represented by the signing-off and receipt of a pay check. He particularly enjoys the fact that he no longer has to ask for money if he needs clothes or cigarettes; he is able to provide for himself.

Smiggs's daily structure and routine changed drastically with the attainment of employment at the workshop. The majority of his time is spent either at work or preparing for work. Tasks in preparation for work; include cleaning his room and doing laundry on weekends when he is not at work. These tasks resulted in him spending more time at home, creating opportunities for him to mend and rebuild family relationships. About the workshop he says;

"...this is an awesome place, it is actually my saviour, man."

He is looking forward to meeting a woman he can have a relationship with. Relationships in the past have been unstable or affected by his perception that the

women were with him because they felt sorry for him. He has met a female friend with whom he has long conversations. He enjoys her company as he feels she understands him.

Free time is spent with his niece and nephew, chatting to his mother and sister, reading the newspaper, watching TV, or smoking marijuana in the park with some acquaintances on a Sunday afternoon. Smiggs and his best friend attend and host social functions such as braais¹⁰ for his friends' girlfriends. The responsibility of hosting makes Smiggs feel proud to show others that he is able to competently plan and host an event in spite of his disability.

When asked whether this change in routine and lifestyle has benefitted his health and wellbeing, Smiggs responded with the following;

“ ..every time I do something better, when I do things for myself, then I feel, no, I can do it, you understand? Not because I don't want to do it. There is a big difference from that time and now. I can see it man, and it's now enjoyable for me to do things, you understand? So, I don't want to do wrong things [name] man, you understand?”

Future dreams and goals

“Now, what I want to achieve in life man, I am looking for permanent work, do you understand? And a wife that loves me, who doesn't feel sorry for me, you understand? And then, I want to have children.”

Smiggs would like to mend his relationship with his mother and broken relationships with his other siblings in future. When he considers what he put them all through, he knows that it will be a difficult process. At the time of our interview he was applying for a learner-ship opportunity in a nearby factory, which if successful would result in a higher income work opportunity.

Smiggs has started sharing his story with youths who he identified as being at risk of following the same destructive path that he did. He acknowledges that his turning

¹⁰ Braai is an Afrikaans word that is used to describe the process of grilling or roasting (meat) over open coals (The Free dictionary, 2013)

points were influenced by someone who cared enough about him to listen, talk to and counsel him. He wants to do the same for young males in his community.

"you just need support, you understand? Maybe that person doesn't have support at home, you understand? Maybe I can give it to him/her. "

He practices the same principle of being a source of support with his niece and nephew, and enjoys the responsibility of being a role-model and uncle to them.

" So I will always be there for them, when they need me as an uncle. "

Smiggs's future goals include full-time paid employment, and having a family of his own. He feels that what happened to him was punishment for the evil activities he was involved in as a gangster. He shares that although it was a painful process for him to get to where he is, he is now happy because he feels he knows what is important in life, and that he is now able to identify the steps necessary to achieve his life goals.

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Figure 2 Smiggs making his bed in the morning



Figure 3:Smiggs reading the newspaper whilst drinking tea.



Figure 4: Smiggs washing his clothes.



Figure 5: Smiggs weighing and sorting material at work.



Figure 6: Smiggs and his best friend that he met at the sheltered workshop where he currently works.



Figure 7: Smiggs spending some time chatting to his nieces.



Figure 8: Smiggs chatting to his friends/colleagues.



Figure 9: Smiggs leaving his house to take a stroll around the neighbourhood.

4.2: Papa



Figure 10: Papa

First Impressions

The most noticeable features about Papa when first meeting him are his smile, followed by his gait. His smile appears both genuine and generous, lighting up his face with boundless energy and enthusiasm. Papa suffered a traumatic brain injury as a result of vigilante violence. He is ataxic as a result and suffers from mild dysarthria. His thin frame and large, poorly controlled movements draw attention and elicit a protective and slightly cautious stance from those around him. This is short-lived as Papa's confidence in himself and love for interacting with others shines through. This is observed as Papa completes tasks in and around the protective workshop where he works. He is hardworking, reliable and energetic. Although Papa refers to himself as a disabled person, there isn't anything he thinks he cannot do as a result of it. He is someone who takes pride in what he does and enjoys being 'able'. This personal philosophy has resulted in some tricky and sometimes life-threatening situations for Papa, but his charm, personhood and warmth have often managed to save him.

Earning a living against a backdrop of crime

Papa describes himself as someone who was always 'fast'. He enjoyed getting involved in activities that he knew were not good for him. He shared that he took drugs, smoked marijuana and filled his life with things that made 'no sense'. Interestingly, he also mentioned that he prefers his life after the incident that resulted in his disability, rather than before as an able-bodied person. This is because he credits his disability for motivating him to attend church and take stock of his life. He suggests that if he had continued down the road of drugs, alcohol and crime, he would have been dead today.

"I took pills and drank alcohol but it happened that I ended up being disabled and I couldn't stop drinking, and taking pills, and marijuana. Now, I just smoke so there is a huge, huge difference since I got disabled and I go to Church now, the Church is very supportive, it's too much, I am really proud of myself, I chose this life over the old one because truthfully I would be dead right now."

Papa's family has a history of criminal behaviour. His father was known for stealing from the 'privileged' whites during the Apartheid government and selling the

products to people in and around the township. Both Papa's father and uncle were involved in theft and spent more than 16 years in prison. Papa was not raised by his mother. She was young when she had him, and did not want to handle the responsibility. Papa was therefore raised by his grandmother. His mother also spent time in and out of prison for selling drugs, mostly marijuana.

“ So my mother spent most of her time in prison, it would be pure luck if she got a six year or eight year sentence because she always got a twelve year, fourteen year, sixteen year sentence. Ok I grew up like that, going to school with my mom in prison and she would spend a year out of prison and the next she would spend on the inside because she messed up. ”

Papa's grandmother raised and supported him until he attended initiation¹¹ school. Due to a lack of finances to support further studies and cultural expectations, when he returned from initiation school, Papa was required to find a job. At present, both Papa's parents and his grandmother have passed away. His introduction into criminal activity was also the day he acquired his impairment.

A series of unfortunate events...

In 1998, Papa had been working as a waiter in a restaurant in the Cape Town city bowl for four years. He worked the late shift from six in the evening until three the next morning. The incident that resulted in him acquiring the impairment happened one morning after he had come home from work. Upon arriving at the back-room of his house where he stayed he received a message from his live-in girlfriend at the time that his best friend had come to look for him earlier that evening. A couple of minutes later, his best-friend knocked at the door, insisting that he had an urgent matter to discuss with him. Papa let him in and the friend disclosed that he and his brother had organised to steal more than R9000 from a petrol station and wanted Papa to assist them in the robbery. Papa agreed as he felt the sum of money was worth the risk.

“Ei, ok. M[friend] says “Don't worry, we will take this money nicely. Ja we even have a car”. Ei I had second thoughts, my girlfriend said “No man Papa, it's at

¹¹ Initiation refers to the process through which young males are formally transformed from boyhood to manhood among some African cultural groups (Nqeketho, 2004).

night you can't do this... (mumbles) maybe it may land you in trouble". M[friend] said "No it's nothing, we are struggling, we will take this money and go". Ei, I was very uncertain. ..Ok in truth when I was growing up, because we grew up doing these things smoking, drinking, when M[friend] said "You see we will never struggle again, if we get this money it's ours" he said this taking out something for us to smoke, he thought we should smoke and come up with a plan".

The weapons they would need were already organised. They were only required to wait at the friend's brother's house while he organised transport. Failing to heed his girlfriend's warning, Papa and his friend smoked marijuana to calm their nerves and left to prepare for the robbery.

The pair arrived at Papa's best friend's brother's house, who had left to organise the transport (get-away vehicle). They waited for him in the lounge. Thirty minutes later the brother returned, accompanied by residents from a nearby informal settlement who had apprehended him for suspicion of theft of televisions that had been stolen from surrounding community members. Upon hearing the commotion outside, Papa's friend escaped through a window in the bedroom, leaving Papa in the lounge to face the community members alone. Papa remembers feeling calm at this point, comforted by the fact that he had not done anything wrong. The community members, now turned vigilante, came into the house and started asking him for the stolen television sets. He explained that he knew nothing about this. He was accused of lying and asked to explain why he was in the house in the early hours of the morning, if not to engage in criminal activity? He lied and said he had come to fetch something from his friend, because he had to be at work early the next day. Papa's explanation was rejected by the community members, who insisted that it was too early in the morning to be visiting for any reason. When Papa went to look for his friend in the rest of the house so that he could corroborate Papa's story, – he discovered that the friend had escaped and was nowhere to be found. With no witness, the community members were now sure that Papa was lying, and went on to label him as the culprit they had been looking for. In spite of Papa's protests of innocence, they demanded to know where the television sets were.

“there is a man called T[name]...hey you know T[name], they said “We are taking him to T[name]”. Ja ,T[name] is well known for being a disciplinarian in KTC, he can correct things.”

He was taken out into the street with his hands tied behind his back and marched over to a nearby house – the house of the man in the neighbourhood known for ‘discipline’ – a euphemism for the use of or threat of violence to extract information from suspected criminals in the community. While being interrogated, Papa continuously denied the accusation. He remembers unexpectedly being struck by something metal on the head as he was speaking, and falling down to the ground. He was then taken into the street and beaten with bricks, kicked and beaten by a group of people he could not identify.

“I was on the road, on the road with cars. Ei sister, I heard very softly that they were talking saying, “This person deserves bricks, bricks to beat his head into a pulp with, yes so he dies because these people came here late to cause trouble here”. Ei sister, I don’t know what happened. They hit me, even when I was unconscious, when I was dead sister, so there was nothing to do, I was completely knocked out.”

Papa lost consciousness; he woke up in hospital after having being in a coma as a result of a traumatic brain injury for six months

Bits and Pieces

When Papa regained consciousness, he was released to a physical rehabilitation centre where he stayed for six months. He had no recollection of the events that landed him in hospital. His mother filled in the blanks as far as she could, but there were vital pieces missing – such as the site of the incident and the people involved. As he recovered and received rehabilitation, he started to recall bits and pieces of the event. He describes the road to recovery as a difficult one; having to re-learn many basic skills such as walking and speaking.

“Ja so I used to work out in Physio. They said they were stretching my muscles, stretching my muscles. Ok, they work with me, and worked with me and I realized

that I was getting well. I even stopped using the walking stick that I had, I could walk on my own. My voice was very soft. Man I worked on it and worked on it. You couldn't hear me, I was taking traditional medicine- my grandmother is a healer."

The combination of traditional and western medicine seemed to have worked according to Papa. His ability to speak, although slightly slurred, slowly returned. Moving back home was difficult for Papa. He could no longer work and so stayed at home, unemployed, for two years. He mentions being filled with sadness; sadness that would overwhelm him whenever he thought about the person who he used to be, and what he'd lost. He shares that even though he still wanted to do things – to be out and about, his body would not co-operate. He did not want people to watch him struggling to walk and as a result stayed at home, only venturing as far out as the family's yard.

Death followed by New Life

A significant event that forced Papa to evaluate his future plans and income-generation prospects was the passing of his grandmother;

"She passed away. After her death, at home they said she is no longer around so now each person has to stand up for themselves. Because there is no older woman, you have to make a plan. I decided that I would find someone to help me like find a disability grant to support myself."

During the series of assessments he underwent to determine his suitability for the grant, Papa was referred to a protective workshop on the grounds of his community clinic.

"Ok I came here at the workshop, and they showed me around. And I sat down and I tried out a few things and I realized I was well man, at least I have recovered, it's better than nothing."

Earning an income changed Papa's ability to contribute to the household, as well as develop a sense of independence and pride in his employee status. He shares that the supportive environment provided by the workshop was vital in helping him rebuild a sense of pride in himself.

“When the month ends I can smile because my money can take care of all the things that need to be taken care of like food, electricity. I have electricity, I have a meter box at my house. I can do everything myself so what I love about [the protective workshop] is the support, [the protective workshop] is very supportive with disabled people. That’s why I only have one thing I need to do, and that is stick around here in [the protective workshop]. So now that I’m here it’s because of that because here in [the protective workshop] I have a home because they can support you and advise you.”

“With the grant I buy food, clothes - I buy the clothes that I like. Since then until now, you see? I was living quite happily and there was nothing troubling me until I had a baby from this other girl, she is also here in [the protective workshop].”

Papa has a son whom he fathered with an ex-employee at the workshop. He is no longer with his son’s mother but plays a substantial and active role in his son’s life maintaining, caring for and feeding him when he is at his house. This added responsibility meant that the disability grant and the wages from the workshop were no longer enough to support him and his son. He decided that he needed to find a way to make more money. Papa started both a gardening and car-wash business. He learned the skill of gardening from the manager at the protective workshop, and is now responsible for the planting, irrigation and maintenance of the garden. He is able to take a portion of the produce home to sell or eat. He is happy with this arrangement and enjoys the responsibility and trust placed in him by the manager of the workshop.

“this [gardening] is one of the jobs I do here in [protective workshop] because this garden feeds me. I can eat whatever grows from this garden. I can take something from here and sell it outside and get some money for bread. So this garden supports a lot even my girlfriend said, “Don’t stop this gardening job because you will find that it will help you in future”. So that why I’m so used to gardening.”

The idea to start a car-wash materialized when Papa realised that although there were many car-wash facilities in the township, there were none at the clinic. The clinic staff members, realizing the convenience of such a service, were eager to support his business, especially given his reasonable prices. Papa says that he makes an effort to produce good quality work to ensure that his customers will return to him. These two businesses have provided enough income for Papa to feel that he is better equipped to financially support his son.

“I wash cars here at [the protective workshop]... Ja because I wash cars, I get a lot of support from these cars since I receive a disability grant. The grant takes long sometimes as I have to wait for the end of the month to receive it and by then I have no money and these cars help me because I have a child to support. So there's nothing wrong with these cars and I make sure that I wash the cars really well so that when the owner comes to see it, he will smile and won't leave here unhappy with their car. “

Papa visibly lights up when talking about his son and shares that they have a special bond;

“This is my boy. My son ei (exclamation), this boy loves me a lot. He doesn't listen to anyone when it comes to me. The reason I say he loves me is because most of the time it's me he wants, and when he is at school he knows that his dad will come home, and when I get home whatever he wants he wants it from me and no one else. He can see his mother sitting there, but he will never disturb her., He leaves her alone until I come home.”

Papa's son is currently in Grade R and Papa is responsible for preparing him for school; washing, dressing him and preparing his meals. One of his favourite things to do is sit with his son and talk. He acknowledges that the boy is still young and might not remember and fully understand all that is said. However this is not a deterrent for Papa, as he believes that his son is very smart and one day all that he has told him will come to good use. Papa currently has a girlfriend. Their relationship is serious and he would like to have a child with her in the next 5 years. He values her for her encouragement and support, as well as the many kind acts she does for him.

Papa's disability has not affected the strength of his friendships, just what they do when they come together. They are less active and spend time at one another's houses. They smoke marijuana, watch movies, chat, listen to music and play dominoes. Dominoes is a game that Papa grew up playing. He enjoys the element of competition afforded by the game. He explains that Dominoes is a game of strategy and is not easy to win. Papa is known for his skill in this game and he also enjoys the banter between opponents during the game. Papa has continued to smoke marijuana after his shooting. He feels that it is less harmful to him than drinking. Drinking, he says, reminds him of the old days and he does not enjoy this feeling. Before the incident, he smoked stronger drugs such as mandrax. Papa now feels that stronger drugs are destructive and might lead him to crime again.

If I had one wish..

"Ok my dreams sister. One, I want to become a driver, yah - even if it's a taxi. Why I'm saying this? I want to drive, sister, because driving has a lot of support. A lot, a lot. And I can never go hungry if I have a car. And I noticed that there are drivers here at [protective workshop]. My car would really be useful here because when we get here in the morning we all start at half past eight here and we leave at three or four. I would pick them [other workshop employees] up and drop them off. I think a car would really be useful to me. They would help with the petrol cost and at home I would not be in need of anything involving money. I have a brick house and I would extend it and have two or three rooms. There is no other dream except this one. To persevere until one day - I can get my own car when I am able. "

Although Papa's ability to recognize a business opportunity and develop this into a successful business is admirable, his ataxia is proving to be a barrier towards fulfilling his dream of being a driver. He has applied and passed his learners-licence test, but cannot pass the practical test as he struggles to control his movements. His poor co-ordination and compromised muscle control make him a danger to himself, potential passengers and other road-users. He did manage to acquire a scooter from his cousin, and has been involved in several accidents – it has since been confiscated by the police.

When discussing his healing journey, and his present state, Papa shares that he regards himself as fully healed, and the supporting evidence he gives is that now he feels that he is living his life 'right'. Religion appears to have helped him make sense of what happened to him; Papa feels the vigilante attack had to occur as part of God's plan for him to 'wake up' and realise that the way he was living was not 'good'.

"God opened up my mind by putting me in this position of being disabled. If this never happened I would be dead right now. I thank God. That's why now all I do is good things in my life. God gave me life, nothing else sister. I spoke the truth here, it is what I wanted to speak."

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Figure 11: Papa preparing a meal for his ex-girlfriend and son.



Figure 12: Papa washing his son in preparation for school.



Figure 13: Papa and his son cleaning up the garden at home.



Figure 14: Papa spending some quality time with his girlfriend.



Figure 15: Papa tending to the garden at the workshop where he is employed.



Figure 16: Papa playing dominoes with his friends



Figure 17: Papa attending a function hosted by his girlfriend's family.



Figure 18: Papa washing a customer's car.

4.3: Lucky: featuring Beetle¹²



Figure 19: Introducing Lucky

¹² Beetle is Lucky's husband. He was in the house during both interviews. Lucky would initially call on him to fill in gaps in her story, where she had difficulty recalling events. She eventually invited him to sit in with us. He served as a source of support to her during the interviews. Through observation of their interactions it became evident that Lucky and Beetle enjoyed each other's company, supported each other and rarely spent time apart. Beetle is a significant part of her life and therefore a significant part of her experience. His contributions were recorded and transcribed and used as collateral in the co-construction of Lucky's story.

First Impressions

Lucky is a 42 year old coloured woman who was paralysed as a result of a gunshot injury that left her with a T4 complete spinal cord injury. She has full use of her hands and arms and sensation in the upper half of her chest. She uses a wheelchair for mobility, which is a challenge due to the structural limitations of her house and the surrounding terrain. Her face is friendly and welcoming, ready with a quick smile and a look in her eyes that is kind, slightly anxious, yet friendly.

Lucky currently lives in Delft, an informal settlement 30 minutes from the Cape Town Central Business District. 'The Hague' is one of the six subdivisions of Delft and this is where Lucky lives with her husband Beetle, and son Lube. Lucky's eldest child, a daughter, is married with children, and lives with her family in Eersterivier. The Hague is predominantly an Afrikaans-speaking area, with a small percentage of its residents of African heritage. Substandard housing, poor infrastructure and access to amenities are starkly evident, eighteen years post-Apartheid.

An air of disappointment can be felt when entering The Hague. Many youngsters loiter on the streets during week days. The contrast between The Hague and other suburbs, where the streets are quite during the day because people are at work or school, is stark. The high unemployment numbers and incidents of substance abuse prevalent in the area add to the air of apathy and resignation. No one is expecting anything to happen here – it is what it is. The general hustle and bustle common to townships or informal settlements is replaced by a quiet, lethargic hum. Police cars are a common sight, patrolling the area in an attempt to deter the sale and use of drugs and to expose merchant houses. They can be spotted randomly searching youth on the street who they suspect are waiting for customers or looking to score.

Lucky lives in a one bedroom house with her husband Beetle, and their son Lube lives in a small room, on the property, behind the house. The houses in this area are small. Some are built from scrap material and most are painted with bright colours. Lucky's house is painted a cheerful purple. Upon closer inspection, the cheerful colour is dulled by dilapidation - cracks in the walls, chipped paint, broken glass and

missing door handles. The house is small - not more than 7 wide steps and you have reached the other end of the house. The rooms are a kitchen, a bedroom and a toilet. The kitchen, although small, is well stocked and clearly a place Lucky enjoys spending her time. There is cake baking in the oven, sausages in tomato gravy cooking on the stove, and the kettle boiling for cups of tea. The house is not adapted to accommodate Lucky's wheelchair. She is therefore unable to fully manoeuvre around in the house, but negotiates mobility by wheeling herself forward or in reverse.

Drugs as Recreation

The use of marijuana is not regarded as drug abuse by Lucky and her family. It is rather considered an alternative to alcohol. Their view is that some drink while others smoke. Lucky smoked marijuana with her husband Beetle, as well as at social occasions, and sometimes just with friends that had come to visit or vice-versa.

"I was smoking - we were smoking, me and my husband we liked to smoke alone. We did smoke, you know, then it's nice for me, 'cause I wasn't a drinker, I only smoke marijuana."

Lubee's living arrangements reflects his relationship with his parents. Although he is an adult and is technically living alone, his proximity, lack of education and employment means that he is still dependent on his parents for meals and a place to toilet and wash. His dependence on his parents is exacerbated by his abuse of substances namely; marijuana and mandrax. Lucky complains that Lubee is a constant worry for her and her husband because of his drug habit and poor employment prospects. When she is able to, she gives him some money to buy marijuana, but not the mandrax pills as she considers them serious drugs.

Unfortunately, Lucky's paralysis would come about from a shooting perpetrated by one of the acquaintances that her and her husband used to smoke socially with. Up until the time of the shooting, the acquaintance had only become violent once - pushing Beetle in an attempt to start an altercation. Beetle did not respond, and the situation was quickly diffused.

The Incident

The shooting took place in April, 1996. On the day Lucky was lying in bed, watching television whilst her husband was busy in the kitchen. The acquaintance came to their house unannounced with his brother. The brother entered the kitchen alone and started conversing with the husband, while the friend went to the back of the house to knock on the couple's bedroom window, telling Lucky to come outside because he needed to speak to her. Surprised as to why he would knock on the window instead of coming inside, she told him to come in through the kitchen. He then came around, greeted Beetle and asked to see Lucky. Beetle, not perceiving any threat from this acquaintance, directed him to the bedroom where his wife was. The acquaintance entered the room, pulled out a gun and shot Lucky in the neck. Hearing the noise, Beetle assumed it was one of the many loose planks in the bedroom that had fallen again;

"..it go like that, 'Bang'! Just a bang, but (name) look here, we did smoke [marijuana], but he [Beetle] didn't take notice of it, he think something did fall, because we had a lot of planks and things that stood here."

Only after the acquaintance had left, did Beetle discover that his wife had been shot. He called for an ambulance immediately.

A Rough Road

Both Lucky and Beetle describe the period after the shooting, and the following next couple of years as 'hell'. Lucky was unconscious in ICU with no sensation in her lower body and a collapsed lung on life-support for just over a month. During this time Beetle was arrested as the prime suspect. Although he was cleared soon after due to a lack of gunshot-residue on his hands, the neighbours and Lucky's family believed he was responsible. They considered the story he told inconceivable and bizarre. Beetle reports praying that Lucky would wake up and clear his name. Lube on the other hand was severely traumatised by seeing his mother unconscious in ICU, and insisted on seeing her every day.

At the time of the shooting, Lucky had a strained relationship with her maiden family. She had never had a good relationship with her mother, and their relationship was fully severed in her 20's when she met and married Beetle. Her mother did not

approve of the marriage because Beetle was significantly older than her and a divorcee – she felt Lucky could do better. Lucky’s mother and siblings, however, visited her immediately after the shooting. These visits became less frequent and about 2 months after the shooting stopped all together. Lucky and her maiden family no longer see each other or communicate at all. She brushes this off although the hurt and disappointment she feels regarding this is evident in her eyes.

Lucky awoke to the news that she was paralysed. She recalls crying for days on end. She had always been an active person - walking to and from work and to any shop she had to go to. This loss of function as well as independence was difficult for her to accept.

“...the only support I had in hospital was my husband and my son. They were the only people. And I was so disappointed because why? I was paralysed, ooh it made me mad. I was a miserable person really. I thought oh no man, I’m not gonna have this life, no, I’m not gonna have this life.”

Lucky was transferred to a rehabilitation centre where she spent seven months learning how to adapt to life with paraplegia. The adjustment at home proved more difficult. She struggled to provide the care and support needed by her children and husband as she was severely depressed about her paralysis and loss of independence in all tasks, especially toileting. She struggled to contribute to the maintenance and care of the house and children. Although Beetle was employed and happily assisted Lucky with her day to day needs to help her adjust, he began taking strain. Lucky admits that she became self-absorbed, and could not see past her misery as a result of her loss of function.

“..in the first years, the first couple of years when I was like this [paralysed], I just thought about myself. It was all about me. Beetle helped me with the paralysis. I came out of the hospital, he helped me a lot.”

Lucky began abusing the sleeping pills that she had been prescribed. She reports taking up to six tablets at a time so that she did not have to deal with the gravity of her situation. She admits that she had thoughts of suicide, and knew all she had to do was take a few extra pills to end it all. These feelings, coupled with the financial strain the family was under, contributed to her permanent state of depression.

Previously a very independent and sociable person, her inability to toilet independently created uncomfortable and embarrassing situations in public - she therefore preferred to remain isolated in the house, further contributing to her depressed state.

Lucky feels that she was and continues to be let down by the system. The man who shot her was put under house-arrest, but did not serve any jail-time. It was only after he shot and killed a tourist five days later from her shooting, that he was arrested, and after the lengthy trial, sentenced to 38 years in prison. She was advised to press charges against the state, and was assigned a lawyer. She reports blindly trusting the lawyer and signed whatever documents he presented to her without question. Her suspicions were raised when he started missing appointments with her and avoiding her calls. When she finally got hold of him, he claimed there had been no progress in the case, but offered her some money. Suspecting something to be amiss, Lucky reported him, and was assigned another lawyer. She has not heard anything about her case to this day. Attempts to contact the assigned lawyer have proved futile.

"The law let me down. I can do nothing about this."

During the difficult time she initially had after acquiring her impairment, Lucky recalls that it was a comment from her son that made her realise that she had to make a change and start accepting her life with paraplegia;

...because he say, 'yoh, Mammie you cannot do anything for me anymore. If there is a problem, Mammie cannot run for me anymore'. Because I used to be there for my children. But ok, as time went on, I decided, no, my husband works for me, he looks after me, I had to accept this. And I had to do it for my husband and my son. "

Picking up the Pieces

Outside of Lucky's awareness that her children and husband were in crisis and needed her, a significant change that influenced her view of self and future living was being fitted with a colostomy bag. She was advised by a social worker to request

one, as she recognized that this would afford Lucky more freedom of movement whilst maintaining her dignity.

“And you know from when I had my colostomy bag in, life is much better for me, because I can use it. If it’s dirty, like this morning, I clean it, I wash it everything, finish.”

Until this turning point for Lucky, Beetle had been responsible for all household chores, and in addition washed and changed Lucky’s clothing as well as her linen savers. He was also the sole breadwinner, and as a result became stressed and run down. After the colostomy bag was fitted, Lucky started washing herself, and became more active in her wheelchair. Although Beetle still helps her with preparing and fetching water for her, she is able to bathe herself independently.

“Many people think that if you sit in a wheelchair, if you are like this, that you are like a baby...many people think my husband washes me, and I say no, I am independent. I wash myself; he just brings the stuff for me.”

Lucky enjoys cooking and baking. She makes an effort to cook meals that her family enjoys, but also enjoys being creative, often trying new recipes. She enjoys sharing a meal with her husband and son as it is an opportunity for them to catch up on the events of the day and share some quality time. Lucky shares that meal preparation is her way of showing love and care for her family, and feels valued and appreciated when she receives praise and compliments from her family. A role that Lucky takes great pride in is that of grandmother; she always makes sure she has something specially prepared for when her daughter and grandchildren come to visit.

Independence in self-maintenance and household tasks is very important to Lucky, as she does not want to be left helpless or at the mercy of others should anything happen to her family and she is left alone. She is very conscientious about the state of the house, and will make sure that both she and the house are clean and presentable before she goes outside or lets someone in the house.

"..hair nicely in a perm, then I can come out of the room. Then when I open the door I make sure I look beautifully clean. I don't open my door and sit in a nightie, that is dirty."

As a woman with a physical impairment, she is conscious of the stigma that people with disabilities face, especially those with paraplegia and with regards to hygiene and cleanliness. Lucky takes great pride in the fact that many people have remarked about how well-kept she is. She believes that being disabled should not affect the importance one places on how one presents themselves.

Lucky discloses that she was concerned about being sexually intimate with her husband after the shooting. She did not think he would find her attractive, and wondered how she could ever enjoy sex again due to the loss of sensation as a result of the paralysis. She shares that her husband has found ways to make her feel comforted, loved and desirable - mostly through deep pressure massages, physical proximity, kind and tender words. Beetle buys her lingerie on a regular basis, which Lucky says makes her feel attractive, and desired.

In her free-time Lucky enjoys sewing. She makes cushion covers for her wheelchair, curtains, and repairs any clothes or linen in the house. She also enjoys sitting in the sun in her front yard, where passing neighbours will see her and often come in to chat, filling her in on the latest neighbourhood gossip. Every morning she puts water and food out for the birds that visit her garden. Lucky shares that when the birds sing in the morning, they bring her peace, happiness and gratitude for life. She regards them as God's creatures and enjoys looking after them, and calls them 'Aunty Baby's birds' 'Aunty Baby' is the name she is known by in her neighbourhood. Neighbours sometimes bring her left-over or stale bread to feed to the birds.

Life goes on...

Lucky's experience has made her somewhat of a counsellor in her community. People know what she has been through, and are attracted to her openness and willingness to discuss her experience. In addition, she stays in a community where counselling services are few and openly discussing your problems with friends or neighbours is not the norm. The topics she has supported or advised others through

range from family conflicts to dealing and coping with depression. She is also able to refer people for professional help where needed due to the contacts she made during her time of crisis.

"Most of the people got trust in me, because here are some people like this Pastor's wife, sometimes she's depressed and then she's coming to me, but she's the Pastor's wife."

"I'm like a social service now. People, sometimes people come to me, they talk and you know, everybody come and talk... and this is problem and that problem."

Lucky enjoys chatting to people and helping them cope with their problems. She feels that because of her experience she has something to contribute, and is able to refer to a very difficult time in her life to help others. She reports that the experience is cathartic for her.

Lucky's current on-going stress and worry are linked to her son's addiction to drugs. He has reportedly stolen money from his parents and has on occasion become aggressive within the home. Lucky is a resourceful woman who is well connected and evidently empowered. She constantly seeks employment or learnership opportunities for her son, although she has not been successful so far. Her support for Lubeo has been a point of contention between her and her husband, who feels that she is perpetuating his dependence and therefore ultimately crippling him. Lucky reportedly gives him money knowing that it is for drugs, whereas her husband would refuse out-right. She feels that marijuana is not as damaging as the other drugs, and gives him the money to keep the peace. Juggling these tensions within the household, results in anxiety and stress for Lucky and her family.

Lucky's healing journey has been one plagued with many setbacks, and difficult circumstances to accept. When asked if she regards herself as healed, Lucky responds positively and shares that for her healing refers to full restoration of her faith in God. She has accepted what happened to her and has forgiven the man who has shot her. She believes that her faith has never been stronger and that this together with prayer has healed her.

"I'm healed now because why? I had more trust in God."

"And the one thing that also helps me is the forgiveness. If you can't forgive your enemy, it's very hard to accept your - the way you are. You have to forgive them, you have to forgive yourself, you have to forgive everybody, and then God is bringing the healing."

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Figure 20; Lucky sweeping the kitchen.



Figure 21; Lucky loading the washing machine.



Figure 22: Lucky hanging up her laundry in the backyard.



Figure 23: Lucky preparing a meal for her family.



Figure 24: Lucky washing herself in the morning.



Figure 25: Lucky putting her freshly-washed hair into curlers.



Figure 26: Lucky throwing out some bread-crumbs for 'her' birds.



Figure 27: Lucky sitting outside chatting to a neighbour

4.4: Al Capone:



Figure 28: Introducing Al Capone.

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First Impressions

Al Capone is a handsome, slight black man in his thirties, whose most defining characteristic is his mischievous smile. When approached he seems weary and slightly hesitant to interact with people he doesn't know. Al Capone is paralysed and wheel-chair bound due to an injury that he sustained as a result of a gun-shot to his spine in 2001. He is humorous, energetic and sharp-witted. Although friendly, he seems somewhat protective of himself and not easily trusting. Other physical impairments include a right upper limb that is hypertonic and contracted. He seems self-conscious about being in a wheel-chair and uncomfortable with the exposure of his right hand, which he covers with a glove or the sleeve of his shirt. The only times Al Capone reveals his hand is when he has to perform tasks that require bilateral hand use.

Al Capone lives in Gugulethu, an informal settlement formerly known as Nyanga West. Gugulethu was established during the Apartheid era to house migrant labourers from the Eastern Cape. The population residing here is predominantly of Xhosa ethnicity, many of whom migrated or are descendants of those who migrated from the rural Eastern Cape. The community of Gugulethu are faced with high levels of unemployment, disability, drug abuse and exposure to violent crime. Gugulethu is considered to be one of the areas in the Western Cape with the highest prevalence of HIV/Aids as well as trauma due to violent acts. In 2012, Gugulethu reported 1146 violent crimes; 120 murders, 106 attempted murders, 257 sexual assaults and 663 incidents of assault with the intent to inflict grievous bodily harm.

Life, Family and Soccer

Al Capone reports that before the gun-shot injury he sustained, he was a sociable and trusting person who did not like hurting or inflicting pain on others. His most valued occupations centred around soccer. He used to play soccer, watch matches on television and in his community, and attend local soccer clubs.

"I loved soccer, I still love soccer today. I played soccer. I was a soccer player."

Al Capone was a good player and became known for this in his neighbourhood. He attended school up to and including grade 12. He did not pass the grade and could

not redo the year due to financial difficulties his family faced. He thus left school to seek work. Al Capone was unsuccessful in his search for employment and did not work until a couple of years after the shooting.

“When I was growing up I told myself that I want to be a lawyer. When I was in primary, I told myself that I want to be a lawyer, even when I was in high school. I wanted to be a lawyer but when I was in grade twelve all that lawyer stuff went away.”

“I had a difficult time studying because of lack of money. There wasn't enough money for school, things, like with clothes I had to wear maybe mended clothes. So I ended up thinking that no man, I must find a job, and stop this lawyer thing. I must find a job and work. But I didn't finish my matric.”

Al Capone comes from a close-knit family whom he reports to have a good relationship with. He grew up under the care of his mother, with his siblings; a sister and a brother. Al Capone shares that his mother was always protective of him and was the one who took him to the hospital after he had been shot. He recalled and shares a fond memory: Al Capone's mother had heard that he was shot by a friend who was light in complexion. As a result, every time any friend of Al Capone's who happened to be light in complexion came to visit, Al Capone's mother would put a pot of water on the stove and threaten to burn him for what he had done to her son. Al Capone's mother was diagnosed with cancer and passed away in 2011. His brother was shot and killed the year before that by an unknown assailant. His sister is married and lives with her own family. Al Capone currently lives with his cousins.

The Incident

Al Capone was shot on December 2001. He was visiting a friend who lived next door to his house. They were watching the evening news when another friend arrived. Neither Al Capone nor the hosting friend were employed or involved in any further education. On arrival the other friend shared that he had heard of a work opportunity for Al Capone and his neighbour, inviting them both to come with him the next day to apply for the job opportunity. The friend advised that they should

both bring their identification documents. The following day while en route to apply for the job with his neighbour, a car drove past the friends. Al Capone recognized the driver as someone he knew.

"...on our way I heard someone talking to me from inside a car that was driving next to me. I knew this person and he asked me about the people who were ahead of us. I turned my attention to them and when I looked back at the car he had a gun pointed at me. He took a shot. I thought he missed or that he had just fired his gun. I had no idea that he had shot me and I kept on walking. But over time I started feeling very hot. I couldn't feel any pain."

Suspecting that he might have been hit by one of the bullets he communicated this to his friend. Al Capone's friend inspected his body and rejected the suspicions as he did not find any bullet entry or exit wounds, or any blood. It was only when Al Capone collapsed and lost consciousness a couple of minutes later that he realised that he had indeed been shot.

Close the door; Shut the world away.

Al Capone regained consciousness at Groote Schuur Hospital where he was admitted for four months. Once stable enough, he was discharged and transferred to a rehabilitation centre where he spent just under a year. Al Capone was devastated when the doctors told him that he would not be able to walk again.

"I was very hurt. Even today I'm still hurt because the thing that happened in the township. You were once a person... You were once a person who could walk (mumbles). No hey it's painful. I say, my being in a wheel chair just happened. I didn't do anything against that person. I walked with him; I used to walk with him. He was like my friend. We used to play soccer together, but I don't know what happened."

He shares that he accepted the news immediately but was still heart-broken and disappointed when he thought of the kind of life he would have. Al Capone was aware of the stigma, poor view of and disrespect towards people with disabilities in his community. There is high prevalence of disability in Gugulethu due in part to poor maternal and prenatal health care, untreated and mismanaged chronic diseases

of lifestyle, household accidents and trauma as a result of violence. It is also not uncommon for adults with disabilities to be home-bound, unable to engage in any activities outside of the home out of fear of the strong stigma attached to people with disabilities within the community.

"If I went outside of the house maybe I would be laughed at because I'm in a wheel chair. These people will tease me. I won't be treated well. That's what I thought about. I won't be treated well outside because I have never had this happen to me. It was the first it happened to me."

Myths regarding the abilities and intellectual capacity of people with disabilities were compounded in some cases by cultural beliefs regarding disability. Al Capone feared that he would no longer be taken seriously as a man because of his impairment; he fell into a deep depression.

The main symptom of Al Capone's depression was isolation;

"I stayed at home and didn't go anywhere. I stayed and didn't look for a job. I just stayed at home because I didn't want to face people. I stayed inside and I didn't go outside of the house."

"... my family, when I'm sitting in my chair, would take me on a ride to the dining room and I would sit there. When they wanted me to go outside I would say 'No'. I never went outside."

Al Capone isolated himself from the public and the community and withdrew from his family within the household. He would stay in his room alone, watching television all day. During this time he was pre-occupied with thoughts about where his life was headed and sadness that it would never be the same again. He did not want to be seen in public as he feared he would be ridiculed or ostracized because he was in a wheelchair. The combination of depression, isolation and community attitudes towards disability meant that Al Capone stopped socializing with his friends and eventually lost contact with them. Since then, neither side has attempted to rebuild these lost friendships. Women that he was in relationships with cut ties with him and he remained isolated and depressed for three years.

"I was always sitting in my room, and from my room they would take me to the dining room. I didn't do anything except for feeding myself."

I matter.

His re-entry into the community as a person with a disability occurred after 2006. He had been to a physiotherapy appointment at the community clinic and she put him in touch with the occupational therapist at a protective workshop on the clinic grounds. He found the occupational therapist to be warm and friendly; he felt that she understood what he was experiencing. He decided to give the job opportunity a trial and as time passed he found himself happy to be in the company of people who, like him, were disabled. Here he felt welcome and accepted and looked forward to the opportunity to earn an income; he had begun feeling that he was a burden on his family. His interactions with people at the workshop began to influence his thinking. He realized that if these people, who were similar to him (in terms of disability), could engage in meaningful activities and interact with others while still being accepted by the community, so could he.

“Ever since I took this job I felt well and I met people who were in wheel chairs. I felt welcomed, so I could go outside, that I should go outside and go there to the township, and I walked outside because I was welcomed by other people also... Mmm so I realized that I was a normal person you see.”

The demand of fulfilling an employee role and abiding by the code of conduct at the workshop meant that Al Capone had to arrive at a specific time, and had to pay special attention to his appearance. These stipulations had further implications for his withdrawn and isolated life-style in that he had to be more active in his home and community environments and be more interactive with people.

When starting to rebuild relationships with his family, he started interacting with and spending more time with his niece, who quickly grew to favour him – wanting no-one else to prepare her food or wash her besides her uncle.

“The way I love my niece because she is the only niece I have at home right now so, when she wakes up she comes to me she calls me “brother”, “brother, brother” if she wants tea, or anything else even when I’m in bed. If she wants tea she comes and tells me. So I’m very happy to do things for her.”

Looking after and spending time with his niece makes Al Capone happy, and he feels reaffirmed when sought out by his niece, whether it is for food, to play, or just for his company. Al Capone and his niece developed a daily routine where they would listen to music when he came home from work. He enjoys *kwaito* music¹³. Al Capone and his niece would dance to the tracks they enjoyed. He found that this de-stressed him.

“If I want to relieve some stress from things happening at home I listen to music, to kwaito music and I listen to it and everything just fades away... all the thoughts and I dance in my wheel chair....I tell her to dance. She will sit over there and dance, and if she doesn't want to dance she will climb up on the wheel chair and we will dance together in the wheel chair and we look like we are dancing... It's fun when we dance together and we end up laughing.”

Al Capone was initially assisted with his washing by family members when he came out of the hospital because of the limited function in his right hand. He later started washing his own shirts and soft or light items, only needing help with the heavier items. He enjoys doing for himself, and will ask for help when he needs it. He doesn't want to be too dependent in case he ever finds himself alone. He feels that he should know how to do things for himself. He also did not enjoy being at the mercy of others, but up until he started working he did not care or think much about the future;

“Like now, if I'm sleeping I know where I will go when I get up. But before I never thought about such things. If I was sleeping then that's all I thought about. If they brought me food, I would eat and hand them back the plate. If I spill food on myself then I would do nothing about it - except ask someone to help clean me up- it was like I was a child. I was a child. But now I have grown up. “

Being able to wash himself independently means a lot to Al Capone. He sat down with his family and explained that he wanted to do self-maintenance and basic

¹³ “*Kwaito*” refers to the musical genre associated with South African black youth in the post-Apartheid era. Essentially a form of dance music, in its most common form *kwaito* is intentionally apolitical and represents music “after the struggle”. (Steinge, 2005: 333)

household tasks for himself. His family agreed and started giving him more responsibility until he was fully capable. Al Capone identifies that this familial support improved his rate of healing. His mother would give him tasks to do daily that would encourage him to use his mind and body. These included reading and meal preparation. He started participating in cooking Sunday lunch with family members. He enjoys the conversation, and having people around to taste his food – his favourite being traditional food.

Working and earning an income meant that Al Capone could start contributing to the household income. His sense of purpose and value increased as he learned and practiced skills at work. These include; fabric painting, design, tyre-gardening and teamwork. He is a fast learner, and is well-liked and respected in his work environment. He is popular and has kept a steady group of friends comprising of some colleagues and other friends he has met outside the workshop. When ‘chilling with the guys,’ they converse about a wide-range of topics. He identifies this as a time when they can forget their worries, laugh, discuss women and tease each other about their taste in women;

“I love work because it keeps me busy, and I meet people and we share our problems with each other and we end up chatting, and time flies. But staying at home, maybe someone will come over or no one will and I will start thinking about things I shouldn't think about. But at work I don't think about those things and I don't have the chance to do bad things and I feel safe here at work.”

“ When I'm with my friends I forget about everything, I forget about what I need to do here and there and I chill and hang out with my friends and have some fun. We do what we want to do and after that I will look at the things I need to do, but when I'm with my friends I need to concentrate on being with them at that moment. ”

Al Capone enjoys learning. He says he learns about the body and relationships and a range of other topics from television talk-shows and books that he reads. He discusses topics from the talk-shows with people at work the following day. He enjoys this interaction as he gets the opportunity to discuss issues relevant to him and his friends. Al Capone enjoys reading romance novels. He says these teach him about love and relationships, especially how to relate to women as well as how

couples should treat each other. He enjoys the unfolding story between two lovers and then narrating such stories to people in the workshop who are unable to read.

“After I finish reading a book, I go to the first page in my mind and I go through all the pages and think about all the things that happened. If something bad happens I just keep reading and I finish the book and I analyze it and I summarize it in my mind and it has a happy ending and I tell people about it if you want to read it. I will tell you everything about the book, and you will feel like you have read it yourself, that’s what I love about reading. “

Soap Operas are popular in Al Capone’s household. He started watching these with his family and started getting involved in the discussion regarding the soapy characters and their behaviours after the show.

The hospitalisation and consequent passing of Al Capone’s mother meant that he became the man of the house. He takes this responsibility seriously and makes a concerted effort to care for the maintenance of the house. He supervises any maintenance workers who may come to the house for repairs and renovations. Al Capone reports that he has a good relationship with his sister, and agrees with her on most things. The loss of his mother devastated him, but also encouraged him to be more independent, realizing that if anything happened to his sister he would be solely responsible for himself and his niece.

Al Capone slowly regained his interest for soccer. He claims that here is nothing in the world that he loves more. He will wake up at any time to watch matches. He is an avid follower of the game, and is well-informed as to which players are being sold to which clubs. He follows the African and European leagues in particular.

“I didn’t take a picture of myself watching soccer at the field [for purposes of data collection], but like I said I used to play soccer. There’s nothing else I love more than soccer. I like it a lot, because I eat... I sleep it.”

His sister and nephew do not enjoy soccer to the same extent that he does, for this reason he will watch games alone in his room or with a friend.

The Journey Continues...

Al Capone feels that he is at a good place in his life, one of the biggest lessons he says he has learned from his experience is that if the desire to do something exists, then one has to believe that they can do it – regardless of whether one is in a wheelchair or not. Many of the skills Al Capone has learned, he never thought he would be able to do being in a wheelchair, especially lacking the full use of his right upper limb.

"I learnt that if you are disabled or you are in a wheel chair, if you want to do something, nothing is stopping you, nothing is stopping you from doing that thing because you are in a wheel chair. If it is difficult to do something - do it until you finish it. Nothing is preventing you from doing what you love."

Al Capone feels that he is healed. Healing for him refers to being physically healed and restoring his faith in God.

"People who have been in an accident and like other people carry that with them all their lives wishing that they were not in a wheel chair, or that they were not injured and they hate their lives. Like I've been through all that, because I felt that way after my accident, but I knew that God has a plan, because if it wasn't for Him, I would have died that day. So I believe that God saved me and He was with me at that time, so that's why I think I have fully recovered because I only trust in God."



Figure 29: Al Capone getting dressed for work



Figure 30: Al Capone preparing a sandwich for his niece.



Figure 31: Al Capone cooking a meal for his family.



Figure 32: Al Capone loading the washing machine.



Figure 33: Al Capone listening to music with his niece.



Figure 34: Al Capone reading at the protective workshop where he is employed. Books are available from the workshop 'library'.



Figure 35: Al Capone tending to the garden at the protective workshop. The garden has been adapted (raised on tyres) to encourage participation of physically impaired workers to participate.



Figure 36: Al Capone chatting with his friends who had come to visit him at home.

CHAPTER 5: DISCUSSION

5. INTRODUCTION

Participant stories offered interesting insights into the interface between violence, disability and healing. Similarly, for the role of occupation(s) within the healing journey for those who had acquired an impairment/disability through violence. This chapter discusses these new insights gained regarding 'healing', the impact of violent contexts on one's experience of occupational engagement, the potential power of collective occupations in enhancing ones healing journey and the role of spirituality in the healing process.

5.1: UNDERSTANDING THE TERM 'HEALING'

As discussed in the literature review, the term 'healing' has no universal definition and is subject to both the field of enquiry and the individual undergoing the process. The stories from participants have provided a few insights, which help one better understand this term. Firstly, this process is highly subjective. Whether one is healed or not is based on the individual's subjective understanding of the term, and their personal experience of the process. The participants of this study did not only refer to their physical healing, which would refer to wound closure, mobility and so forth. Healing for them referred to physical health, rebuilding a (positive) sense of self and building meaningful relationships. These relationships ranged from family ties and friendships to a personal connection with a higher spiritual being. For Lucky, the restoration of her faith helped her to forgive those who had wronged her and make sense of the violent incident. Her relationship with God motivated her to reclaim her role as mother and wife, instilling in her a sense of gratitude, and helped her cope with the feelings of hurt, pain, anger and despair that she felt for years after she was shot. Smiggs credits the supportive work-environment at the protective workshop where he is employed for positively influencing his healing journey. The friendships he formed and the access to mentors and advisors helped him not only accept his impairment, but also to envisage a life that was not defined by his lack of physical capabilities.

Secondly, the participants' narratives confirm that healing is a discursive process with no clear end point. The discursive nature of healing speaks to the interaction between the person who has acquired an impairment/disability through violence and his or her context, including relationships with others that contribute to the experience of and progress through this journey.

Al Capone isolated himself from the outside world and withdrew from his family. Alone, he was pre-occupied with thoughts of loss and feelings of despair and could not see himself enjoying life again. It was only when he started interacting with his family, and later with others at work, and finally in the community that he began to have hope for the future. Al Capone's interactions and relationships with others helped him to re-identify; himself, his roles and opportunities for participation. He also felt excluded from his passion for attending soccer games. This was because of community attitudes to people with impairments. People with impairments were perceived as being unable to participate or unlikely to have an interest in sport. This community perception highlights the contextual influences on his perceptions of self and opportunities for participation in occupations of interest.

Furthermore, the process of healing for the participants in this study involved learning to cope with the limitations experienced from acquiring a physical impairment/disability, managing challenging situations and learning lessons about one's self and others; that contribute to a sense of fulfilment and peace. When looking at the above, outside of negotiating impairment challenges, the journey of healing contains challenges that may be found in every-day life across the span of human development regardless of the person having an impairment or not. This implies that that an understanding of healing that does not separate the person from their every-day life challenges is needed to fully understand this experience.

The three themes identified by Richmond et al's (2000) study on the journey of recovery following physical trauma were useful in understanding the stages of healing in the healing journeys of participants in the current study. These themes were: 'Event'; 'Falling out' and 'Moving on'. Participants shared their stories using their own words, but their experiences could be grouped into these same three broad stages. Each stage is heavily influenced by the person and his/her context and interaction with their context. Each stage has its own challenges, struggles and opportunities. Although useful in understanding the

stages of healing in a broad sense linked to uncovering significant events, these categories appear to be too linear and individualistic when applied to the experiences of participants in the current study. For example, whilst Richmond (2000) acknowledges that the 'Event' stage is the beginning of the healing journey, participants' stories in the current study show that it is necessary to understand the person's life *before* the 'Event' to fully understand the person, their process of meaning-making and contextual influences on their thoughts, decisions and behaviours.

A construct that seems useful in reviewing Richmond et al (2000)'s stages of healing in a manner that incorporates life before the event is 'occupational trajectory' (Peters, 2012). 'Occupational trajectory' is a term used to describe 'the path/course that a person's occupational participation follows or may follow across their lifespan' (Peters, 2012:6). One's occupational trajectory is influenced by both personal and contextual factors and is useful in identifying such barriers and/or facilitators to occupational engagement (Peters, 2012). I propose that 'tracking' one's occupational trajectory provides a deeper understanding of 'healing' as a process inseparable from everyday life challenges and opportunities faced by individuals. Furthermore, that the stages thereof are subjective and will emerge as the person's process of meaning-making within context is understood.

Papa's story is better understood through tracking his occupational trajectory. He lives in a post-Apartheid informal settlement where access to amenities and income-generation opportunities (amongst others) are still limited. Although he was employed as a waiter pre-impairment, his earning-potential for unskilled labour was low and he was unsatisfied with this. Poor access to quality education restricted his ability to secure a higher-paying job. These circumstances directly influenced his decision to participate in criminal activity. Papa initially refused to accompany his friend to participate in the robbery, but was lured by the promise of money; money he felt would help him lay the foundation towards realising the life he wanted. Understanding Papa's personal values and capabilities as well as contextual barriers to employment he experienced before the 'Event' helps us to gain a deeper understanding of the actions undertaken by him as a person within context. The challenges he faced before acquiring an impairment were still present after the incident and are still present today. His impairment has therefore added further elements to his every-day challenges to participation within his context.

5.2: ACQUIRING AN IMPAIRMENT THROUGH VIOLENCE

Under this heading, there are three aspects that will be discussed, namely; the impact of living in violent contexts, the person's disability experience and the idea of people with disabilities symbolizing 'embodied violence'.

5.2.1: The impact of violent contexts

Interestingly, none of the participants in the current study reported incidents or feelings related to the trauma of being a victim of violence. Seemingly, the most significant sense of trauma was related to the resulting impairment, subsequent loss of function and anticipated stigma and/or discrimination associated with being labelled as 'disabled'. When exploring this finding further however, one cannot ignore the influence of South Africa's political history of Apartheid that was often enforced and opposed using violence. Although Apartheid is no longer practiced as law in South Africa, it has left a pervasive legacy of violence. So much so that in many South African contexts, especially those facing high incidents of poverty, unemployment and substance abuse, violence has become the norm (Hamber, 1999; Wojcicki, 2002). Smiggs, for instance, shares that he woke up laughing in the hospital after he had been shot. The threat of violence was an occupational hazard, and violence itself was the primary medium used to carry out gang-related tasks and activities. In addition, violence was used to intimidate others, secure power and address conflicts. Violence was not only part of Smiggs's context, but was deeply intertwined with who he was, how he saw the world, what he did and the manner in which he did it.

The danger of continuing to accept violence as a norm is two-fold. Violence is a direct threat to personal health and safety, thereby compromising the person's quality of life and influencing their occupational choice(s). Occupational choice refers to 'the application of choice to the participation in occupations, as co-constructed through the individual, group and community's transactional relationship with their context' (Galvaan, 2010: 236). When agreeing to participate in a robbery, using guns, Papa made occupational choices that reflect an acceptance of crime and violence as a norm within his context. The community members who caught him and interrogated him used violence to extract information from him linked to the television sets that they suspected him of having

stolen in the area. From both perspectives, violence was seen as the means of effecting change in their context.

Ironically, the use or threat of violence is disempowering and threatens the social and economic development of a country (Black, 2011). Papa felt deeply powerless when he was beaten with bricks and metal objects. He lost the power to control his body, and what happened to it in spite of his protests that he was innocent. The vigilante violence perpetrated by the community members, although stemming from experiences of powerlessness, decreases co-operation with official law-enforcement structures and places power in the hands of an unregulated body, thereby creating the space for potential abuses to both human and civil rights (Harris, 2000; Hamber 1999)

It is evident that violence has a far-reaching and corrosive effect on both the person and their context. Due to South Africa's political history and subsequent social and political challenges, South Africans have become desensitized to violence and have gone so far as to accept violence as a social and/or cultural norm (Hamber, 1999; Jewkes, 2002).

5.2.2: The person's disability experience

Through engaging with the participants' stories, it has become evident that an understanding of disability that combines both the medical and social models of disability (as proposed in the literature review of this study) is insufficient in fully understanding one's disability experiences and identifying disabling contexts. Instead the application of either or both models helps identify a 'faulty' party and thereby a point and focus of intervention, fuelling disempowering perceptions that disability is something that needs to be 'fixed' (Imrie, 2004). Furthermore, both models regard the person as separate from their context. This is problematic, as failing to recognize the transactional relationship between person and context as proposed by Cutchin et al (2008) has the potential to result in a limited understanding of these two components' influence in construction of the other (Imrie, 2004).

The participants' stories and processes of meaning-making could not be fully comprehended outside of an understanding of the complex interaction between person and context. The person is more than their capabilities, and the context does more than restrict and/or facilitate the person's engagement in occupation. For example, Lucky shared that after her acquired paralysis, and subsequent loss of sensation from her lower

chest downwards, she did not think that she would ever be able to enjoy a sexual relationship. She viewed her body as incapable and undesirable. From a medical-model perspective, the limitation to sexual functioning lies with Lucky's loss of bodily function, rendering her disabled. From a social-model perspective, the stigma and negative perceptions attached to people with disabilities (often as being asexual) negatively impacted Lucky's view of herself as a sexually desirable being, with the right to sexual expression. The complex interplay between Lucky's capabilities and perceptions of her desirability, largely created and influenced by her context cannot be ignored. A key concern should lie with identifying disabling conditions which impede engagement in *meaningful occupations*. This shift in focus encourages a deeper and holistic understanding of one's disability experience, foregrounding the role person and context play in 'forming each other'.

Furthermore, both the social and medical models portray disability as a state or phenomenon that is experienced by the individual or group of individuals with impairment. Although partially true, this view disregards peoples' engagements and relationships with and connectedness to others. Both Lucky and her husbands' participation in sexual relations were impacted by her impairment. Lucky's husband Beetle encouraged Lucky to rebuild her view of herself as a sexual being through buying her lingerie. He created intimacy with her through deep pressure massages, physical proximity and the use of kind and loving words. Her lack of physical function and societies' perceptions regarding her desirability were not his focus when responding to the situation. He regarded her as his wife, first and foremost. He managed the situation with the goal of maintaining their relationship and their intimate connection and responded to Lucky's negative perception of self from a place of 'shared humanness', thereby maintaining her dignity and creating a space for sexual expression.

Acquiring a disability has a negative effect on the physical, emotional and spiritual state of the person. This experience is characterized by loss (Treloar, 2002). The loss experienced by people who acquire a physical impairment relates to function, independence, identity and, for some religious participants, faith as well. The most damaging and far-reaching loss experienced was that of a disrupted identity (Weeber, 1999).

Identity is defined by Fearon (1999: 2) as a 'source(s) of an individual's self-respect or dignity and social categories.' Unpacking this definition, it emerges that identity is both a personal and social construct (Fearon, 1999). This view of identity is supported by Al Capone's story. After learning that he was paralysed, Al Capone's fears and subsequent damage to his self-esteem stemmed from the anticipated loss of respect from his family, friends and community. He was well-known for his soccer skills, but stopped attending any games for fear of losing this positive regard or popularity from his community. He knew the dominant community attitudes towards people with impairments; they were mostly pitied and regarded as 'less than'. He was not ready to adopt this identity and therefore isolated himself. Al Capone's experience shows that both his dignity and self-respect were negatively affected due to his struggle to accept the limitations of his impairment, which included the communities' attitude and behaviours towards people with disabilities. In attempting to understand his experience of impairment/disability, one cannot separate his personal feelings and behaviours from the context in which he lived.

5.2.3: Embodied violence

Previous sections have described South Africa as having a 'culture of violence' (Hamber & Lewis, 1997). Participants in this study are representative of a much larger group of people who have acquired physical impairments through violence. If the scope is broadened to include both mental and intellectual impairments, the far-reaching extent of the impact of violence is emphasised. The nature of violence is such that it is intangible and only visible through its expression and the scars that it leaves in its wake. Those that bear the visible scars are those that acquire a physical impairment as a result of violence, thereby embodying or giving a tangible form to a widely practiced social phenomenon.

Survivors of violence, such as the participants of this study are shamed by their impairment/disability status and fear the stigma attached to the label. As a result, they isolate themselves from society. Their general absence in day to day society affords the general public the convenience of not having to recognize the damaging effects of violence in our society. To fully include those disabled through violence in social participation would be to be faced with the full extent of the problem, and to see the

tragedy of societies' role in the perpetration of violence reflected back to itself. The body is the means through which we interact with our environment in the process of meaning-making (Mensch, 2008). Through this lens we understand the potential for violent acts to compromise the person's ability to engage in meaningful occupations. People with physical impairments that are acquired through violence therefore not only embody violence, but also the occupational injustices that stem from being labelled as 'disabled'.

5.2.4: Understanding violence as a collective occupation

Collective occupations are defined as: 'Occupations that are engaged in by individuals, groups, communities and/or societies in everyday contexts; these may reflect an intention towards social cohesion or dysfunction, and/or advancement of or aversion to a common good' (Ramugondo & Kronenberg, 2013: 8).

The above definition is enlightening as it brings the power of doing together to the foreground. For example, considering this definition in light of this study, violence can be understood as a collective occupation. As discussed earlier, South Africa's culture of violence and the detrimental corrosive effects of violence on person(s) and the social context reflect an intention towards social *dysfunction*. Viewing violence as a collective occupation allows one to see how it contributes to social dysfunction by perpetuating ill-health, poor quality of life, segregation and occupational injustices.

5.3: THE RELATIONSHIP BETWEEN OCCUPATION AND IDENTITY

The relationship between occupation and identity is directly relational; 'participation in occupation contributes to one's construction of identity and is the primary means to communicate one's identity' (Phelan & Kinsella 2009: 85). Through occupations we interact with others within our contexts and are provided with 'a sense of purpose and structure in our day-to-day activities, as well as over-time' (Christiansen 1999: 547). Occupations therefore are the mediums or means through which we create meaningful

lives and shape our identities (Christiansen, 1999). *Ubuntu*, an African philosophy, is described by Van Marle & Cornell, 2005:12 as ‘an interactive ethic, or an ontic orientation in which who and how we can be as human beings is always being shaped in our interaction with each other.’ Ubuntu is pertinent in understanding the intricate and interdependent relationship between occupation and identity. Through an Ubuntu perspective, occupations can be further understood as the means through which we potentially affirm/disaffirm our humanity through connecting, relating to and identifying ourselves through our interaction(s) with others within.

Lucky’s roles as a mother, wife, provider and worker, were disrupted by her impairment/disability. She could no longer perform the tasks she needed to, to successfully fulfil these roles. Her feelings of depression and thoughts of suicide were a combined result of her loss of function and her inability to do what she wanted or needed to, in order to regain her sense of self as a human being. The stigma associated with disability in her context both shaped and further supported her view of self as being unable to contribute to the care of her family and participate in occupations that formed and resonated with her identity prior to her disability. Furthermore, the stigma associated with disability resulted in her feeling that she had become a burden to her family. From the above it is evident that the inability to engage in occupations of choice compromises one’s sense of self or identity (Christiansen & Townsend, 2004; Harvey & Pentland, 2004) and that one’s identity is inextricably intertwined with the notion of self in constant interaction with others (van Marle & Cornell, 2005).

5.3.2: ‘I am what I do’: Occupational identity

(Unruh, Versnel, & Kerr, 2002: 12) define occupational identity as ‘the expression of the physical, affective, cognitive, and spiritual aspects of human nature, in an interaction with the institutional, social, cultural and political dimensions of the environment, across the time and space of a person’s lifespan, through the occupations of self-care, productivity and leisure.’ This definition is appropriate as it considers the person as a whole being within context; including aspects of spirituality. A point raised by Unruh et al (2002) in

response to the general lack of clarity regarding the role of occupational therapists in addressing issues of spirituality, is that without a clear definition of spirituality, and a clear approach to issues of spirituality within occupational therapy, the potential for client-harm exists. This is especially the case when therapists' spirituality or spiritual expression differs from their clients'. It is therefore suggested that acknowledging spirituality's *influence* on one's occupational identity, rather than spirituality itself, should be an area of focus when attempting to understand the individual's healing journey. This shift in focus re-establishes occupation at the core of therapy, allows for spiritual expression and minimizes the potential for harm whilst promoting client-centred practice.

One of the ways Lucky rebuilt/reshaped her occupational identity was through feeding a small flock/gathering of birds in her garden. The birds had become accustomed to this and could be found in her garden every morning. Feeding the birds was meaningful to Lucky as through doing this she felt she was nurturing her relationship with God. For Lucky, feeding the birds was a means of praising God, and expressing gratitude for her blessings through caring for His creatures; thereby providing a means for spiritual expression.

Unruh, Versnel and Kerr's (2002) definition of occupational identity classifies occupations into three categories, namely; occupations of self-care, productivity and/or leisure. When looking at the example of Lucky feeding the birds, this occupation does not clearly fall into either of the three categories, albeit still providing meaning for her through spiritual expression. Through classification the true meaning of occupation to the person is lost (Hammel, 2009). The nature of occupations is such that the meaning and purpose derived from participation in occupation is subjective to the person and influenced by their contexts. People and their relevant contexts are diverse, and therefore, classification of occupations becomes problematic. Hammel (2009) proposes that categorizing occupations according to the way in which the occupations is *experienced* creates the opportunity for the meaning derived from occupational engagement to be reflected. She offers labels that consider clients' diverse perspectives. These labels are; 'restorative, as ways to connect and contribute, as engagement in doing, and as ways to connect the past and present to a hopeful future.' Adopting Hammel's (2009) perspective,

Lucky feeding the birds is more deeply understood, and the meaning and purpose she derives is preserved.

5.3.3: The potential power of collective occupation.

The potential benefit to understanding violence as a collective occupation has been discussed under the section 'embodied violence'. I wish to continue discussing the concept of 'collective occupation' to explore how doing with others has the potential to enhance and positively influence the healing journeys of those who have been disabled as a result of violence.

Perhaps the best starting point to this discussion is to position the fairly new concept of 'collective occupation' within the scarcity of a 'collective perspective of occupation' in occupational therapy literature (Peralta-Catipon, 2012; Ramugondo & Kronenberg, 2013). Historically, occupational science has focused on occupation within context from the individual's perspective. Dickie et al. (2006: 83) critique this individualism by highlighting that occupations are hardly ever 'individual in nature'. They propose that an interpretation of occupation from only an individual's perspective limits a comprehensive understanding of the transactional relationship between person and context. The above, coupled with occupational therapy's focus on health promoting and 'positive' occupations (Law et al, 1998; Angell, 2012), further limit an understanding of the assigned meaning and purpose of collective occupational engagement.

Ramugondo & Kronenberg's (2013: 8) definition of collective occupation responds to the limitations discussed in the above paragraph in that it offers a definition of collective occupation that acknowledges that these occupations may 'reflect an intention towards social cohesion or dysfunction, and/or advancement of or aversion to a common good.' The ability of collective occupations to perpetuate just and/or oppressive social practices, is further confirmed by Angell (2012), raising a fundamental question: what motivates participation in collective occupation? Ramugondo & Kronenberg (2013) propose that an understanding of the *intent* informing collective occupation is necessary if we are to make

sense of past and present collective occupational engagement. Understanding collective occupational engagement is the first step necessary for developing appropriate occupational therapy responses to engagement in collective occupations that result in dysfunction.

Of specific interest to this study is the impact of collective occupation on the healing journeys of those who have acquired impairment through violence. Peralta-Catipon's, (2012 :14) study investigating how social and cultural contexts influenced identity-formation among individuals of a collectivistic community, finding that 'collective engagement in occupations proved instrumental in alleviating feelings of a conflicted sense of self' – an experience shared by the participants of this study following their disability. Disability has been discussed and understood as a state of being characterized by a loss of 'humanness'. Participants' stories indicate that after acquiring impairment through violence, a collective sense of self was rebuilt when they began engaging in occupations with their families within the home, and later with fellow employees within the workplace. 'A collective sense of self is related to sharing occupation(s) and working together as a part of a group. This brings about a sense of belonging, which in turn enhances quality of life and perceptions of well-being' (Riley, 2011; 64). The opportunity to participate in collective occupations reaffirmed their humanness through re-establishing their sense of connectedness to and/or with others, simultaneously highlighting intent for all parties involved. Understanding the intent behind collective occupation yields a deeper understanding of the person and the complexities of human occupation

The above suggests that occupational therapy services that encourage and/or promote collective occupation have the potential to meet the needs of this client group. Furthermore, through understanding violence as a collective occupation, South Africans can start to unpack the intentionality of violence, shedding light on our understanding of *why* we have adopted violence as a cultural norm.

5.4: The role of spirituality in healing

As discussed in the literature review, spirituality plays a key role in the healing journeys of people who have acquired an impairment by providing them with meaning, stability and positively influencing their ability to cope (Treloar 2002). The internal and external characteristics of those who are regarded as spiritually well as offered by Hawkes (1994) will not be repeated, but one which deserves special mention in regards to this study is 'service to others'.

Participants' relationships with and service to others, including family and friends played central roles in helping the participants of this study come to terms with their disability, alleviate their depression, rebuild their identities and ultimately contribute to the development of others. Both Smiggs and Lucky became supportive of neighbours and/or friends experiencing life challenges. Lucky counselled and supported neighbours who were experiencing family-related problems and/or depression. Smiggs counsels youth that he identifies in his community who are at risk of becoming involved with the operating gangs. For both these participants, the ability to be of service to others in spite of their disability confirmed their value.

Papa is solely responsible for his son when he is at his house. Ensuring that his son is washed, fed and dressed for school in the mornings are tasks that Papa takes great pride in. More specifically, being responsible for the well-being of his son and making a positive impact on his son's life, he is able to fulfil his role as a father and provider, thereby building his self-esteem, supporting the development of a positive self-identity and creating a space for spiritual expression.

Conclusion

This discussion has discussed the discursive nature of healing and has shown that although it is a highly personal experience, healing cannot be achieved by the individual alone. Our experience of the world and process of meaning-making is largely impacted by doing with others within context. Participation in collective occupation has the potential to enhance the healing process for those who have acquired a physical impairment

through violence. The notion of collective occupation also provides a potential tool for further analysis of existing collective occupations such as violence.

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CHAPTER 6: RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

6.1: Recommendations

6.1.1: Recommendations for Occupational Science

Occupational science is defined as ‘the systematic study of the human as an occupational being’ (Clark, Parham, Carlson ... & Zemke, 1991: 300). The current research evidenced the need to further explore collective occupation as a construct that highlights human relations in context as part of understanding the human being in constant interaction with his or her world, with violence an example of collective human occupation. Violence and subsequent healing initiatives are occupations that are widely engaged in across the world. Both violence and healing cannot be fully understood from the subjective view of the person with the impairment or from the perspective of the victims and/or perpetrators of violence alone. Exploring these two concepts as collective occupation(s) will yield a deeper understanding of human action (both the individual and the collective) within context and inform any strategies or approaches to addressing the broad challenges presented by both violence and disability.

6.1.2: Recommendations for Occupational Therapy

Occupational Therapy is defined by the World Federation of Occupational Therapists (WFOT, 2012:53) as ‘a client-centred profession concerned with promoting health and well being through occupation’. Occupational therapists encourage and/or support participation in everyday life through enabling approaches and modification of the environment.

Scope of Practice

It is recommended that occupational therapists increase their scope of practice when developing services for people who have acquired impairment through violence. This study has shown that not only does violence have a debilitating effect on the individual, but also on the broader context. Occupational therapy interventions developed in response to the impairment resulting from violence are therefore only responding to the *symptom* of violence and not addressing violence itself. Such a response is therefore ultimately inefficient in promoting health and well-being. Increasing the scope of practice to include interventions with individuals as part of; families, work-forces, schools, communities and the broader society will encourage a deeper understanding and therefore a more efficient and appropriate occupational therapy response to the corrosive effect of violence.

Client –centred practice

The findings of this study have shown that it is imperative to not only take into account the client's experience, but to make an effort to *understand* his or her experience within context in order to gain an understanding of the client's values, goals and process of meaning-making: all of which will inform therapy goals and choice of intervention strategy. Narratives have the ability to provide the therapist with insight into the influences on the individual's experience of occupation and subsequent occupational engagement patterns within context. Collecting client(s) narratives as a form of assessment is therefore recommended to ensure relevant, appropriate and holistic services in occupational therapy.

6.1.3: Recommendations for further study

The following is recommended for further study;

Exploring violence as an occupation

Further study on violence as both an individual and collective occupation will aid the field of occupational science in developing the understanding of the human as an occupational being within context. Intimate-partner, domestic, structural and community violence are day to day occurrences and experiences for many citizens, particularly in contexts such as South Africa.

In addition, participants of this study did not spontaneously discuss their experience linked to the trauma of violence. Reasons for this have been explored and predominantly attributed to the normalisation of violence in the South African context. Further research that explores participant experiences of violence is needed if we are to understand it as an occupation.

Healing

This study has shed light on the nature of and influences on the healing experience from the perspective of persons who have acquired an impairment through violence. The impact of violence on both the person and context has been discussed. Further questions arise, however, linked to the broader (and metaphorical) 'injury/impairment' and therefore subsequent 'healing' experienced by the context, specifically Post-Apartheid South Africa. This suggests that attempting to understand the process of healing from purely an individual's perspective is not a holistic pursuit. Further studies that explore the journey of healing from both the perspective of the individual and the collective will yield a deeper understanding of the experience and therefore inform occupational therapy strategies that can promote healing and therefore health and well-being.

Moving beyond physical impairment

Physical impairments are one of the many consequences and/or results of violence. Others include cognitive and mental-health difficulties. The role of occupation in the healing journeys of these groups of people warrant further investigation in order to gain an understanding of their experience and therefore healing.

The spiritual nature of healing

The findings of this study show that healing is largely a spiritual process, where connections with others and higher beings/God are sought to confirm the person's sense of worth and re-confirm their value and identity as a human being. It is recommended that further research that explores the role of spirituality (not only religion) within the person's healing journey be explored to better understand the spiritual nature of healing following violence acquired impairment and disability.

The value and meaning of work

The occupational performance area of work played a role in both contributing to the likelihood of the participants engaging in activities that made them susceptible to violence (unemployment) and reintegration into society post-impairment (employment in protective workshops or micro-enterprise ventures). Therefore further research on the role of work in encouraging (or discouraging) participation in violent occupations and promoting and enhancing the healing process will be worthwhile.

6.2: Limitations

Sampling

Maximum variation according to the demographic indicators of; race, gender, and socio-economic status, was not achieved. These indicators aimed to show the far-reaching effects of violence across these key areas of difference. Due to South Africa's Apartheid history, the areas of difference identified are most prominent influences of the person's present-day access to resources and experience of occupation within context. Finding participants who matched these demographic indicators would therefore confirm violence as a key contextual characteristic of Post-apartheid South Africa.

Methods of participant sourcing

It was easier for me to gain willing participants from groups that I had previous contact with through my role as a clinical supervisor. The sites where I supervised students were in low socio-economic areas. The deeply personal nature of the research subject matter requires a level of trust that needs to exist before one would agree to share this experience with another. The fact that I was known in the lower socio-economic sites or areas directly impacted the outcome of all four participants coming from these areas. In the middle and higher socio-economic groups, the lack of interest might be that participants approached felt that they did not know and therefore trust me enough to agree to share a story of such a personal nature. I could have asked the therapists in these contexts to allow me to present the aims of my research to them and/or a group of potential participants and clearly state the requirements for participation. By being transparent about the aims of the study and participation requirements; I would be working to quell any feelings of distrust that exist due to a lack of full knowledge about the aims of the study.

Predominantly male participants

Three of my four participants were male. My struggle to secure female participants was linked again to access. In the literature review it is mentioned that females are mostly victims of intimate-partner violence. The perpetrator of violence might still live with the women and therefore make participation in such a study difficult. Furthermore, the complex socio-emotional dynamics that surround such violence

might make it difficult for women to speak out even in instances where they have required a physical impairment from such violence. It would be worthwhile to conduct further research with female survivors of violence to understand how gender influences both the person's experience of a violent context and the impact of such contexts on their occupational choices and engagement patterns.

6.3: Conclusion

The narrative inquiry methodology used explored the role of occupation and the nature of occupational participation in the healing journeys of men and women who have acquired a physical impairment as a consequence of violence. The methodology allowed for an interpretive process between researcher and participant, yielding stories that represented their experience of violence, disability and healing within their respective contexts. Participants shared their experience of violence and occupational engagement patterns indicating the role participation in these occupations played in their experience of healing. Participants' experiences have shed light on the discursive nature of healing, the impact and influence of violence and violent contexts on personal and societal occupational engagement patterns, the restorative role of occupations within the participants healing journey and the meaning and purpose assigned to them. A key finding was the emergence of collective occupation and its potential to enhance the healing journeys of those who had acquired a physical impairment through violence.

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APPENDIX

A.1. Ethical Approval Letter

A.2. Informed Consent

A.3. Data collection Schedule

A.4. 'Exmanant' questions for Narrative Interviews

A.5. Information letter

University of Cape Town

A.1 ETHICAL APPROVAL LETTER

UNIVERSITY OF CAPE TOWN



Health Sciences Faculty
Human Research Ethics Committee
Room E52-24 Groote Schuur Hospital Old Main Building
Observatory 7925
Telephone [021] 406 6338 • Facsimile [021] 406 6411
e-mail: shuretta.thomas@uct.ac.za

11 November 2011

HREC REF: 529/2011

Ms M Motimele
c/o Dr E Ramugondo
Occupational Therapy
Health & Rehab
OMB

Dear Ms Motimele

PROJECT TITLE: DISABILITY AND VIOLENCE: EXPLORING THE ROLE OF OCCUPATIONS IN THE HEALING PROCESS FOLLOWING DISABILITY ACQUIRED THROUGH VIOLENCE.

Thank you for submitting your study to the Faculty of Health Sciences Human Research Ethics Committee for review.

It is a pleasure to inform you that the HREC has **formally approved** the above-mentioned study.

Approval is granted for one year till the 28 November 2012.

Please submit a progress form, using the standardised Annual Report Form (FHS016), if the study continues beyond the approval period. Please submit a Standard Closure form (FHS010) if the study is completed within the approval period.

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Please quote the HREC. REF in all your correspondence.

Yours sincerely

PROFESSOR M BLOCKMAN
CHAIRPERSON, HSF HUMAN ETHICS
Federal Wide Assurance Number: FWA00001637.

s.thomas

A.2 INFORMED CONSENT FORM



I _____ have read (or have had read to me by _____) the information sheet. I understand what is required of me and I have had all my questions answered. I do not feel forced to take part in this study and I am doing so of my own free will. I know that I can withdraw at any time if I so wish and that it will have no bad consequences for me.

Signed:

Participant

date and place

Researcher

date and place

Witness

date and place

A.3. DATA COLLECTION SCHEDULE

Table 4: Data collection schedule

<u>Meeting:</u>	<u>Steps taken:</u>
First meeting	I introduced myself to the potential participant/s (if we had not met before) and explained the purpose of the study. Information letters were read and translated for participants who were illiterate and/or could not read English. The demands of participation in this study were discussed and informed consent obtained.
Second meeting	Each participant was given a short tutorial regarding the use and safe-keeping of disposable cameras. Participants were given the opportunity to practice photo-taking to ensure comfortability when using the camera. Participants were left with the instruction to take photos of their daily activities.
Third meeting	I met with each participant to collect their cameras and obtain any feedback on their photo-assignment.
Fourth meeting	The first Narrative interview was conducted with each participant accordingly. It was here that the open-ended question "Please tell me what happened to you?" was asked.
Fifth meeting	The second Narrative interview was conducted, this time incorporating the photos. The photo was used as a medium and visual prompt to encourage participants to share their daily occupational engagement patterns, and the meaning and purpose assigned to them.
Sixth meeting	These meetings occurred after the data was analysed and the stories generated. Stories were checked with each participant, allowing for corrections and inclusion of any relevant information not captured in the constructed stories

A.4. 'EXMANANT' QUESTIONS FOR NARRATIVE INTERVIEWS

*Please note that all questions were asked with the utmost sensitivity towards the participants.

Participants were encouraged to share their stories using the open-ended question: *'Please tell me what happened to you?'*

The questions below represent 'exmanant questions' as discussed in the methodology. These questions were formulated whilst familiarizing myself with the subject under investigation and constructing questions that speak to the core of the topic. During the narrative interviews participants shared themes, topics and accounts of events detailing their experience. Once I was familiar with the participants language and style of speaking and expression, I could adapt these questions, thereby making them more relevant to each participant's experience. Even so, specific questions were only asked *if* they did not emerge from the participants narrative, and for relevance and clarification purposes.

Key questions in the interview linked to the research aims and objectives have been identified and grouped into four categories, namely;

- a) Questions and pertaining to the participants disability experience
- b) Questions and pertaining to the participants healing process
- c) Questions pertaining to the occupations captured in photographs
- d) Questions and focused on the role/impact (if any) of the captured occupations on the participants healing process.

Section A: Questions and discussion pertaining to the participant's disability experience

The critical role of the environment cannot be ignored when attempting to understand the disability experience of an individual (Lollar & Crews, 2003). Of special interest in this section is the person's experience of acquiring an impairment and the subsequent impact on their occupational choice, selection, performance and

pattern of occupational engagement. Further interest lies in the participants experience regarding the fit (or lack thereof) between the person (themselves) and the environment in which he/she functions.

1. What is your impairment?
2. How did you acquire it?
3. When did this happen?
4. How did you feel about your injuries? How do you feel about them now?
5. What do you understand by the term disability? What does it mean to you?
6. What did you do in the weeks/months following the violent incident?
7. How is that different from what you do now?
8. What do you think is responsible for the change?
9. What role did your family play?
10. What role did your friends play?
11. Did you receive any professional support? Did you receive treatment from an occupational therapist? if yes, what did this entail?
12. What do you miss doing now that you did before the incident?
13. How do you feel about yourself now? Is this feeling different from before and just after the incident? Why do you think these feelings have changed (if relevant)?
14. What is the one thing you wish you could do now? What is preventing you from doing this?

Section B: Questions and discussion pertaining to the participants healing process

The literature review supports the view that the healing process is highly subjective for each person experiencing this journey. It is therefore important to ascertain how the participant defines healing, and their experience of this process. Of particular interest is if this journey is understood in stages, what these stages are, how they are characterized and the occupations they engaged in during each stage/phase.

1. What do you understand by the term 'healing'?

2. Do you feel you are healed? Yes/No - Please elaborate...
3. If no- what do you think you would need to feel healed?
4. If yes- what makes you say this?
5. Can you identify any stages that you went through after the incident?
6. What did you do during these stages?
7. What stage (if any) do you feel you are in now?

Section C: Questions pertaining to the occupations captured in photographs

Under this section the nature of the questions will have a specific focus on occupational form and occupational performance. Occupational form is defined as 'the objective nature independent of the individual engaged in the occupation and has socio-cultural as well as physical characteristics' (Nelson, 1988: 634). Occupational performance is defined as 'the action elicited, guided, or structured by the pre-existing occupational form' (Nelson, 1988: 634). Occupation is understood through the meaning and purpose (performance) the person derives from performing the occupation within a specific context (form). The rationale for adopting this view of occupation is to minimize the effects of ambiguity this term evokes and gain a deep understanding of what it is the person who has acquired a disability through violence *does*, the subjective *meaning and purpose* attributed and gained from engagement in the occupation, and lastly the impact of the context on occupational engagement.

Occupational form

1. Where do you perform this occupation? (location, environmental surroundings)
2. What are some of the materials you used? Where did you get them? How do you prepare for engagement in this occupation? (materials and/or objects used)
3. With whom did you perform this occupation? Was there anybody watching/helping? (human context)
4. When do you do this occupation? What generally happens before and after you have engaged in this occupation? (temporal context)

Occupational performance

1. How do you feel when you are doing? (mention specific occupation being discussed)
2. What do you enjoy about doing/participating in this occupation?
3. What do you like least about this occupation? Why?
4. Would you like to engage in this occupation more/less? Why?
5. Did you engage in this occupation before acquiring your impairment

Section D: Questions and discussion focused on the role/impact (if any) of the captured occupations on the participants healing process.

This is where the crux of the information obtained in the interview lies. In this section I will be uncovering the participant's awareness of the impact of the occupations they engage in on their feelings of health and well-being.

1. Which activities make you feel good about yourself? Why do you think this is so?
2. Which activities make you feel bad about yourself? Why do you think this is so?
3. Do you see any link between what you do and how you feel about yourself and your surroundings? if yes/no please elaborate...

Responses from interviewer

I will keep my interruptions and input down to a minimum, I will only interject for clarification purposes, or when the participant had veered quite significantly off the topic. Open-ended questions and probing questions will be asked to ensure I have understood what is being said, as well as to encourage the participant to share their thoughts, views and feelings.

A.5. INFORMATION LETTER



Introduction:

My name is Mapheledi Motimele. I am a second year Masters' students in the field of Occupational Therapy at the University of Cape Town (UCT). My research project is titled; Disability and Violence: exploring the role of occupations in the healing journey of people who have acquired a physical impairment through violence.

Purpose of the study

The purpose of this study is to identify and explain the everyday things that people who have been disabled by a violent incident do to help themselves heal. This information will be used to inform the development of appropriate occupational therapy services for people disabled by violence. Ethics Approval has been obtained from the Human Research Ethics Committee of the Faculty of Health Sciences, University of Cape Town (529/2011)

Selection of participants

I am searching for men and women who have acquired a physical disability through a violent incident in their community.

Participation in the study

Agreeing to participate in this study will mean that we meet five times. Meetings will take place at the participants local Association for People with Disabilities (APD)centre.

First meeting (+/- 1hr):

Introductions, explanation of research study and process, sign informed consent forms, set provisional dates for interviews and issuing of disposable cameras.

Second meeting (+/- 1hr):

Short training session on camera use and negotiate a date for camera collection .

Third meeting: (+/- 2 hrs)

First Narrative interview with participant. Interviews will be recorded.. All audio during interviews will be recorded.

Fourth meeting (+/- 2hrs):

The developed and printed photos will be brought to the Second interview. The photos will be used as a medium to foster participants' description of the occupations they engage in, and the meaning and purpose assigned to them.

Fifth meeting (+/- 1.5 hrs):

The researcher will meet with each participant to confirm their interpretation of collected data by reading their stories to them. Any errors or inaccurate account will be corrected.

Final meeting

Participants will be presented with their stories and photos in the form of a journal. This is both to thank them for their time and to leave them with a symbol of their experience and contribution to developing the field of occupational therapy.

There will be no payment in exchange for participation in this study.

What will be required of the participant?

The participants will each be given a disposable camera to take photos of everyday activities that they participate in. Participants will be interviewed regarding their disability experience, healing process and everyday activities that they find meaningful.

Potential risks

Potential risks to the participants include distress when recounting painful memories linked to the violent episode, and any other hardships or discrimination linked to their disability experience. Participants will be referred to and encouraged to access

counselling and psychological services in their community. Debriefing will be done at the end of every session.

Benefits to participation in the study

The benefits to participants in this study include the opportunity to share their story, making meaning from the events and acknowledging their process of healing. This information will empower participants by highlighting the link between what they do and their subjective health and well-being.

Voluntary participation

Participants are under no obligation to participate in the study, and may withdraw at any point if they so wish. There will be no penalties for refusal to participate or withdrawal from the study.

Confidentiality

All data collected from participants will be kept confidential and anonymous. This will be ensured through participants selecting a pseudonym for themselves and blacking out their faces in their photographs. The chosen pseudonyms will be used when referring to the participants of this study. All photos will be kept with the researcher and consent obtained from participants before including them in any publication or public viewing. All data will be stored by the researcher in her home, and will be stored electronically after the conclusion of the study. Participants reserve the right to refuse participation in focus groups on account of maintaining anonymity.

Contacts for further information

Researcher's contact details:

Email: maps.motimele@gmail.com

Cell: 0799651572

Please contact the following people for further information:

Research Supervisor	Research Ethics Committee
Dr. Elelwani Ramugondo : elelwani.ramugondo@uct.ac.za	Contact Person: Ms Lamees Emjedi Room: E52.23 Old Main Building, Groote Schuur Hospital Tel: 021 406 6338 Fax: 021 406 6411

University of Cape Town

