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**NARRATIVE ANALYSIS OF EDUCATORS' ACCOUNTS ABOUT GANG
VIOLENCE OCCURRING AT A HANOVER PARK HIGH SCHOOL
IN THE WESTERN CAPE**

Implications for intervention in the context of Clinical Social Work

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This work has not been previously submitted in whole or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and cited and referenced.

ABSTRACT

Outbreaks of gang violence are sudden unexpected life threatening events that often produce feelings of extreme helplessness and little control over the situation. In the Western Cape and specifically, the Cape Flats, gang violence impacts on community, school, and family life. In January of 2001 a community-based project to provide trauma counselling and support to school learners was implemented in Hanover Park. Emerging from this project was the need to provide a comprehensive trauma intervention for educators. This exploratory study was launched in 2002. Through a researcher designed semi-structured questionnaire the study examined 8 educators' accounts of gang violence occurring at their school in Hanover Park. Narrative analysis was used to explore how these educators explained and coped with traumatic events of gang violence. Transcripts from individual interviews were analysed using two lenses, those of content (content of speech, statements about gang violence and central themes) and form (the underlying pattern or plot structure that shaped the individual narrative). The focus group technique was then used to take general themes emerging across interviews back to respondents. This thematic analysis revealed that the primary stress being experienced by educators is related to the wider social and political contexts of gang violence. These chronic stressors suggest an increased vulnerability in educators to posttraumatic stress disorder. In addition to these findings two types of narratives were identified. In stories of reintegration, memories of traumatic events had been transformed into meaningful experiences that could be integrated into the course of the educators' life. In frozen stories, episodes of gang violence remained a series of traumatic and random events. The effects on coping of these two narratives were explored, as well as sense of coherence and social support. Therapeutic interventions in the context of clinical social work have been outlined and possible connections between narrative construction and other research variables for example, posttraumatic stress disorder have been suggested.

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CHAPTER 1

INTRODUCTION

1.1 Background

On Tuesday, April 15th 2002 at around 9 am, while standing at assembly, a stray bullet from gang crossfire hit a 14 year-old Hanover Park High School student in the head. Thinking she had fainted, a teacher lifted Nuraan off the floor and found himself covered with blood. Just a day earlier severe gang violence had broken out around another school in the Cape Flats area. Describing the violent episode a teacher said: “It was as if we were in Beirut or Jerusalem. There were gangsters on the grounds with pump action guns” (Van der Merwe, 2002).

There are few careers that require as much loyalty and sacrifice as the Education Department expects from educators working in schools on the Cape Flats. These educators are frequently exposed to a level of violence and trauma unfamiliar to most of their colleagues. Educator work-stressors associated with gang violence include:

- Attacks on educators, resulting at times in death (Morell, 2002)
- Truancy and drug use amongst learners, and general disruptions of discipline (Oosterwyk, 2001)
- Apathy and depression in learners due to direct or secondary trauma (Arendse, 2001)
- Drive-by shootings
- Gangsters entering the school grounds
- Vandalism of classrooms and educators’ property
- Death threats from learners
- Hearing of or witnessing the trauma of a learner or colleague

Some of these stressors, such as shooting incidents, attacks from learners and listening to traumatic events of others, may cause educators to experience a traumatic stress response (Isaacs, 2001). As in other traumatic events (Figley, 1986), outbreaks are sudden, unexpected, life-threatening occurrences that often produce feelings of extreme helplessness and little control over the situation. Furthermore the daily threat of gang violence forces educators to face fundamental existential, moral, and psychological issues as it calls into question the continuity of their lives and their life projects.

Since 1994 the Western Cape Education Department (WCED) has introduced measures such as the Safe Schools Programme and Truancy Reductions Project (Oosterwyk, 2002) to alleviate stress amongst educators and learners. Research demonstrates that while some educators working in these areas are coping positively, many are experiencing emotional difficulties and acute stress reactions (Mingo, 1999; Smetherman, 2002). In 2001, a WCED Monitoring and Evaluation survey demonstrated that 61.3% of schools in the Western Cape needed support in the area of educator stress and 9.4.% of schools indicated that it was one of their three most urgent needs (Robbertzee, 2002).

1.2 Rationale

In addition to this background, the need to conduct this research also arose out of a community development project motivated by the principals of schools in Hanover Park. This project emerged in response to the high incidents of gang violence that are currently impacting on the school and the community at large.

In January of 2001, a community project, based on a request from the principals of Hanover Park schools to develop 'trauma rooms' at each of the schools in Hanover Park was coordinated by the ¹Trauma Centre, ²FAMSA and Athlone School Clinic. Each school budgeted to form a 'trauma room' and volunteers were drawn from various pools in the community and trained as lay trauma counsellors. Thereafter, trainees on a voluntary basis, and under the supervision of a professional mental health worker, provide trauma counselling and support to learners. Emerging from this project is a request, from educators, for some kind of trauma intervention for themselves.

1.3 Research Objectives

The aim of this study therefore is to firstly, explore how educators understand the gang violence in their school and how they cope with these events and, secondly, to identify clinical social work interventions for the group studied.

¹The Trauma Centre For Survivors of Violence and Torture is a non-government community service located in Woodstock, Cape Town. The Centre offers trauma debriefing, support groups and individual and group therapy to victims, survivors or witnesses of trauma and violence (and their families).

² FAMSA is a non-governmental organisation located in Cape Town. The organisation offers marital and family counselling, violence-awareness workshops, debriefing, pre-marital counselling and divorce mediation.

1.4 Research Questions

Since this is an explorative qualitative study where the emphasis is to better understand the experience of educators, two research questions have been used to guide the student; firstly - how do educators understand and explain episodes of gang violence? And secondly - how do they cope with these?

1.5 Introduction to Methodology

The methodological approach used to answer the questions outlined above is narrative analysis. The narrative form is a primary way of ordering, structuring and communicating difficult life decisions and trauma (Reissman, 1993). It is suggested that individuals create plot-forms to mediate an otherwise inexplicable life event (Becker, 1997; Reissman, 1993). "Emplotment" (Becker 1997: 27; Neimeyer et al., 1996: 360) is described as a crucial imaginative task of people who face sudden shocking disruption. It is a tool to mediate traumatic disruption and promote self-healing. Exploring the different ways educators choose to put their narrative accounts together - what plot structures are used to make sense of traumatic events of gang violence - would enable the researcher to compare the diverse ways educators experience and cope with these incidents.

The life story approach, as explained by Reissman (1993), was chosen as the method of analysis because it seemed to be suitable for identifying plot-structures and common themes of different first-person accounts of experience. This method explores how respondents construct plots out of 'disorderly' life events and compares plot-structures and common themes across interviews. It takes as its object of investigation the 'life story' itself and follows how the traumatic event evolves through time. Striking features of conversation (such as cues, verbal emphasis, and word repetitions) as well as the subjectivity of the researcher are important elements in selecting and developing plot structures and themes.

Reissman (1993) discusses the constraints of using a life story approach. These constraints lie in the fact that transcription conventions can never be fully specified and, therefore, the construction of plot structures might not be entirely visible. The narrative account provided in the interview is considered to be the 'life story' and the interview material is used much like traditional qualitative analysis. The stories that are encountered are refined until they mingle with the researcher's own story. Typically, excerpts and quotes from interviews rather than entire narrative transcripts are included in the report text. The reader is therefore

continually directed by the researcher's interpretative voice. Critics may point out that the subjectivity of the researcher inevitably tilts the findings in a preconceived direction (Reissman, 1993).

In response to this criticism the researcher has included two phases in the research process. The first stage consists of collecting and analysing the first-person narrative accounts of eight educators working in a Hanover Park high school. In the second phase, a focus group is used to take back the findings to those studied. "Correspondence" (Reissman 1993: 66) or returning work to the individuals who participated in the study increases credibility of findings. It is further noted that reflexivity is an integral part of this research process.

1.6 Reflexivity

Since qualitative research moves away from objective measurements of human experience, the inquiry process is determined by the researcher's ability to use herself as a reflective tool. By taking a position that is a step removed from the research process and becoming one's own stringent critic increases awareness of one's own bias. Typically, this recursive attitude involves actively avoiding the acceptance of one position as more correct than another; instead, the researcher makes use of "curiosity" (Cecchin, 1987) to explore different views and, in so doing, accommodates a multiplicity of views. This reflexive process is recorded in the methodology section and these excerpts describe personal observations of how the researcher's own inner experiences, preconceived notions and outsider status, at times, influenced the research process. Since it is assumed that the researcher is unable to act in completely neutral or non-political ways, it would be important at this point to outline the theoretical notions underlying this study.

1.7 Assumptions

In undertaking the task to explore the above mentioned research questions the researcher makes the following assumptions:

Unlike an isolated violent incident, an episode of gang violence involves community-wide, historical, political and social factors. These factors combine with the violent incident itself to shape the future of the community and the individuals who work and live there (Hiley Young et al., 1994)

The way in which a traumatic event of gang violence is understood is intimately related to how one will cope with post-traumatic stress symptoms and future incidents of gang violence (Reissman, 1993)

Teaching in a community exposed to gang violence creates indigenous expertise in coping with it. The role of the social worker, therefore, is not to teach educators exactly what to do; rather it is to empower them through conversations that recognize and respect their creativity, skills and perceptions (Chambers, 1994)

Educators working in schools exposed to gang violence are called upon to function as containers – to provide empathically attuned responses that calm anxiety – for their learners. If however, educators are unable to cope with their own emotional responses to gang violence, they will not be able to perform this function (Sandenberg et al., 2002)

The intervention process involved in schools exposed to gang violence needs to take into account the time element. One short intervention is not sufficient for addressing gang violence in schools (Sandenberg et al., 2002)

Intervention for educators working in these schools needs to be contextual and work simultaneously on individual, group and community issues (Chambers, 1994).

1.8 Definitions of Terms

Gang violence: any relation, process or condition by which a group violates the physical, social and/or psychological integrity of another person or group (Bulhan, 1985)

Traumatic event: the particular emotional reaction that is experienced in response to an unexpected and harmfully shocking event. The formation of a traumatic reaction is the actual event itself. Different people will respond differently – many will experience some distressing symptoms – including avoidance, intrusion and hyper-vigilance (Isaacs, 2001; Spiers, 2001)

Plot Structure: the underlying story line of the narrative which organises life events and experiences into a coherent ever-evolving life story (Neimeyer et al., 1996; Becker, 1997).

Coping: the specific mechanisms and styles that are used by persons to handle stress and solve problems (Collins et al., 1999). It also has to do with the important task of making

sense of a life-threatening experience and with the internal working through of intense emotions (Van Niekerk, 1998).

Positive coping: attempts to find reasonable, even imaginative ways of dealing with the problems that accompany gang violence. This includes being able to consider the characteristics of the circumstances, sometimes thinking in terms of how not to make things worse (Keefe, 1988)

Clinical social work: A practice speciality of the social work profession. Its purposes are to diagnose and treat bio-psycho-social disability and impairment, including mental and emotional disorders and developmental disabilities; achieve optimal prevention to bio-psycho social dysfunction and to support and enhance bio-psycho-social strengths and functioning (Dorfman, 1998)

Clinical social work interventions include, but are not limited to, assessment and diagnosis, crisis intervention, psychosocial and psycho-educational interventions, and brief and long-term psychotherapies (Dorfman, 1998)

1.9 Significance

On a social work level, this study aims to improve service provision to educators working in schools exposed to gang violence. In particular, it seeks to contribute to the trauma room community project in Hanover Park. The intervention guidelines offered in this report place educators in their community, focus on their understanding of gang violence and use community and group work to facilitate the healing process.

1.10 Structure

This chapter provides a brief review of the topic of this dissertation. It outlines the context and need for the study, as well as the methodological framework, assumptions, significance and structure of the report.

Chapter 2 covers a literature review of related concepts to provide a background to and an understanding of trauma and trauma interventions.

Chapter 3 provides a bridge between gang violence and trauma intervention. This section includes a discussion of the historical, political and local contexts that shape the experience of educators and that provide the rationale for this study.

Chapter 4 describes the methodology used to explore the research questions. A thorough account of the research design, interview schedule and sampling procedures is presented. In addition, the validity and trustworthiness of the research method is discussed.

Chapter 5 provides the findings of the analysis and discusses their significance.

Chapter 6 offers some conclusive thoughts about this research project and guidelines for intervention. The guidelines presented are based on both the findings of the report and clinical social work practice. Finally, reflective thoughts and questions about the study are offered.

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CHAPTER 2

TRAUMA & TRAUMA INTERVENTION

2.1. Introduction

How do individuals respond in the aftermath of a traumatic event? How do they go about understanding what they experience? This literature review addresses these questions and presents an overview of the concept of trauma and trauma intervention. It starts off defining relevant and related terms in order to familiarize the reader with the conceptual framework of this study. This is followed by a description of mediating resources in the trauma process. Sense of coherence and social support are discussed in relation to coping with post-traumatic stress. This chapter closes with an in-depth discussion of the stages of trauma intervention and reports on the different treatment models used for post-traumatic stress and/or post-traumatic stress disorder.

2.2. Trauma

Ochberg (1988: 85) defines trauma as an emotional state of discomfort and stress resulting in memories of an extraordinary catastrophic experience that shattered the individual's sense of invulnerability to harm.

Rycroft (1995: 187) highlights that a trauma is any totally unexpected experience that a person is unable to assimilate.

Ochberg appears to believe that trauma arises when the experience of severe fright leaves us with a memory of momentary self-disintegration, and Rycroft proposes that trauma is caused not by the event itself but from the unassimilated experience of being catastrophically shocked. In other words, trauma can be seen as the unassimilated memory of experiencing shock and confusion – at the deepest level.

2.2.1 Types of Trauma

Recent research into psychological trauma places greater emphasis on the subjective response to the catastrophic event than the severity of the stressor itself (Kaplan & Sadock, 1998). This increased understanding has led to a deeper appreciation of the complexity of trauma and its different forms.

Complex trauma typically refers to a childhood trauma. The complexity lies in that the trauma is generally not accessible to conscious exploration. Further, the unconscious experiencing of trauma often leads to a developmental arrest in the self and subsequent disorganization in the adult personality

Multiple trauma, involves trauma that is ongoing. This can occur in violent communities where traumatic exposure is continuous. In this case there is no one traumatic memory, but rather the individual/group carries a series of traumatic experiences and memories

Secondary (vicarious) trauma includes the experience of witnessing the trauma of another. This can be seen as vicarious trauma and can occur in occupations where people are in constant contact with trauma.

2.2.2 Trauma and Crisis

Trauma is often associated with crisis. Plug et al., (Colley 1995, 11), define crisis as: “A turning point marked by significant progress or deterioration” or “A decision or event with significant psychological meaning to an individual.” Although crisis is in some ways synonymous with trauma, a slight shift in emphasis seems to occur between the two terms. Definitions of crisis accentuate both beneficial and harmful psychological disruptions, whereas trauma emphasizes experiences that cause psychological harm.

2.3 Trauma Process

Research suggests that the immediate psychological reactions both during and after a traumatic incident are predictable, acute general symptomatic consequences, independent of the victim’s character style (Marton, 1988). Parkinson (1997) highlights, however, that the

intensity of symptomatology is generally related to factors such as personality, current life situations, personal history, available support systems, and particular aspects of the incident. This suggests that the trauma often takes on a private significance, with each person experiencing and interpreting it according to his/her own psychic reality (Bollas, 1995). These bio-psycho-social dimensions continuously influence the way in which people perceive the traumatic event, their immediate reactions to it, how they work through it and how well they integrate it into their lives to equip them for future traumas. Following is a description of possible precipitating events and the predictable, acute generalized symptomatic response pattern.

2.3.1 The catastrophic event

The trauma process is precipitated by a stressor/event that is extraordinary, unpredictable, unavoidable, unpreventable and shocking. The level of terror and danger within the traumatic incident is capable of overwhelming any person's normal coping abilities (Isaacs, 2001). Bell (1995: 36) suggests that three types of catastrophic events are found to result in an experience of trauma:

Natural catastrophes such as hurricanes, lightning-induced fires, tornadoes or earthquakes

Accidental catastrophes such as malfunctioning airplanes or vehicles resulting in fatalities

Human-induced catastrophes such as war, assault, rape, robbery, sabotage, hostage-taking, arson or murders.

Ochberg (1988) suggests that for people subjected to human-induced catastrophes, the assault on basic life assumptions or normal expectations is particularly devastating. Modlin (Colley, 1995), however, brings attention to particular aspects of the event rather than the type of catastrophe stating that the degree of *helplessness* and *vulnerability* experienced can strongly influence the devastating onslaught on the individual.

2.3.2 Impact Phase

The impact phase can last from a few seconds to seventy-two hours and involves physical and psychological shock (Isaacs, 2001). Bollas, in his book, "*Cracking Up*", captures the essence of traumatic shock poignantly: It is "that terrifying moment when the grandmother turns into a hungry wolf, when the benign texture of reality mutates into something unimaginable." (1995: 192)

One might say that the immediate impact of the unimaginable suddenly bursting into reality, completely overwhelms the person. For a moment contact with oneself, with everything one knows to be real, is lost. The impact of the shock can lead to a sense of numbness, disorientation, and depersonalisation (Van Niekerk, 1998). The subjective experience of helplessness (Spiers, 2001) and dependency (Isaacs, 2001) are emphasized as central features of the impact phase. It follows that the person may seek reassurance and direction and/or perform automatically during this time (Isaacs, 2001; Flannery, 1994).

2.3.3 Recoil Phase:

In the recoil phase the realization of what has happened begins to emerge and the immediate effects of the trauma and post-traumatic stress response (PTSR) symptoms are experienced (Isaacs, 2001). Emotional expression, self-awareness, memory and behavioural control are regained. Despite the recovery of functioning, however, one's perspective continues to be limited and both adaptive and maladaptive responses are present (Marton, 1988).

Reik (1954) states that shock is the first primal emotion a living creature feels. It is both menacing and primitive and inevitably leads to fear. Catherall (2002: 19) elaborates suggesting that this fear is at the essence of the trauma response and becomes a conditioned response to post-traumatic associations. He describes the fear as: "A fear so immediate and compelling that it bypasses our reasoning processes and takes control of our behaviour. If we are unable to overcome the conditioning, then every reminder of the trauma has the power to trigger the fear and again shut down our reasoning faculties. We learn to live on the edge of a state of safety, constantly on the lookout for threats and our adaptive vigilance becomes an exhausting hypervigilance" (2002: 19).

Perhaps the best explanation of PTSD can be found in the fight or flight concept. This theory suggests that humans are naturally adapted to mobilize for extreme threat. When faced with danger both the body and the mind's emergency response systems are activated to either flee or fight. Heart, lungs and muscles work at top efficiency, as do attention, concentration and memory (Flannery 1994: 7). Mentally too, one moves between two flight/flight states experiencing on the one hand a surge of emotion and images connected to the event, and on the other, emotional numbness and avoidance of stimuli associated with the event (Horowitz, 1997).

Flannery (1994: 7) adds: "It is in this process that personal control, caring attachments to others, and the ability to make sense of life become disrupted." This can be attributed to the notion that recovery from trauma almost always involves giving up a more innocent view of the world (Catherall, 2002), and invariably brings relationships both with oneself and others into view (Marton, 1988). Horowitz (1997), however, highlights that these two mental mechanisms, intrusion and denial, are essential to the phasic pattern of coping with extreme events. It would seem that this process often begins with a feeling of bewilderment and disbelief, accompanied by screaming and crying, and is followed by denial. After this comes intrusion. Denial and intrusion alternate in a process of "rhythmic oscillation" (Freedman, 1983). Sadness and memories alternate with numbness and denial. It is precisely through this alternation that the individual begins to overcome the debilitating fear and accompanying anxiety that characterizes PTSD.

The intrusion and denial symptoms, characteristic of the PTSD, tend to fall within four symptom clusters (Bell, 1995; Isaacs, 2001):

Physiological: sleep disturbance, increased heart rate, hyperventilation, sweats, numbness, muscle contraction, trembling; stomach ulcers, nausea, frequent urination, diarrhoea, skin conditions, upper respiratory tract infections

Behavioural: hypervigilance, social withdrawal, excessive drinking, smoking, drug taking, increased aggression, accident prone, manic increase in activity level, change in sexual interest and alteration in food intake

Cognitive: poor thinking or concentration, flashbacks, upsetting dreams or images, increased negative thinking, violent fantasies, constriction of thinking and excessive preoccupation with the incident

Emotional: reactive depression, fear, anxiety, guilt, helplessness, anger, feeling isolated from other people, overprotective, emotional numbing as well as somatic symptoms.

PTSR generally begins four or five days after the event and tends to last up to about six weeks. Symptoms gradually diminish over this time and are always considered normal reactions to a very terrifying and abnormal life event (Maw, in Isaacs, 2001).

2.3.4 Reintegration Phase

Gradually the traumatic event and its consequences are integrated into awareness. The sense of reality increases. Moods become more stable and the significance of the event is more readily accepted. Eventually the completion of the process of coping with trauma takes place, the person is able to experience self as intact again and live with the memory of the trauma (Flannery, 1994). This can be seen as the readjustment phase when the individual deconstructs and makes meaning out of what has happened and identifies with being a survivor rather than a victim. This phase can last anywhere from three months to two years (Maw, in Isaacs, 2001). It is emphasized that the trauma recovery process characteristic of this stage does not follow a simple linear progression; rather it is oscillating and dialectical in nature. However, a gradual shift from unpredictable danger to reliable safety, from dissociated trauma to acknowledged memory, and from isolation to restored social connection can be recognized (Herman, 1992).

2.4 Coping

Coping is a critical theoretical concept believed to be a mediator for successful adaptation throughout the trauma recovery process (Keefe, 1988). Coping can be understood in terms of specific strategies and styles that can be incorporated by individuals to handle post-traumatic stress and solve trauma-related problems (Collins et al., 1999). It also has to do with the important task of making sense of the traumatic experience and the internal working through of intense emotions (Van Niekerk, 1998). Coping, suggests Collins et al. (1999) involves the dynamic interaction of internal and external resources, perceptions and behaviours to deal with the aftermath of the traumatic event. Consequently, coping is seen as fundamental to the readjustment process following a traumatic event. Ashford (in Colley, 1995) suggests coping mechanisms can be categorized into three different groupings:

Appraisal-focused coping involves altering the meaning of the stressful situation. This may include the use of psychological defence mechanisms and/or social communication and support

Task-focused coping refers to coping by doing something about the stressor itself. In the context of coping with gang violence this would involve all proactive behaviours to address the underlying cause/s of gang violence in the school. Duvenage assumes that this coping strategy is the most effective way of dealing with stress since it “attacks the root of the problem.” (Colley, 1995: 46). However, studies by Compas et al. and Vitaliano et al. (in Collins et al., 1999) found that task-focused coping was most effective in controllable situations and emotion-focused coping was most effective non-controllable situations. These authors suggest that different coping mechanisms can be effectively used at different stages of the trauma process

Emotion-focused coping comprises managing and working through the intense emotional reactions associated with traumatic stress. Cognitive strategies or any other personal skills that increase the stress tolerance of the individual are included in this category.

Keefe (1988) and Collins et al., (1999) bring attention to the fact that all coping responses can be either maladaptive or positive. This suggests that the coping mechanisms described above can be applied toward either the long-term detriment of the person for example a “learned helplessness” (Keefe 1988: 479) or toward healthy adjustment and growth. These include realistic attempts to find reasonable, even creative ways, to deal with trauma-related stress. Accordingly, the mobilisation of coping mechanisms and the accompanying recovery process will be significantly influenced by factors both within people and their environments (Regehr et al., 1999). These factors can be seen as moderators since their presence and nature may either serve as a buffer, or may intensify the impact of the trauma.

2.4.1 Coping and Sense of Coherence (SOC)

Literature emphasizes the significance of SOC and the capacity to mobilize positive coping strategies after a traumatic event (Frakenhoff, 1998, White, 1998). A sense of coherence can be defined as the capacity to connect events and to take various simultaneous perspectives (Stern et al., 1999). SOC has been related to hardiness, locus of

control, resilience, healthy attachments and life satisfaction (Frankenhoff, 1998). Flannery (1994: 28-9) identifies three fundamental components of SOC namely:

A sense of manageability, a belief that we can exercise some reasonable control over our environment and shape it

A sense of continuity that enables one to understand, comprehend and predict the events of one's life with some degree of accuracy

A sense of meaning and purpose in one's life.

When facing the task of making sense of the trauma, a strong pre-existing capacity to integrate the positive and negative aspects of difficult life experiences or SOC is closely linked to appraisal-focused and emotion-focused coping mechanisms (Catherall, 2002; White, 1998). After a traumatic disruption, regaining a sense of coherence involves reworking one's understanding of oneself and the world. This reworking process, suggests Becker (1997: 4), provides a perspective on catastrophic events and recreates a sense of continuity in life.

In studies done among female survivors of concentration camps, SOC was identified as an important moderating variable in regaining and maintaining mental health (Antonovsky, in Frankenhoff, 1998). In addition, White (1998) demonstrates that coherent accounts of childhood experiences are crucial in the development of secure attachment of adulthood. SOC has been found to be important in other areas where the threat of traumatic disruption is present such as children of parents with affective disorder (Beardslee & Focht, 1996); gang warfare (Temple, 1997), terrorist attacks (Shamai, 1998) and caring for a relative diagnosed with serious mental illness (Stern et al., 1999).

Regehr et al. (1999), in a study of 72 female rape survivors, found that women with a pre-existing strong SOC experienced emotional disruption for a period of time immediately following the assault. However, they were able to mobilize adaptive coping mechanisms relatively quickly thereby diminishing the long-term impact of the rape experience. Effective coping was identified by: a) the capacity to reframe the rape as an isolated incident and b) in the fundamental capacity to trust others and feel safe following the assault. In contrast, women who presented disrupted and/or chaotic accounts of their childhood and relationships experienced prolonged distress responses to the rape including post-traumatic stress symptoms and depression. Similarly, these women were

less effective in using support when it was available or felt disappointed that others were unable to meet their overwhelming needs for safety and support.

2.4.2 Coping and social support

Keefe (1988: 476) highlights that the vast repertoire of human responses to stress and the ability to mobilize positive coping strategies are “not merely individual behaviours but are products of social life and culture”. It is suggested that social support and communication can provide mediating variables in the face of traumatic disruption. Social support refers to all meaningful human interactions and includes support from family, friends, community groups as well as professional therapy and counselling. Narrative models of therapy suggest that searching for a coherent account of the traumatic disruption involves social communication and support. Hence significant others, therapeutic groups and communal and social beliefs can assist trauma victims in mobilizing constructive coping mechanisms (White, 1998). This notion is also supported by an empirical study by Thoits (in Colley, 1995). This found that support from significant others can help the survivor of a trauma in three ways: to change the situation, to change the meaning of the situation, or to change the emotional reaction to the situation.

Madela (1991), in a qualitative study to explore the experience of a black community in South Africa exposed to extreme violence in early 1990, discovered that perceived solidarity and participation in communal prayer services served to diminish the long-term impact of the trauma experience. With regard to the influence of social beliefs and communication on the severity of PTSD symptoms, Abu Sada (in Summerfield, 1999) attributes the capacity of Palestinian men to mobilise strength and recover from torture, to both the traditional constructs of manhood, honour and heroism and to the collective struggle for Palestinian self-determination.

In the therapeutic setting, Wood and Roche (2001) illustrate how in a group of women survivors of male violence, the facilitation of mutual support through narrative therapy enabled victims to reframe male violence. Following this reconstruction, a sense of protest arose in the group and led to sustained changes in both the behaviour and identity of female group members.

In addition, studies noted for their positivist empirical support have found that greater social support was associated with lower intrusive and avoidance symptomatology

following a natural catastrophe. A study done by Hough et al., describing the effects of the McDonald's massacre in San Ysidro, California in 1984, demonstrated that women who lacked social support (widowed, separated or divorced) were generally at greater risk of developing PTSD (Colley, 1995).

2.5 Post Traumatic Stress Disorder (PTSD)

Post-traumatic stress (PTS) is considered an adaptive response to the experience of a traumatic event, but it becomes a psychiatric symptom when it persists for a long time (Kaplan & Sadock, 1998). In this situation, the post-traumatic stress response (PTSR) ensues and the person is often unable to process the traumatic event. Such behaviour reflects an adjustment disorder. This does not refer to one instance of overreaction to a traumatic event, but to a behavioural pattern that normally occurs within three months after the event (Carson & Butcher, 1992). Contrary to a 'normal' post-traumatic stress response, adjustment disorder constitutes psychopathology and is a formal diagnostic category in the fourth edition of the Diagnostic Statistical Manual (DSM IV) compiled by the American Psychiatric Association (Kaplan & Sadock, 1998). Although some contemporary researchers regard PTSD as a dissociation disorder (Carson & Butcher, 1992), it is considered to be an *anxiety disorder*. Similar to an adjustment disorder, it also represents disturbed behavioural patterns due to a stressor. However, it differs from an adjustment disorder in that it specifically refers to patterns of psychological and behaviour due to an *uncommon* experience – an experience that lies outside the range of normal life events (Carson & Butcher, 1992, Kaplan & Sadock, 1998). The DSM IV criteria of PTSD are presented below:

DSM-IV DIAGNOSTIC CRITERIA FOR POST-TRAUMATIC STRESS DISORDER

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

- (1) the person experienced, witnessed or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the personal integrity of others
- (2) the person's response involves intense fear, helplessness or horror

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

- (1) recurrent and intrusive distressing recollections of the event including images, thoughts and perceptions
- (2) recurrent distressing dreams of the event
- (3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated)
- (4) intense psychological distress at exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event
- (5) physiological reactivity on exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event

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

- (1) efforts to avoid thoughts, feelings, or conversations associated with the event
- (2) effort to avoid activities, places or people that arouse recollections of the trauma
- (3) inability to recall an important aspect of the trauma
- (4) markedly diminished interest or participation in significant activities
- (5) feeling of detachment or estrangement from others
- (6) restricted range of affect (eg. unable to have loving feelings)
- (7) sense of a foreshortened future (eg does not expect to have a career, marriage, children or a normal lifespan)

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

- (1) difficulty falling or staying asleep
- (2) irritability or bursts of anger
- (3) difficulty concentrating
- (4) hypervigilance
- (5) exaggerated startle response

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

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

Specify if: **Acute:** if duration of symptoms is less than three months
 Chronic: if duration of symptoms is three months or more

Specify if: **Delayed onset:** if onset of symptoms is at least three months after the stressor

2.5.1 Differential Diagnosis

In general, post-traumatic stress disorder can be distinguished from other mental disorders by interviewing the client about previous traumatic experiences and the nature of the current symptoms. While two disorders may exist, it is important to distinguish PTSD from borderline personality, dissociative, depressive, anxiety, substance abuse, pain disorders. Another major consideration is the possibility that the client incurred a head injury during the trauma (Kaplan & Sadock, 1998).

2.6 Trauma Intervention

2.6.1 Introduction

Trauma intervention does not represent fixed steps toward assisting an individual suffering with post-traumatic stress symptoms; rather it is paradoxical in nature, since the process is both predictable and unpredictable, in so far as the eventual outcome is concerned. It would seem that trauma intervention consists of an unfolding of events determined by internal factors, the inherent logic of the trauma recovery process *and* the social worker's interventions. Underpinning the breadth of post-trauma interventions is a

common attempt to reconcile a peculiar dialect between the will to deny what has happened and the will to proclaim the traumatic event. The high level of anxiety evoked in trauma interrupts information processing on every level of human functioning and it is this anxiety that can complicate the healing process. The following discussion explores how mental health workers intervene in the aftermath of a traumatic event. It provides an overview of the different models of trauma intervention and focuses on the role narrative therapy could play in facilitating recovery.

2.6.2 Trauma intervention and characteristics of the worker

When reviewing the literature regarding important attributes of a trauma worker, three qualities were identified. The first is a willing receptiveness and responsiveness to engage the trauma of another in an attempt to facilitate a recovery process and prevent PTSD (Ochberg, 1988, Bollas, 1995). The second is a general theoretical understanding of the trauma process together with an appreciation for the complexity of individual experience (Hiley-Young et al., 1994). The third is a sensitivity to the quality of relationship between the trauma worker and their clients. This includes an awareness of the shifting interpersonal contexts of the relationship, since working with trauma almost always has an indirect but powerful impact on the worker (Herman, 1992: 140). Herman's emphasis reminds one that trauma work is first and foremost an emotional process. Victims do not simply tell the story of the traumatic event; they relive it and in so doing, make an emotional impact on the social worker. Here one notes the transference implications of trauma work - that is, the notion that the traumatic experience is indirectly communicated in the clinical interaction thereby evoking within the social worker similar feelings of terror, shock and PTS symptoms. Perhaps it is this unconscious transaction that leaves the social worker vulnerable to secondary traumatisation and PTSD. Talking these feelings and thoughts out to a supervisor who can respond with useful theoretical insights and emotional support is *fundamental* to ensure normal recovery from what has been heard (Isaacs, 2001).

2.6.3 Rationale and purpose of trauma intervention

Trauma theory assumes that because the trauma process has basic features and phases in common, so too the recovery process follows a common pathway (Herman, 1992).

Trauma interventions therefore follow the logic of this process and generally move through different stages, each of which addresses the characteristic biological, psychological and social components of PTS and/or PTSD.

2.6.4 Stages of trauma intervention

Establishment of safety: In the immediate wake of trauma, the first and foremost task of the social worker is to establish the survivor's safety (Herman 1992: 159). Providing sufficient attention to the immediate practical concerns of the person, such as the need for quiet, rest, contact with loved ones and/or a safety plan for immediate and future protection, allows the worker to join in the trauma process to create both a sense of solidarity with the survivor and the conditions necessary for successful recovery. Isaacs (2001) suggests that establishing safety begins with focusing on bodily integrity i.e. basic health needs, management of PTS symptoms and control of self-destructive behaviours, and gradually moves outward toward control of environment.

The generalization of PTSD and the widespread application of preventative and inclusive intervention models have given rise to considerable debate. These arguments emphasize how important it is for the social worker "to attend to what the people carrying the distress want to signal by it" (Summerfield, 1999: 1454). Setting aside preconceived notions of the survivor's needs and experience will prevent the worker from engaging in either premature or culturally inappropriate exploratory work.

One might describe the therapeutic relationship by saying that the two principles of empowering the survivor and allowing space for uncertainty and individual response, are servants to the intervention process. The empowerment principle during this stage constitutes normalizing symptoms, affirming coping mechanisms, assuring physical safety and building a working alliance that is respectful and trustworthy.

The technical recommendation to treat those affected by the traumatic event in their environment, particularly in the case of a Psychological Debriefing (see 2.2.7), brings attention to the inherent benefits of this approach. Travelling to the client's community allows the social worker to quickly comprehend the particular context in which the trauma was experienced. Further, she will be able to effectively identify resources and adversities in the community, peer-family relationships and living conditions (Bell, 1995). Joining

survivors in their social context enables the worker to link with local support systems and to affirm and strengthen a mutual working alliance.

Remembering and mourning: Bollas (1995: 191) states that when a person is traumatically shocked by an event that ‘never should have happened’, he does not yet know how to think it, since there is ‘something unthinkable about such facts of life’ (1995: 112). Typically, the catastrophic event creates a ‘blank nothing’ (1995: 114) in the self and is often presented to the worker as ‘a dumb fact of a thing done ...’ (1995: 112). As such, Bollas (1995: 112) suggests that trauma creates its own ‘potential space’. Winnicott’s concept of potential space describes an intermediate psychological space between fantasy and reality and links it to the concept of creativity and playing (Ogden, 1990). The traumatic memory, therefore, becomes a potential of psychic elaboration and transformation, if the individual can return to the scene of the ‘fact done’ and imagine it, recreate or play with it, perhaps again and again (Bollas 1995: 112).

Bollas (1995) states that at some point during the traumatic event the person fails to be psychically present. Consequently, the trauma is not automatically processed; rather it is stored in a separate or split off part of the person’s memory. One might say that the post-traumatic stress response symptoms and accompanying anxiety are derived from the “unassimilated” quality of the traumatic memory. It follows from this that deconstructing those fateful moments, thinking about and giving meaning to what happened is the task of this stage.

Remembering and reconstructing the trauma begins with reciting the facts of the event. The social worker’s recurrent noting of these facts, of the fragmentary memories and sensory details, in turn, assists the client in his own imaginative elaboration. Recovering the trauma means bringing the experience into the consulting room and working it through. In so doing the client is able to make sense of his present post-traumatic stress symptoms in light of what has happened. Herman (1993: 183) notes that “the action of telling the story” in the safety of a protected relationship can produce change in the abnormal processing of the event. With this transformation of memory comes relief to many of the major symptoms of PTSD.

During this stage the worker is called on to facilitate the construction of the trauma narrative, clarify distortions, process negative emotions, identify and make sense of the worst traumatic moments and link these to PTS or PTSD symptoms (Foy et al., 2001).

The hard part of this task is to come face to face with the helplessness and horror of the experience and to integrate this disturbing new awareness into one's life. Here one encounters perhaps one of the lasting effects of traumatic exposure: the irrevocable damage to the essential basic trust or 'generative innocence' of every developing person (Bollas, 1995: 200). Grieving this loss is part of the recovery process and enables the victim to discover her 'undestroyed' strengths and use them to their fullest (Herman, 1992: 192). Here the social worker is challenged to normalize and validate grief reactions and explore shattered assumptions and implications for present relationships and life (Foy et al., 2001).

The best way the social worker can facilitate this process is by assuming the role of witness and ally (Spiers, 2001). At the same time, it is suggested that the risk of suicide increases during this stage, hence the worker must assess the type and frequency of trauma reminders and associated reactivity. Further, it is important to enhance coping and tolerance for intrusive symptoms so that the exploratory work remains bearable (Herman, 1992). In the case of psychological debriefings, the social worker is careful to identify and refer members who may benefit from specialized assistance (Van Niekerk, 1998). During this stage the worker acknowledges that the choice to confront the traumatic event lies with the survivor, in so doing she allows herself to be instructed by the survivor's timing (Isaacs, 2001). Clarissa Pinkola Estes (2001: 76) writes eloquently of the importance of working slowly: 'Traumatised persons' she says 'are like persons starved. They cannot eat too much right away.'

Reconnecting with self and ordinary life: Having come to terms with the traumatic event, the survivor faces the task of rebuilding his life in the present and pursuing plans for the future (Isaacs, 2001). Pre-trauma assumptions about the world and others and the belief in personal invulnerability ('it won't happen to me') have been challenged. During this stage the job of finding a new sustaining faith is usually addressed.

Herman (1992) states that in the case of complex or multiple trauma, people often feel like refugees entering a new country. 'They must build a new life within a radically different culture from one they have left behind' (Herman, 1992: 195). In the instance of an isolated and recent event, positive psychosocial adaptation is needed. Both, however, involve a process of re-education, of learning how to be vigilant to dangers that previously may have been too distant to be part of one's worldview. Usually this requires

reviewing one's values, priorities and goals for the future (Spiers, 2001). These goals may include a vision of a more social process of restitution. Here the social worker can offer useful information and contacts with social action groups. Further, she can assist the person in re-establishing connections with his family and community. Interventions at this time aim to further reconcile the survivor with the finiteness of life, and the limitations of the human condition and oneself, and to accept these realities without despair. Herman (1992) suggests that issues of the first stage are often revisited at this time. In so doing, she brings attention to the notion that the loss to the self, as a result of the trauma, is perhaps never fully recovered. The traumatic event and its consequences would seem to reverberate throughout the person's life thus requiring higher levels of integration (Bollas, 1995).

2.7 Models for Trauma Intervention:

Since trauma symptoms implicate information processing on physiological, cognitive and emotional levels, intervention strategies are holistic in their approach and include various levels. The model and level of intervention will depend on the type of trauma, severity of symptoms and the way in which the person and those around him or her are coping. Post-trauma treatment can involve one or more of the following interventions:

Psychological Debriefing (PD): PD is usually an early (e.g. 1-3 days post trauma) preventative and inclusive group intervention that is facilitated by mental health professionals or trained peers. It is a single-session crisis intervention designed to assist participants in understanding their stress affect and to accelerate a normal recovery process (Isaacs, 2001). This is achieved by providing stress education and by promoting emotional processing through the ventilation and normalization of PTSR symptoms. PD is not a standardized intervention - that is, the term debriefing is applied to a variety of similar and dissimilar models designed to fit particular circumstances. Foy et al. (2001: 250) however, suggest that PD usually includes some or all of the following:

- an introduction to the rationale and methods of PD to group members
- explanation of confidentiality
- time to describe the traumatic event and discuss initial reactions
- time for describing emotional responses to the experience
- discussion of the recognition, normalization, and management of symptoms

- discussion of implementing knowledge and coping strategies
- identification of internal and external sources of support.

PD protocols, in general, do not accommodate complex ongoing traumatic stress that is either the result of pre-trauma pathology or the social conditions surrounding the event (Hiley-Young & Gerrity, 1994).

Trauma counselling: The trauma-counselling model is a short-term preventative and inclusive psychotherapeutic intervention. The main components include telling and retelling of the story, the normalization of the symptoms, addressing survivor guilt or self-blame, encouraging mastery and coping, and finally to facilitate the creation of meaning of the event and its reintegration into the client's belief system. An eclectic approach is adopted where cognitive therapy, family therapy, play therapy for children, exposure therapy or supportive counselling can be incorporated into the counselling framework. The focus of counselling is adapted to suit the individual needs of the client so as to maximise psychological recovery.

Eye movement desensitisation and reprocessing: This is an intervention based on the theory that there is a physiological component to traumatic reactions where a part of the brain becomes over-excited and freezes the trauma in its original form, complete with emotion, image and negative self-assessment. The theory is that a series of rapid eye movements allows the frozen material to be unfrozen and unassimilated, easing the post-traumatic stress disorder symptoms as they cease to be necessary. The trained therapist directing a series of rapid eye movements enables the client to confront the incident and to replace negative thoughts with positive ones (Spiers, 2001).

Medical intervention: A large number of studies have confirmed that traumatized individuals respond to specific reminders of the trauma as well as to intense, but neutral stimuli, such as a loud noise with significant conditioned autonomic reactions such as increased heart rate and blood pressure (Van der Kolk, 1994). It is proposed that these neuronal changes have a negative effect on learning, stimulus discrimination and emotional processing. These psycho-physiological symptoms can inhibit the normal recovery following severe and overwhelming stress and lead to PTSD. In such cases medical intervention to reduce autonomic arousal at different levels of the nervous system can relieve hyperarousal, intrusive reliving, numbing and dissociation thereby allow suffers to begin to achieve a sense of safety and perspective.

Psychoanalysis: Psychoanalytic therapy is a long-term intervention that deals in essence with the unconscious experiencing of trauma. It is a specialized form of therapy that is facilitated by trained professionals and is based on a thorough theoretical understanding of unconscious communication of trauma (Bollas, 1995). This form of intervention is useful in cases of complex trauma where traumatic events have become repressed and find expression in repeated pathological behaviour and chronic PTSD.

Narrative Therapy: It is suggested that narrative therapy might play an important role in facilitating post trauma recovery. These models have their conceptual underpinnings in social construction theory. In this paradigm it is assumed that meaning and action are interwoven - that is, the way people make sense of a problem is intimately related to what they do about it. New meanings or understandings about the 'problem' are generated from interactions with others (White, 1998). Thus the theory bypasses the fixity of the behavioural-cognitive paradigm, claiming instead that the development of new thoughts is a fluid process, socially derived (Hoffman, 1990).

Problems arise when narratives no longer reflect an individual's life story (White, 1998). Similar to an idea in trauma theory (Bollas 1995: 114), Gustafson (in Neimeyer & Stewart 1996: 361) notes that problematic periods in life are characterised by gaps in an individual's life story. Polkinghorne (1982) maintains that in such instances narratives 'decompose' or 'disintegrate' because they become unable to emplot and unify new or forgotten phenomena. This threat to the narrative wholeness of the self-concept results in anxiety as the person is unable to make sense of some event in the world (Neimeyer & Stewart, 1996). Since so much of the trauma recovery process is about retelling the traumatic event and finding ways to integrate it into the course of one's life and self-identity, it is suggested that narrative therapeutic techniques can play an important role in the healing process.

Neimeyer and Stewart (1996) in an extended case study of a 42 year-old man who was experiencing a cluster of personal, occupational and relationship problems following a violent and traumatic assault, demonstrate the applicability of narrative techniques in the treatment of PTSD. Writing exercises recalling fragmentary memories and sensory details of the trauma were employed to reconstitute a more coherent narrative of the incident. In addition a 'biographical grid' to identify his broader life narrative, of which the traumatic event was a part, was used to recover a more optimistic primary narrative

and character sketch. This process involved not only recapturing the thematic structure of simpler times but also included grieving over 'loss of innocence about life' and in finding compensation for this loss through an appreciation of an enlarged capacity to 'be empathic with other who are hurting or crazy' (1996: 373). In so doing, a more elaborate life story that could accommodate the traumatic experience was developed and used to reconstruct his self-identity. The value of this case study is that it provides useful tools to facilitate the recovery process outlined in this literature review. In addition, it is noted that the collaborative therapeutic relationship fundamental to narrative therapy is in keeping with trauma intervention principles. Furthermore, Neimeyer and Stewart (1996) bring attention to other means of self-expression, such as the use of writing, biographical grid design, diagrams, drawing, music and other art work. These can be used to help the person bring the traumatic event out into the forum of therapy.

Social worker Michael White (Carr, 1998: 488-9) provides a more detailed overview of the Narrative Therapy Model.

Practice 1. Position Collaboratively

- Adopt a collaborative co-authoring consultative position
- Be open about the therapeutic context, intentions and values
- Privilege client's language
- Privilege listening over questioning
- Be vigilant for opportunities to open up space for new liberating stories

Practice 2. Externalise the problem

- Help clients see themselves as separate from their problems through externalising the problem
- Join with clients in fighting the externalised problem

Practice 3. Excavate Unique Outcomes

- Help clients pinpoint times in their lives when they were not oppressed by finding unique outcomes

- Help clients describe these preferred valued experiences

Practice 4. Thicken the New Plot

- Ask landscape of action and identity questions to thicken the description of the unique outcome
- Landscape of action on which questions focus
- Events
- Sequences
- Time
- Plot
- Landscape of consciousness on which questions focus
- Meaning
- Effects
- Evaluation
- Justification

Practice 5. Link to the past and extend to the future

- Link the unique outcome to past events
- Extend the story into the future
- Form an alternative and preferred self-narrative in which the self is viewed as more powerful than the problem

Practice 6. Invite outsider witness groups

- Invite significant members of the person's social network to witness the new self-narrative as the outsider witness group

Practice 7. Use remembering practices and incorporation

- Reconnect clients with internal representation of supportive and significant members of their families and networks

Practice 8. Use literary means

Use literary means to document and celebrate new knowledge and practices

- Certificates and awards
- News releases
- Personal declarations and letters of reference

Practice 9. Facilitate bringing-it-back practices

- Invite clients to make written account of new knowledge and practices for future clients with similar problems
- Arrange for new clients to meet with clients who have solved similar problems in therapy.

2.8 Resolution of trauma:

One might say that the hallmark of the intervention process for PTS and PTSD is the gradual emergence of a sense of control and mastery in clients, and the integration of profound personal experiences (Ochberg, 1988, Herman, 1992). The progressive psychic change in response to the trauma workers' intervention constitutes the healing aspect of the process. While it is suggested that the course of recovery is highly idiosyncratic, never final or complete, Herman states it follows a general recognizable pattern (Herman, 1992). Hence the worker should recognize a reduction of PTS symptoms and indication that the traumatic event has been integrated into the life of the client. This, states Herman (1992: 119) can be noted by the following criteria:

- Physiological symptoms of PTSR have been brought within manageable limits
- The person is able to bear the feelings associated with the traumatic memory
- The memory of the traumatic event is a coherent narrative linked with feeling
- The person has authority over his memories: he can elect both to remember the event and to put the memory aside

- The person's damaged self-esteem is restored
- The person's important relationships are re-established
- The person has reconstructed a coherent system of meaning and belief that encompasses the story of the trauma.

2.9 Summary

There are two indications that trauma intervention is needed for a person. The first is the occurrence of a traumatic event. These events inevitably contain the more profound moments of our lives. Moments in which something happens that never should happen. Moments in which a person's normal coping capacities are overwhelmed resulting in an experience of catastrophic shock. The second indication is an unfolding of events that are determined by both internal factors and the predictable trauma response symptoms. These disturbing reactions reflect both the will to deny the event and the will to remember and respond to what has happened. Bollas (1995) explains the inherent paradox of trauma: Reality, as opposed to fantasy or imagination, ceases to support us in safety and does us harm. The devastating impact on a person's basic trust of the world and of others, as a result of this realization, is perhaps the most tragic and irrevocable consequence of traumatic exposure. Intervention, therefore, involves re-establishing a sense of trust and faith in the survivor. This includes a comprehension of the variation in trauma responses among people who have been traumatised. Research demonstrates that there is an association between an individual's post-traumatic stress response to a catastrophe and one's sense of coherence and social support network.

With regard to trauma intervention it is suggested that a common understanding of the trauma process, rather than the particular intervention strategy used, unites all professional healing efforts. With regard to trauma intervention the following three points need to be emphasized:

1. It is assumed that the trauma recovery process follows a predictable and general pattern - it is important therefore that interventions follow the logic of this process
2. A professional relationship oriented toward empowering the survivor and allowing space for uncertainty and individual response is assumed to be fundamental to resolution

2. It has been suggested that narrative theory and therapy can play an important role in facilitating recovery.

The next chapter addresses the context of the study in which the traumatic events occur. It provides an overview of the interplay of social, cultural and political factors impacting on the experience of the educators involved in this study.

University of Cape Town

CHAPTER 3

GANG VIOLENCE AND TRAUMA INTERVENTION

3.1 Introduction

This chapter provides brief background knowledge about the interplay of political, socio-economic and cultural forces operating in the schools of Hanover Park. It allows the reader to get inside gang violence and see how educators are implicated. In so doing, it provides the reader with an understanding of where gang violence on the Cape Flats fits into the trauma process and coping. Further, this chapter addresses the gap between standardised trauma interventions such as the psychological debriefing model and the unique, indigenous and community-based stressors facing educators in Hanover Park. It briefly discusses the efficacy of the psychological debriefing model and argues that the concept of gang violence in Hanover Park schools needs to be approached from a contextual and multi-determined perspective.

3.2. Context of Gang violence

Gang violence in the ³Cape Flats has a social history. One may say that it is part of a narrative in the sense that gang violence is not only about one particular group's experience. It is also very much about social networks, social situations and different social perceptions. Gang violence in the Cape Flats has a social history. To begin with, it is noted that violence is a compelling and pervasive problem in South Africa and is perhaps, one of the most obvious manifestations of historical oppression and inequality. While the change in the socio-political context in South Africa has brought substantive change in the lives of millions, South Africa remains one of the most violent countries in the world. A survey conducted by the South African Institute for Race Relations (1997) found that South Africa had a reported murder rate of about 45 per 100 000 people compared with the international average of 5.5 per 100 000, an assault rate of 840 per 100 000 people compared with the international average of 142 per 100 000 people (Mingo, 1999). In 1998, the country's first national victim survey found that the main incidents of crime occurred in the home and that the victims knew their attackers. Half of all sexual offences and 30 percent of assaults took place in respondents' homes. "Domestic violence is a factory for the culture of violence in our

³ Cape Flats is a term used to describe the flat marshy tract of land situated approximately 15km south-east of Cape Town. (For reference see map of area in Appendix A)

crime occurred in the home and that the victims knew their attackers. Half of all sexual offences and 30 percent of assaults took place in respondents' homes. "Domestic violence is a factory for the culture of violence in our society." the report said (Marais, 2001: 197). One rural Limpopo hospital recorded treating the victims of 786 rape and sexual offences in 2002. Of these, 287 were children under the age of 10. These figures represent 15% of the estimated actual rate (Kirby, 2002).

3.2.1 Unemployment, poverty and Aids

Associated with this violence are high levels of unemployment, poverty and the HIV/Aids endemic. South Africa's rate of poverty (a measurement of the extent of absolute poverty) is 45 per cent which translates into 3 126 000 households, or more than 18 million citizens living below the poverty line (pegged at a monthly income of R353) (Marais, 2001). In South Africa, 20.1 percent of adults are infected with HIV. With a total of five million infected people, South Africa has become the country with the largest number of people living with HIV/Aids. The South African Department of Health has estimated that last year 2,65 million women and 2,09 million men between the ages of 15 and 49 were living with HIV. An estimated 83 581 babies had become infected with HIV through mother-to-child transmission, but prevalence rates appear to be levelling off (Clarke, 2002). In the greater Cape Town area, unemployment stands at 70% while more than 300 000 families are waiting for homes. Coupled with this is the alternative economy, which is founded on a R700 million-a-year drug industry (Mingo, 1999).

3.2.2 Crime and gang violence

Given these statistics, it is no surprise that forms of property crime increased in the 1990's among them common robbery, residential burglaries (266 817 cases reported in 1998 which was 17 percent higher than 1994) (Marais, 2001). Violence often accompanies ostensible property crimes, as shown in the rise in armed robberies (53 percent per 100 000 people in 1998) and vehicle hijackings. In 1998, 188 out of a 100 000 South Africans were victims of armed robbery (the 1997 ratio was 51) (Marais, 2001).

Gang violence can be defined as any relation, process or condition by which a group violates the physical, social and/or psychological integrity of another person or group (Bulhan, 1985). Typically, a gang is identified when a group of people who 'hang around' together become aware of themselves as a definite group. As a result they give themselves a group name and

use group force to get what they want (Pinnock, 1980). Gang related crimes are not classified as such in the crime intelligence system hence identifying precise statistics of gang related violent crime is difficult. Criminologists estimate that between 40 percent and 60 percent of serious violent crime in the Cape Peninsula is directly attributable to gang activity. There are an estimated 100 000 gang members in 137 gangs. Gangs are also responsible for a large proportion of house and car break-ins, the fencing of stolen goods and theft from warehouses (Merten, 2002). In many depressed communities circuits of illegal accumulation have become integral to social and economic reproduction. Marais notes, for example, how in areas of the Cape Flats, thousands of gangs serve as alternative family forms (2001: 196). Gang violence therefore can be seen as part of the broader social patterns, it is not only about one particular individual or group's experience; it is also about social networks, social situations and social interactions, as such it is a form of structural violence. Consequently historical, political and social factors combine with each incident of gang violence and shape the future of the community and individuals that work and live there (Pinnock, 1980).

3.2.3 Gang violence on the Cape Flats

While a culture of violence is firmly entrenched in many parts of the world when a nation becomes severely polluted by violence, the corrosive effects penetrate all layers of society, damaging community and family life (Bulhan, 1985). Nowhere is this more real than in the South African context where violence was institutionalised and legitimised by the apartheid government. This corrosive process is noted in the lasting effects of the Group Areas Act on the extended family unit.

The aim of this law was to force groups of people to live in separate areas from each other according to their races or skin colour. Consequently, cities and towns in South Africa were torn apart along racial lines. In Cape Town, people were forced out of their homes in District Six and along the foot of the mountain from Newlands to Plumstead. Goodwood was declared a white group area, and working class people from Richmond Estate and the Acres were suddenly made illegal residents (Pinnock, 1980). Many of them relocated to 'coloured' group areas and/or moved into one of the many Cape Flats housing schemes. These settlements were laid out by the City Council and generally comprise large tenement blocks of semi-detached flats, containing six families and small dwellings for nuclear families.

The forced removal from tight-knit communities to areas far away from jobs and recreational activities had a devastating social and economical effect on families. In Cape Town, as in

other cities, more women were being employed in industry because they were considered cheap labour. The result was that children were being left at home unattended. Many parents became demoralised because of the long hours of work required to make ends meet. To cope, some turned to drugs and alcohol, which put added strain on the community safety nets. The consequence was that children were left to fend for themselves in an 'adult-less' community (Pinnock, 1980). With no one to turn to, the youth turned to each other and gangs replaced the extended family as the support network for children and youth. As the social fabric of the Cape Flats communities broke down, gangsterism flourished, gained prominence and became a part of life. Merten (2002) notes that while gangs may terrorise their communities with drive-by shootings, rape, intimidation and murder of residents, they have also to a large extent replaced local council authority and filled the vacuum left by the lack of jobs, social services and recreational facilities. "They organise everything from cash for school uniforms, a free taxi ride to hospital, rent money and soccer tournaments" (Merten, 2002: 196). By 1991, when the Group Areas act was repealed, some 80 000 people belonged to 130 gangs on the Cape Flats (Marais 2001: 196)

3.2.4 Gang violence and trauma

Don Pinnock (1984), a criminologist and gang researcher, highlights that the key elements of Cape gangsterism are money, violence and secret rituals. As noted, gangs have sinister and violent relationships with their communities (Scharf, 1983). On the one hand, the community is the prey - the victims who live in the crossfire and whose children are raped, assaulted or recruited. On the other hand, hundreds of thousands of people are involved in the underworld economy – from brothels, shebeens, stolen goods and the drug trade, to money laundering industries such as taxis and tow trucks.

As a result, residents and those who work in these communities, live in fear. Parents fear that if their teenagers do not join the gangs they will be raped or killed (Pinnock, 1984); children fear to go outside because of gang cross-fire (Bramford, 2001); residents fear sleeping in their beds at night because of stray bullets (Mingo, 1999) and educators fear talking out against gang violence because of threats from gangsters (Mingo, 1999).

These incidents of violence and fear clearly represent catastrophic and shocking events that are unpredictable, unavoidable and life-threatening. Gang violence can be viewed, therefore, as a human-induced catastrophe, similar to war and terrorism. Living or working in such

close proximity to gang-rape, murder or violent assault can, and does, invoke multiple trauma.

3.3 Gang violence and Coping

Bulhan (1985), states that when people are continually exposed to violence, their coping skills are diminished and they are unable to meet personal needs and to adequately respond to external stimuli and social demands. Parkinson (1997) adds by stating that when exposure to violence and trauma is ongoing, ie. when the individual moves from one traumatic event to another over a relatively short period, the effect can be cumulative. Coping mechanisms aimed at managing reactions can reach breaking point. This point, he notes, can take weeks, months, or years to develop and those concerned find that they gradually become isolated and depressed and that their feelings are numbed, or that they become angry, aggressive or violent. Whatever reactions result from continuous or intermittent exposure to trauma, the quality of life and ability to cope of the individual or group may be seriously impaired and result in PTSD (Parkinson, 1997).

Shamai (1995) suggests that when a community lives with the ongoing threat of violence - whether in the form of terrorist attacks or gang violence - the *uncertainty* evoked becomes a stressor. Uncertainty is defined by Breznitz (in Shamai, 1995), as a situation in which the degree of confidence that something would happen is equal to the confidence that it would not happen. Such uncertainty includes two elements that have an impact on the level of stress: first is the probability that the threat will occur, and the second is the length of the uncertainty period. The longer the uncertainty period, the greater the level of stress. Thus there is a high probability that people living or working for a long time under conditions of uncertainty will be affected by these stressors. This calls for the need to deal with the ongoing stress by using various personal, group and communal coping resources.

One might say that gang violence gives rise to additional stressors and problems above and beyond PTS responses such as substance abuse, domestic abuse, unemployment as well as apathy and learned helplessness (Van Niekerk, 1998). In such situations, notes British Psychiatrist Dr Mark Nathan, mental trauma becomes so great that it is difficult to distinguish classic symptoms from a situation where people have simply reached the end of their tether (Marais 2001: 197).

3.3.1 Coping and Educators

Kobasa, cited in Shamai (1995), emphasises the difference between the coping abilities of people in general and of those who choose a helping profession for a career in particular. Kobasa indicates challenge, commitment and control are mediating variables in creating personal hardiness as a source of coping. These variables appear to be more developed in people choosing to work in helping professions. Parkinson (1997) in a similar review suggests that it is the training and experience of helping professionals that influence coping abilities. Both provide the person with a strong sense of their own abilities and expertise and will to some extent influence their attitude toward traumatic exposure and recovery. At the same time, it is noted that in the case of helping professionals the threat of cumulative stress is heightened since the educator must cope with both personal stress and learners' stress (Shamai, 1995).

3.4 Institutional Context

Historically and politically, the education system reflected the racial policies and broader national policy of 'apartheid'. Therefore, schooling as a practice and schools and institutions could have a lingering association with violence (Morell, 2002).

In this respect, Bulhan (1985) contends that structural violence imposes a pattern of relations and practices that are deeply engrained in, and dominate everyday living. Educators, like any other group, are therefore socialised into it as victims or perpetrators, and in the absence of fundamental social change, they play out their ascribed roles. Typically, in a culture of violence, power, dominance and physical force is used to solve problems. Hence violence in schools comes in different forms and impacts on educators, learners, parents and the schools themselves. The collapse of the extended family unit and gang violence has forced educators to cope with coming primary caretakers (Pinnock, 1980). During the political struggle schools on the Cape Flats, were used extensively as locations from which action for social change was launched (Pinnock, 1980). One may say that during this time many of the educators in these communities gave up their basic role of maintaining societal status quo that guaranteed civil order.

3.5 Political Context and Educational Policy

Since 1994 and the inception of the democratically elected government, policy has been implemented to reconstruct the education system with the aim of empowering people "to

participate effectively in all the processes of a democratic society, economic activity, cultural expression and community life”, and to assist citizens to build a nation free of race, gender and every other form of discrimination (Department of Education, 1995: 17). Given this commitment to democracy, an overhaul of curriculum was imperative. Funding this new curriculum plan left provinces with less money to spend on educators and led to the widespread retrenchments of teachers (Duffy, 1997).

Curriculum 2005 (Outcomes Based Education, or OBE) is a curriculum that expects more of teachers. It involves new school subjects (called learning areas), new content, and new teaching and learning methodologies (Macfarlane, 2001). One of the aims of OBE is to restructure the education system of the past and to introduce a new way of thinking about how learners acquire knowledge and develop skills. This means the educators need to revise and/or replace old teaching skills with new skills that can facilitate the learning outcome desired. The role of the teacher will be to facilitate students in the learning process. In this way, it has been suggested that teaching is being deskilled (Bell, 2001). Hay (et al., 2001) notes that teachers are the key role-players in determining the quality of implementation of OBE. The impact of the government education policy change on teachers has been controversial. From an education point of view it has been criticised for being implemented with little consultation with teachers at a grass roots level. The jargon used in the framework is noted for being confusing and disempowering of teachers; further, the framework is criticised for being overly prescriptive (Bell, 2001). Reports of internal conflicts, as well as destructive and dictatorial management styles in the national department have seriously inhibited effective teacher development programmes (Macfarlane, 2001). Nevertheless in January 2001, teachers were faced with implementing curriculum 2005 in its original form in Grades Four and Eight and in Grades Five, Seven and Nine in 2002, while simultaneously preparing to implement the streamlined curriculum from 2004 (Macfarlane, 2001).

Other major changes made were the introduction of the South Africans School Act and policies to tackle different types of school violence. Corporal punishment was outlawed. Sexual harassment (by teachers of students) is prohibited and the law makes offenders liable for criminal prosecution. Morell (2002) notes, however, that schools remain violent places. Policy and law have not eradicated corporal punishment or sexual harassment. Attacks on teachers and learners, resulting at times in death, are not uncommon (Niehaus, in Morell, 2002). Oosterwyk (2002) highlights that truancy and drug abuse are two of the toughest problems educators have to deal with and they contribute greatly to the general disruptions of

discipline at many high schools. In addition, research findings of a study conducted by the University of Cape Town's Department of Psychiatry demonstrates that more than 90% of Western Cape high school pupils show signs of depression because they have either witnessed or been a victim of violence (Arendse, 2001). A research survey monitoring occupational stress in 138 high school principals working in rural and urban areas of Cape Town, demonstrated that deteriorating discipline is the biggest cause of stress (Smetherman 2002). The survey, which was carried out by a Bellville High School principal, and completed in May 2002 found that because of work pressure:

- 21 percent of the principals were depressed
- 35 percent said they needed medication to keep going
- 52 percent said their health was deteriorating
- 52 percent reported that their family relationships were suffering (Smetherman, 2002).

In light of this situation, the Western Cape Education Department implemented initiatives such as the Safer School Programme, the Truancy Reductions Project (Oosterwyk, 2002) and the Mentorship and Curatorship Programme (Smetherman, 2002).

3.6 Community Context

Referred to as "Die Parky" by local residents, Hanover Park lies between Vanguard Drive, Lansdowne Road, Jan Smuts Drive and Turfall Road (*see appendices A and B*). The settlement came into being with the passing of the Group Areas Act. Laid out by the City Council and named after a street in District Six, the community could be considered a relatively well-resourced area with three community centres, a swimming pool, library and day hospital. However, statistics reveal that this high-density residential area holds a struggling and economically depressed community - in a population of an estimated 29, 646 people, 2945 are registered as unemployed and approximately 45 percent of these unemployed are under the age of 21. Those that are employed receive a low income, and alcohol and drug abuse is rife. Teachers at the seven primary and two high schools report that most learners experience learning problems (2001, Child Welfare Community Report).

The 3126 flats house close to 60 percent of the population. These overcrowded conditions give rise to many of the social problems in the area (2001, Child Welfare Community Report). The few trees near the local hospital are known as "the jungle" because they are the only trees around and the six-year battle for a local police station is on everyone's mind. To

get to the nearest police station, residents must travel between eight and 15 km and even then, note residents, there is no guarantee that police will not alert gangsters of their visit (Merten, 2002).

Since December 2001, an average of eight people have died in gang-related violence every month in Hanover Park. There are six gangs: The Americans face an almost united front from the Taliban (Aka Laughing Boys), Ghetto Kids, School Boys, Fancy Boys and Mongrels (Merten, 2002). During gang wars the local hospital workers report being threatened and harassed by gangsters to save their friends lives and/or have to deal with gangsters chasing rivals into trauma units to 'finish them off' (Bramford, 2001). Following the rise in gang violence, the army has been called in since February 2001, to patrol the streets of Hanover Park (Johns et al., 2001).

3.7 School Context

The high school used in this study is located in Hanover Park approximately 15 km north of Cape Town. Historically labelled a 'coloured school', this school, like many others on the Cape Flats during the apartheid years, was used extensively as a location from which action for social change was launched (Pinnock, 1980). One may say that during this time many of the educators at the school gave up their basic role of maintaining the status quo that guaranteed civil order. Since 1994, however, socio-political changes have been rapid. The teaching staff, for example, because of national budget cutbacks, has been reduced from 40 to 32, while the population of learners has increased from 800 to 1088. The school is situated in close proximity to a cluster of flats and consequently, is exposed to high levels of gang violence including drive-by shootings, gangsters entering school grounds, drinking, drug abuse, vandalism and bullying on school grounds. While the Safer School Project initiatives such as fencing off the school buildings have helped to control some of the above-mentioned problems, the school grounds and the sense of open space have been lost. Further, the frequent sight of an army tank patrolling the school grounds adds to the oppressive feeling. This, together with having to work in a closed and limited space, implies that teachers are faced with the task of "crowd control" and containing restlessness in learners. (See Appendix C).

3.8 Trauma intervention context

3.8.1 Trauma Room Community Project

With the increase of rival gang fights, the targeting of schools by gangsters and parental unemployment, educators began to report increasing concern for learners' psychological wellbeing, personal safety and security. Several reports described learners who were experiencing nightmares, withdrawal from interpersonal relationships, feelings of distrust, hyperactivity, violent outbursts, stress and irritability (Benjamin, 2000). In response to this need, the principals of Hanover Park's nine schools approached the Trauma Centre, FAMSA, Athlone School Clinic and the Safe Schools Project with the idea to develop trauma rooms at each of the schools. The broad aims of the project are to increase the capacity and develop resources within the community to manage traumatic crisis situations and to begin a dialogue within the community about trauma and its effects and causes.

In the first school term of 2001, the implementation of the project began. Trauma rooms were set up in accordance with the specific needs of each school. A comprehensive training module including basic counselling training, debriefing and input around burn out and secondary (or vicarious trauma), for suitable candidates from the community, was into practice. At present the project is growing steadily and continues to gain support from the community. Each school has two to three lay counsellors attached to the trauma room. In addition, counsellors have begun to develop referral network sand resources for themselves. Professional mental health workers are acting more as consultants than counsellors. This research study was carried in the context of this project and in response to requests from educators.

3.8.2 Psychological Debriefing (PD) and Educators

It would seem that the most suitable trauma intervention for educators who have been exposed to gang-violent incidents is PD (see 2.2.7). Reports however, from mental health workers facilitating PD with educators, suggest that they are neither effective in reducing stressful symptoms nor in enhancing positive coping. One clinical social worker from the Trauma Centre relayed how difficult it is to keep the group focused on the particular event at hand. "Teachers," she says, "refer to earlier incidents and the level of trauma experienced in the group is overwhelming" (Reckson, 2002).

Recent research also indicates that the efficacy of PD to prevent trauma-related psychopathology is uncertain. While a 1995 study evaluating the efficacy of the South African Police Service PD demonstrated a positive causal link between PD and the reduction of post-traumatic symptoms (Colley, 1995), a more recent study of Australian fire fighters showed no definite link (Regehr et al., 2000). Other relatively current and comprehensive reviews of PD highlight that PD efficacy-research is plagued by methodological problems, the first of which is the lack of standardisation across PD interventions (Foy et al., 2001). Inconsistencies are found in method, timing, duration, trauma type, recipients and facilitator training (Foy et al., 2001). Bisson et al., however, concluded that “overall, the impact of early PD was neutral when all the identified studies were considered collectively.”

In another review of the value and limitations of PD, Hiley-Young et al. (1994), highlight that, while the PD model can be useful in response to a catastrophic incident (such as shootings and on-the-job accidents), it is not successful in community-wide disasters (such as gang violence). Typically these disasters involve the political, cultural and economic past of an affected community. Historical factors, they suggest, converge with the disaster itself and shape the future of the community and the individuals who live there. In addition to the stress of trauma exposure and the initial losses incurred (eg. the loss of loved ones, friends or property), the stress response of a survivor may be influenced by resulting problems with unemployment, financial resources, substance abuse, marital and family discord, or mental health problems, as well as disaster-related organisational politics involving safety, rebuilding and relocating (Hiley-Young et al., 1994).

This assertion draws attention to the complexity involved in developing an effective trauma intervention for educators working in Hanover park schools. It highlights the discrepancies between standardised trauma interventions such as psychological debriefings, and the context of educators working in Hanover Park. How does the trauma worker, for example, establish safety and trust with educators when the reality of their situation is dangerous? How does one normalise this situation? Can one collude with an abnormal situation? How does one facilitate the creation of meaning and support when social services and school resources are inadequate? Or when it seems clear that some of the real issues are not going to change since the national education system is most likely going to be overburdened for a long time. And when the problems with which learners at the school are related to wider problems in the community.

3.8.3 Present social policy and trauma intervention

It is suggested that a trauma intervention for educators be developed within the developmental welfare system laid out by the government (Coughlan, 2000). This approach argues for the diversity and complexity of social situations and local technology (Chambers, 1994). It insists that social work interventions respond to the most important social development needs articulated and where the solution is presented in the form of the employment of *inter alia*, indigenous workers and volunteers (Coughlan, 2000). Respect for diversity and full collaboration with community members are fundamental to developmental welfare. While the present study is a narrative analysis and not a developmental research project, it does aim, however, to begin a dialogue with educators and generate knowledge that can benefit the school trauma room community project in Hanover Park.

3.9 Summary

It is assumed that people use social, political and cultural contexts to make sense of gang violence. An overview of these contexts enables the reader to understand both the role of educators in a school on the Cape Flats, and the wider social and political contexts of which they are a part. This chapter has also served to highlight the idea that educators are continually developing their own understandings and social technology to cope with gang violence. These indigenous coping skills are based on practical experience and ongoing interaction with colleagues. Building intervention strategies based on these perceptions and skills and not on standardised models of trauma intervention such as PD, is a fundamental aspect of the South African welfare system. The tension between clinical social work theory and the social constructivist paradigm that informs the development approach and narrative, is discussed in the following chapter. This chapter will also address the research methodology and design.

CHAPTER 4

RESEARCH METHODOLOGY AND DESIGN

4.1 Introduction

Polkinghorne (1982: 10) suggests that underpinning the plurality of social research theories and methodologies is an “attitude about knowledge”. This attitude or stance is deeply rooted in a particular system of inquiry that incorporates philosophical, ideological, psychological and ethical concerns. It follows, therefore, that knowing the “recipe” (Polkinghorne, 1982: 12) for carrying out a research design is not much use without a coherent, professional mindset that incorporates how we understand and acquire knowledge. The purpose of this chapter is to describe in full the research design used to generate knowledge about the experience of educators working at a high school in Hanover Park. It will focus on some of the limitations of using the life story approach and will highlight the suitability of this method within the field of traumatic disruption. Finally issues relating to the validity and “trustworthiness” (Reissman, 1993: 68) of the present study are discussed.

4.2 Methodological approach

As in any stressful situation ‘facts’ are almost always colored by different experiences of the event. Variations in experience would seem to be based on individual history, values and political opinions. It follows, therefore, that in order to better understand educators, it is crucial to focus on their individual experiences of gang-violent incidents at their school. Narrative theory assumes that people make sense of experience by putting it into narrative form and this is particularly true of traumatic life events (Reissman, 1993; Becker, 1997; White, 1998). This story-making process is highly idiosyncratic and reflects the notion that the way things are seen and perceived are certainly related to how one copes and interacts with them. Narrative, therefore, is a way of understanding experience. In other words, people live stories and in the telling of these stories, reaffirm them, modify them, and create new ones (Reissman, 1993; Clandinin et al., 2000). “Stories lived and told educate the self and others, including the young and those researchers who are new to their communities” (Clandinin et al., 2000: xxvi).

Narrative analysis is a qualitative technique that challenges traditional ethnographies and the positivist assumption that language and first person accounts of events reflect singular descriptions of reality (Reissman, 1993). In contrast, this paradigm assumes that respondents' stories do not mirror a world "out there"; rather, they are creatively authored interpretations of reality. Narrative research, therefore, focuses on examining multiple interpretations or stories of reality. It suggests that no one truth exists - rather multiple views of reality exist and these stories continually change as people interact and communicate with each other. Hence the intention of this approach is to create a context in which multiple viewpoints or stories can be heard, in so doing broadening our knowledge of gang violence, traumatic disruption and coping. It follows from this that narrative analysis offers methodological tools to both open up different stories about gang violence and to explore how story influences action (Reissman, 1993). Since the aim of this project is to examine how educators at schools exposed to gang violence understand and cope with these events, this approach is particularly appropriate.

4.2.1 Clinical Social Work and Narrative

Throughout the project the researcher has been aware of the tension between the bio-psycho-social medical model that informs clinical social work theory and the narrative approach. The model used in the theoretical framework of this study emphasizes post-traumatic stress disorder (PTSD) as a 'real entity' with a biological base. This discourse has informed the researcher as to what constitutes a traumatic event and the methods used to identify and treat psychological trauma. One might say that the present report gives privilege to this particular interpretative strategy since it explains the relevance of trauma intervention for educators working in gang-violent schools.

The narrative approach however, does not privilege any one particular interpretative strategy; rather, it assumes that theory is story (Polkinghorne, 1982). Primacy is given to the direct experience of social phenomena and to how individuals or groups interpret experience for themselves. While the researcher has found the use of story and experiential learning particularly helpful, she is not ready to give up non-narrative theories. In her view the abstract concepts offered in the trauma literature provide as powerful a means of communicating the experience of traumatic violence as do the stories of 'lived' experience. Instead the researcher agrees with Focht and Beardslee's (1996) conclusion that theory must

find a way of holding medical and narrative models in tension. It is argued that the theoretical concepts offered by Bollas (1995) and Herman (1992) do not force premature closure - rather they open up a narrative process and bring meaning to the experience of educators.

4.2.2 Attitude

Staying true to these principles means that the researcher adopts an attitude of openness to not-knowing and of seeking to learn without a presumption of knowing (Sandenberg et al., 2002). The researcher seeks to maintain a reflexive stance that is one step removed from the research, and in so doing, becomes more aware of how her own relationship to the data influences the inquiry process (Hoffman, 1990). This conceptual tool enhances the capacity to explore mental strategies the researcher could be using to exclude all data that fails to coincide with her viewpoint. Attention is given to the social context or 'grand narratives' (Clandinin et al., 2000: 29) of respondents, and how the role of gender, religion and culture contribute to their stories. In addition, the researcher enters the community as a person responsible for her intrusion. She reflects on the ethical implications of this intrusion and takes into account that respondents may react differently in a research project than in real life.

Finally, the researcher acknowledges that the analysis includes the results of the interaction between the respondents' perspective and the researcher's perspective - not as separate entities in which the researcher is expected to be completely objective and neutral. This includes the understanding that causes and outcomes cannot be perceived as being in a linear relationship, but are circular in reciprocally determining each other. This allows the researcher to observe and analyze the research process as a changing story in which each participant both contributes to and is affected (Cecchin, 1989; Clandinin et al., 2000).

4.2.3 Ethical concerns

While narrative analysis assumes a more collaborative and transparent approach than traditional research, the narrative researcher is still in a position to use knowledge gained from respondents for her own purposes. It is, therefore, important to be aware of potential abuse of power and to conduct ethically informed research (McNiff et al., 2002). The

important aspects considered in this project included safeguarding the following basic rights of respondents (Mouton, 2001):

The right to privacy (including the right to refuse to participate in the research):

In order to effect change in the lives of educators it would seem important to bring an awareness of their experience to the principal of the school (Chambers, 1994). Negotiating access and motivating his support was a gradual process that involved meeting with him a few times, discussing and providing him with a written proposal of this study. In addition to this, ensuring respondents' right to withdraw from the research at anytime was also explained before conducting the individual interviews.

The right to confidentiality and anonymity:

In discussions with the principal, the researcher undertook to maintain the anonymity of educators from the principal and the director of the trauma room project. Further, promising confidentiality of identity and of information to educators before interviews, was important. Before each interview began the researcher discussed in depth the purpose of the research and undertook to safeguard their anonymity. In addition, the researcher obtained permission to tape the interview and to use excerpts from the transcriptions.

The right not to be harmed in any manner:

Further consideration was given to the nature of the research questions and the traumatic impact they could have on respondents. In response to this concern, the researcher remained alert to the emotional impact the interview was having on each educator and when indicated, responded therapeutically.

The right to full disclosure about the research:

The researcher found it politically important to take work back to the respondents who participated in the study. This "correspondence", (Reissman, 1993: 66) was done in a focus-group format with a co-facilitator and with the prior consent and support of educators. Given the commitment to confidentiality, the researcher used this group to give feedback on the general themes that emerged from the data and did not refer to individual stories. In addition to this the researcher also undertook to keep

the principal and director of the trauma room project informed throughout the research process.

4.3. Research Design

4.3.1 Dimensions

This narrative research study is an **exploratory** one with the purpose of increasing understanding and generating context-bound knowledge that can be applied to a particular problem in social work practice (Mouton & Marais, 1990, Rubin & Babbie, 1993).

4.3.2 Research Questions

Narrative analysis moves away from causal or linear explanation for behaviour and focuses instead on the complexity of human interaction and the idea that stories are never static or complete (Reissman, 1993). For this reason the use of hypothesis is not applicable to the research process; rather broad research questions (Neumann, 1997) are used to guide the inquiry process.

- *How do educators understand and explain episodes of gang violence?*
- *How do they cope with these?*

4.3.3 Gaining Access

Access into a high school in Hanover Park was gained through the researcher's work at the Trauma Centre, and her consequent contact with the director of the 'trauma room' project in schools in Hanover Park. The director was instrumental in facilitating a meeting with the school principal, who is also the director's father. Acquiring his permission and participation in the project was fundamental. Given the director's close relationship with the principal, and the possibility that her involvement in the project would inhibit educators, it was decided that the researcher would approach teachers independently. It was decided, in consultation with educators, that interview sessions would take place when learners were writing exams.

4.3.4 Reactivity

Entering the school community and conducting interviews was a challenging process because educators were at first suspicious of the researcher who was a complete stranger to them. It was also clear that the school was under-staffed and educators were overworked, and so reluctant to give up their free time. Consequently, the researcher used the first two days of the exam-writing period to get acquainted with educators in the staff room. Initially, the researcher felt uncertain about how to approach the educator group, whose race and culture differed from hers. However, it was these differences that seemed to enable her to create a special dialogue. This dialogue involved one of “acceptable incompetence” (Neuman, 1997) or a complete curiosity, on the part of the researcher, to understand educators’ experience in the school. In this way, the researcher seemed to be accepted as a non-threatening person who needed to be “taught” about working at a school exposed to gang violence. As the week of interviewing passed, the researcher was repeatedly moved and impressed by the degree to which educators could bring caring, trust and resourcefulness, into the task of coping with life-threatening events.

Setting up a group meeting to conduct the feedback focus group was difficult. Firstly, three months had passed since conducting the individual interviews and secondly, the researcher was returning to the school with a co-facilitator. The role of the co-facilitator, as discussed below, was to co-facilitate the “correspondence” focus group with educators. Again setting up a time for the session was challenging because of competing demands on the educators’ work time. On two occasions we arrived at the school to find that not all the educators had been informed about the session. On both occasions the researcher and co-facilitator spent the allocated time in the staff room, getting re-acquainted with the teaching staff available. The third appointment was successful in that six of the original eight respondents arrived to the group session.

4.3.5 Participants

All participants were drawn from the teaching sector of the high school and were from the racial group historically labeled coloured. The sample for the individual interviews was composed of eight educators. During individual interviews, eight stories were collected from these educators, (four male and four female). Their average age was 31 years, with a range of

23-45. The period of employment in the school and simultaneous exposure to gang violence had been on average 8 years and 6 months with a range of 6 months to 20 years. The focus group to take general findings back to those studied was attended by 6 members from this sample group.

4.3.6 Sampling Methods

Since this is an exploratory study with a qualitative stance, sampling procedures do not require the strict control as within the quantitative research approach (Neuman, 1997). Thus participants were drawn from the teacher population of 32 using a convenience sampling method, namely voluntary participation. Interviews were conducted at the school during learner exam writing and ran for approximately an hour. Appropriate consent was obtained from all participants prior to tape recording the interview. Aside from one, all participants lived outside Hanover Park and drove to the school each day.

4.4 Instrumentation and Data Collection

4.4.1 Individual interviews:

Narrative accounts were collected through a researcher-designed semi-structured interview centered around a general line of inquiry called Relative Influence Questioning (White, 1988) Participants were asked about the influence of gang violence in their life and relationships and their influence in the life of gang violence. The original interview schedule was first pilot tested on two educators working in another high school on the Cape Flats. The feedback from these respondents suggested that questions were too “round about”, and “broad”. The questionnaire was revised before further use

4.4.2 Individual Interview Schedule:

The following questions were posed in the interviews.

- *Can you tell me about particular incidents of gang violence that have happened while you have been teaching at this school?*
- *How did you feel?*
- *What did you do?*

- *In retrospect, what else do you think should have been done?*
- *What helped the most, the least and why?*
- *Are you better equipped to deal with similar situations now?*

It is noted that the researcher did not always use this order of questions and in cases (n=3) where post-traumatic stress response symptoms emerged, she assumed the role of social worker and intervened therapeutically. In these instances, additional questions to aid the retelling and reframing of the traumatic event and prompts to normalise and encourage feelings of mastery were used. These encounters highlighted for the researcher the multiple roles she held during the inquiry and how difficult it is, under the pressure of social interaction, to maintain a reflexive poise. In other instances, data that was not directly connected to the questions emerged, for example, broader social-political factors impacting on respondents' teaching experience as well as early childhood experiences and significant role modes were referred to. In these interactions the researcher, followed the guidelines of Ginsberg (Reissman, 1993) and did little to interfere in the creation of the narrative.

4.4.3 Focus Group

Reissman (1993) suggests that it is always useful to take feedback to the individuals who participated in a narrative study. "It is important that we find out what participants think of our work, and their responses can often be a source of theoretical insight. Returning our interpretations to their home community is politically important" (1993: 66). Hence the researcher chose to bring the general themes emerging from the interviews to respondents for comment. The focus group technique is identified as useful for exploring and acknowledging people's experience, beliefs and feelings, furthermore it ensures that perceptions and opinions are not formed in isolation to their environment (De Vos, 1998).

In as much as these characteristics would distinguish the focus group method as an ideal instrument for this correspondence process, De Vos highlights that focus groups comprised of colleagues "present special difficulties" (1993: 66). The familiarity, she suggests, can make managing underlying psychological dynamics and maintaining focus difficult. In addition to this concern the researcher was acutely aware of her own over-identification with the anger and disillusionment of many, and had begun to experience a growing sense of despair, not only at the gang violence in the school, but at the department's seeming indifference to the

effect this is having on educators. It was therefore suggested that a co-facilitator, who had no links to the project, could assist the researcher in maintaining a reflexive stance. The co-facilitator's contribution to the feedback group was significant in that firstly she engaged the group in a reflective process in which themes were further elaborated and new stories of gang violent incidents told. Secondly the co-facilitator brought to the researcher's attention the tremendous need of educators to tell their story and the creative way in which these respondents interacted as a group.

4.4.4 Recording Data

Narrative inquiry emphasizes that the researcher uses herself as a reflective research tool and makes extensive use of field notes to record observations and inferences. The following tools were included in the present study:

Direct observation notes recording what was seen and heard, were written soon after leaving the school grounds

Inference notes interpreting interview interactions, themes, important actions and words were recorded immediately after each interview

Personal notes of the researcher's feelings, emotional reaction and direct intuitive experience were recorded after each interview

Audio Recordings of each interview were made

Photographs of the surroundings from within the school grounds records in a visual way the impact of local contexts on educators

Maps of the Cape Flats area as well as the Hanover Park community provide a graphic record of the resources in the area and the close proximity of the school to gang violence.

4.5. Data Analysis

After transcribing the verbatim recording of the eight interviews, transcripts and field notes were analyzed using two “lenses” (Hoffman 1990: 1), those of content (i.e. words spoken and recorded) and form (i.e. underlying pattern or plot structure that shaped the narrative).

4.5.1 Key Concepts and Categories

Analyzing content involved scanning the data for common themes and creating color-coded categories for:

- perceived nature of gang violence
- evolution of gang violence in the school setting
- consequences of the gang violence
- coping strategies
- important phrases, metaphors, images
- other core themes and beliefs (Reissman, 1993).

4.5.2 Identifying plot structures

Identifying plot structures was more complex since it required getting a sense of the overall structure, coherence and direction of the interview. Here the researcher focused on three sources of data:

- recorded field-notes of non-verbal behaviour
- verbal behaviour (i.e. what and how educators spoke)
- and her own subjective responses (Reissman, 1993).

This analytic process had a “back and forthing quality” (Clandinin et.al., 2000: 167) to it and involved listening repeatedly to the audio recording of each educator’s story and re-reading field- notes. During the analytic procedure, the researcher moved between losing herself in the associations, identifications, images and sensations invoked by the listening and referring back to the literature review. Gradually patterns and plot structures began to emerge.

Since little information is provided in narrative literature on how to identify a plot structure, the researcher drew from the work of Chessick (1989) - *'The Technique and Practice of Listening in Intensive Psychotherapy'* to design the following questions to guide her:

- *In these narratives of gang violence who, acting on what motives and feelings, does what to whom? And what are the consequences for the individuals concerned?*
- *Are there other significant themes and issues in this life story that are not adequately encompassed by this plot-structure?*
- *Have I (the researcher) said or done anything, during the course of this interview and/or analysis, to influence the formation of this plot-structure?*

4.5.3 Levels of Data Analysis

Reismann (1993) describes every act of reading as interpretative following a sequence of increasing levels of analysis: (i) describing, (ii) interpreting, (iii) comparing and (iv) explaining. Therefore different but equally valid interpretations are possible in this kind of analysis. Cecchin (1987) highlights that developing meaningful connections requires an orientation toward pattern, as opposed to an orientation toward discrete entities. This orientation allows the researcher to move away from seeking the "best description and/or explanation" (Cecchin 1987: 407) for the research questions. Instead, she generates a kind of curiosity about how all the educators, narratives and plot structures fit together. In undertaking this task, the researcher found it useful to reflect on the following questions (Cecchin, 1987):

- *How is it that these particular stories are similar?*
- *How is it that these particular stories are different?*
- *Why are these stories of gang violence told at this particular time?*
- *What stories of gang violence were provided at earlier points of the narrative?*
- *What stories of gang violence might be constructed in the future?*
- *How do these stories fit in with the researcher story?*

4.5.4 Possible Relationships

Narrative structures are best seen as qualities on a continuum rather than discrete categories, since they are not fixed, complete or without contradiction. They reflect tendencies rather than absolutes (Stern et al., 1999). Yet White (1998) suggests some discourses within the narrative become more dominant, and it is those dominant discourses that guide action, and through which experience is most often interpreted. Hence possible relationships between a *traumatic-event* of gang violence, *plot structure* and *coping* as expressed in narrative accounts, was explored.

4.6. Validity and trustworthiness

Validation has to do with people agreeing that the information reported is believable, and requires that one provides supporting evidence to demonstrate that the knowledge claims are an improvement over previous understanding. In traditional quantitative research, validity is judged in terms of whether the experiment can be replicated and generalized to other situations

(Mc Niff, 2002). Qualitative research, however, places value on the capacity of the researcher to explore her bias and accommodate a multiplicity of views. Hence the trustworthiness of our interpretations is the key issue and not the scientific results that can at any time be contradicted. Reissman, (1993: 68) states: “Trustworthiness not truth” is the semantic difference: The latter assumes an objective reality where as the former focuses on the process of social communication.” Given this, Reissman argues that validating narrative research “cannot be reduced to a set of formal rules or standardized technical procedures” (Reissman 1993: 68). Following this the researcher chose to use the procedures described below to ensure that the information produced in this report is a trustworthy representation of educators’ experience of gang violence in their school.

4.6.1 Correspondence

“Correspondence”(Reissman 1993: 66) refers to the process of taking results back to those studied. Lincoln and Guba, cited in Reissman (1993), state that if the investigator’s reconstructions are recognisable as adequate representations, credibility is increased. It has been noted that the general themes across interviews were taken back to respondents for validation and for further discussion. In reflection on this group discussion, the researcher noted that while many of the comments did serve to validate the data analysis, educators also

used the group to tell about more recent events of gang violence. Both the co-facilitator and researcher responded to these accounts therapeutically and so doing contributed to the interpretation of these incidents. This circular interpretative process highlights how human stories are not static and that meanings of experiences can change as consciousness changes.

4.6.2 Triangulation

Scrutinizing data from multiple perspectives in order to reach a reasonable agreement that the situation is as one claims, is a helpful form of triangulation and validation. Mc Niff (2002: 105) suggests that it is important to invite colleagues to look at one's work and give honest feedback about the "claim to knowledge".

Throughout the inquiry the researcher involved a consultant at the Trauma Centre in Cape Town. Prior to meeting with this consultant the researcher provided a brief report of the research process thus far. His feedback, advice and criticism enriched the research discourse and also assisted as a debriefing for the researcher. In this way he contributed as a "critical friend" (McNiff, 2002: 105) and his comments served to validate the growing theoretical insights emerging from this research project.

In a similar way, a clinical psychologist working for Community Health Services, assisted in providing affirmation and clarification to the researcher's work, in particular with regard to general themes emerging from interviews. This person assisted as a co-facilitator in the focus group and her experience as a researcher and personal history of growing up on the Cape Flats brought a different perspective to the research process.

4.6.3 Self-validation

"Self-validation" (McNiff, 2002: 104) is used to refer to a mode of self-relating as well as relating to respondents in which the values of respect for others and the need to see each point of view as worthy are reflected upon. Becoming one's own stringent critic requires both courage in the face of ambiguity, and the faith that the research process will take its own course if we restrain ourselves from trying to direct it.

4.7 Summary

This research design is based on the notion that "experience is the stories people live" (Clandinin et al. 2000: xxvi). This is to say people restore order and continuity in their lives by creating narratives or plots from catastrophes. These plot structures are formed out of

experience and beliefs and invariably influence the way we perceive and cope with difficult life events. Using this theoretical framework, the researcher analyzed the plot-structures used by educators to organize the traumatic disruptions of gang violence in their school. Through analyzing and comparing common themes and plot structures the researcher considered how individual interpretations or stories of these events influenced coping behaviours.

Further, it has been noted in this chapter, how important it is to return the findings of one's study to the group studied. While this "correspondence" (Reissman, 1993) is a way of validating findings and empowering respondents, the researcher observed how 'new' accounts of gang violence were presented in the focus group. In contributing to this discussion, the researcher and co-facilitator seemed to affect interpretation processes. In so doing the circular and changing nature of stories was emphasized and the validity of "correspondence" questioned. The next chapter discusses the research findings and discussion of results.

CHAPTER 5

RESEARCH FINDINGS AND DISCUSSION

5.1. Introduction

This study explored educators' accounts about gang violence occurring in their school and it examined how educators explain and cope with traumatic events. In this chapter general themes across interviews and different types of narrative plot-structures are presented. The researcher emphasizes that in presenting these findings she uses narrative and trauma theories to make sense of the data gathered. In so doing, she reinterprets educators' stories of gang violence and offers one of many possible ways of understanding their accounts.

5.2 Thematic analysis

This analysis first focused on identifying common themes across interviews and categorized them as follows:

5.2.1 Explanations of gang violence

Each respondent explained gang violence in terms of wider socio-political and historical contexts. Unemployment, poverty and apathy in the community as well as changes in school policies, and inadequate social services were cited as contributing to the problem of gang violence. These external stressors were generally viewed as impinging on educators' experience in the classroom. Having to deal with the sense of apathy and helplessness in learners was prominent. Educators explained this theme stating they first had to motivate learners before they could begin to teach. Emerging from this point was the feeling of having to assume multiple roles such as 'motivator' 'parent' 'psychologist' and/or 'doctor'. This would seem to support Pinnock's (1980) notion that the collapse of the extended family unit and rise in gang violence has forced educators to assume the roles of primary caretakers.

For older educators, the sight of army tanks patrolling the school area was particularly stressful since it reminded them of the school boycotts under apartheid. Generally, army and police interventions were explained as aggravating the problem of violence in the area and adding to educators' distress.

It is suggested that the primary stress being experienced by educators in general, is related to these chronic external stressors rather than post-traumatic stress symptoms (Van Niekerk, 1998). Furthermore, the threat of cumulative stress (Parkinson, 1997) and the threat of reactivating past post-traumatic stress symptoms (Hiley-Young et al, 1994) appears to be evident. These stressors suggest an increased vulnerability to PTSD (Kaplan & Sadock, 1998).

5.2.2 Evolution of gang violence in the school

Concerns about the level of aggression in learners, especially regarding how to deal with this behaviour without corporal punishment, as well fears of retaliation from learners were common. The general experience of educators was that a “new kind of learner”, exhibiting violence toward educators, is emerging in the school. It would seem the threat of trauma now exists within the school in terms of potential violence from learners. One may say that the level of uncertainty of a traumatic event occurring is increased by this factor (Shamai, 1995). As noted earlier, such uncertainty includes two elements that have an impact on stress levels: first is the probability that the threat will occur, and the second is the length of the uncertainty period. The length of the uncertainty period increases the stress. Furthermore, one can say that the need to use corporal punishment to restore order reflects the past socio-political context of apartheid and supports Morell’s (2002) assertion that a culture of violence remains entrenched in South African schools.

At the same time, however, it is suggested, that changes in school policies regarding violence affirm the narrative notion that stories are constantly changing (Reissman, 1993). It would seem that institutional violence is being renegotiated by post-apartheid social-political changes and this is influencing the interaction between educator and learner.

5.2.3 Consequences of gang violence

Issues relating to the future were prominent. Discussions of future dreams generally included:

- The fear of not coping with the nature of aggression in learners

- The fear about not coping with the demand from the Education Department to produce Model C results
- The fear that the situation will not really change.

There was a sense of educators living in a day-to-day fashion and that thinking too much about the future at the school was overwhelming. These accounts were associated with ambivalent and mixed feelings toward the education department and towards school policy changes and the Outcome Based Educational framework. This theme seems to threaten educators' sense of continuity and, consequently, their capacity to mobilise positive coping mechanisms (Flannery, 1994).

5.2.4 Coping mechanisms

Coping mechanisms across interviews seemed to vary; however, a common theme appeared in all the interviews: the belief that educators could make a positive difference in the life of at least one learner. In addition to this, the majority of educators expressed the belief that learners and/or gang members are first and foremost children. These beliefs appear to increase educators' sense of being able to exercise some reasonable control over learners' development. One might say that they provide an important sense of meaning and manageability to educators and thereby serve to enhance positive coping strategies (Frankenhoff, 1998).

5.2.5 Other core themes

A core theme across interviews included difficulty finding common ground with colleagues in other schools as well as getting support in their school, from the staff-group-as-a-whole. Political differences and union memberships were cited as contributing to the strain on interpersonal relationships at school. The feeling of distrust between subgroups within the teaching staff appears to heighten feelings of isolation and loneliness for many. It is suggested that this breakdown in social support amongst the staff group as a whole further impacts on stress levels and the capacity to mobilize adaptive coping mechanisms (Keefe, 1988).

Many educators used gender-related themes to explain stress symptoms. Three out of the four male teachers identified their being male as contributing to their ability to cope with being threatened at gunpoint. While two out of the four female respondents attributed their capacity to respond calmly to open defiance and disrespect from learners to being female. These responses appeared as taken-for-granted assumptions about the natural dispositions of men and women. This theme highlights the narrative theory that states individual narratives are part of a larger narrative that is determined by the general social and cultural contexts. In this way, educators seem to use culturally available “grand narratives” (Clandinin et al., 2000: 29) about male and female coping capacities to make sense of their situation.

These themes seem to be important in mediating reactions toward defiance from learners and gang violence. A summary of the main themes emerging from educators’ narrative accounts of gang violence is presented below in Table 1.

TABLE 1: Summary of Main Themes

Belief that learners are first and foremost children

Worst fear is that teaching efforts will make no difference in the lives of learners

Most challenging issue is having to cope with defiance and disrespect from learners without using corporal punishment

Gang violence exists inside the school in the form of potential violence from learners

Sense of apathy in learners brings with it the difficult task of having to motivate

Feeling of having to fulfil multiple roles (ie. 'motivator', 'parent', 'psychologist', 'doctor')

Main worry is what will happen to the school culture and the future of learners if gang violence becomes unmanageable

Concerns over meeting the Education Department's demand to produce Model C results

Mixed feelings towards the Educational Department

Ambivalence about the changes made to school policies (including O.B.E.)

Difficulty finding common ground and support within the school's educator/staff group as a whole (strained relationships, fear and distrust between teachers)

In the face of gang violence, different reactions are to be expected from female and male educators

5.3 Plot structures used to narrate traumatic events

When educators were asked about particular incidents of gang violence at the school, accounts given could be classified into two general types of narratives. These groups were

categorized according to the way in which educators developed the plot structure in their account. The first category could be described as **stories of reintegration** (n=5) and the second as **frozen stories** (n=3). Stories of reintegration appear to be located in a discourse of restoration and reparation - that is, restoring coherence in their own lives and in the lives of learners. Traumatic incidents of gang violence have been transformed into meaningful life events that can be incorporated into the course of their lives. In frozen stories on the other hand, gang-violence incidents remain a series of random and meaningless events. These categories can be compared to Mingo's (1999) study of teachers' psychological responses to gang violence in an Elsie's River primary school. Some teachers, reports Mingo (1999: 61) were caught up in the discourse of "victimization and blame" in that they experienced emotional difficulties and interpersonal problems. Others, however, were caught up in the discourse of "human agency" (1999: 95) where they provided support to each other and the learners in their care.

Whether frozen or in the form of reintegration, all participants organized their accounts around terrifying, dangerous and unpredictable events of gang violence. In some cases (N=4), participants included accounts of secondary trauma ie they recalled incidents in which learner/s told them about a murder and/or learner/s showed the educator flesh wounds from flying bullets.

As such, interviews began with a description of post-traumatic stress symptoms (Bell, 1995). What appeared important were the characteristics around the description of the traumatic event. In stories of reintegration educators, seemed to have used the "potential space" (Bollas, 1995: 112) around the traumatic memory and in so doing promoted post-traumatic recovery (Herman, 1992). In these stories educators were able to return to the scene of gang violence and imagine it again and again (Bollas, 1995). This psychological activity helped educators locate the traumatic event and its consequences in their understanding of gang violence and in their personal belief system. It functioned as a meaningful space in which to interpret what had happened, connect events and to take various simultaneous perspectives (Becker, 1995, Stern et al., 1999). In this way, narrators seemed to reconstruct their view of themselves and the world to include their relationship to learners, the school and its community. Typically these stories contained

thick plots that pulled together disparate aspects of the traumatic event (Becker, 1997) and, in so doing, served to accelerate trauma recovery (Herman, 1992).

In the case of an event in which an educator put his/her own life in danger for learners, educators had to look into existential issues of life. Reintegration stories seem to begin with an early identification with a family member and/or teacher who seemed to serve as a model for what later became an oppositional stance toward the culture of violence. These stories included detailed descriptions of parents, religious beliefs and the conviction that what they were doing at the school was worthwhile. This data supports Frankenhoff's (1998) theory that when making sense of a trauma, a pre-existing strong sense of coherence (as expressed in accounts of early childhood experiences and role models) enables one to regain perspective relatively quickly.

This "interpretive turn" (Reissman, 1993:1) or capacity to create a meaningful plot from senseless violence is what appears to be either lacking or underdeveloped in frozen stories. Educators in these stories seem unable to break loose from a roundabout, repetitive way of telling. Typically, a persistent theme seemed to dominate the story thereby freezing the 'potential space' around the traumatic memory and so doing inhibiting post-trauma recovery.

<u>Story #1: Example of reintegration</u>	<u>Story # 8: Example of a frozen story</u>
<p data-bbox="193 1431 756 1539">Educator <u>A</u> recounted how s/he reintegrated a trauma brought about by increased gang shootings in the school area</p> <p data-bbox="193 1616 756 2054"><u>Excerpt 1 Traumatic event:</u> <i>As I was driving out of the school, I saw two learners coming back. I knew there was some trouble in the area so I asked them what was going on and they replied that the gangs were shooting. Even though I didn't know where they were staying I immediately told them to hop into my car. As I drove out the school gate I saw youngsters with guns running across the road and into the area where the learners said they lived. I continued to drive by the</i></p>	<p data-bbox="772 1431 1397 1577">Educator <u>C</u> recounts an incident of being threatened by a group of learners (and gangsters) and reveals the impasse brought on by post-traumatic stress response symptoms:</p> <p data-bbox="772 1616 1397 2054"><u>Excerpt 3 Traumatic event:</u> <i>I was doing playground duty and a group of gangsters were sitting by the fence. They were smoking and drinking with learners. And I went to speak to them but they (the learners) just told me straight out that I mustn't even try to tell them what to do. They just gave it to me. I felt so low...so humiliated. I mean my life was threatened and I just couldn't answer. Words couldn't come out. I was actually paralyzed. I was so shocked. I just stood there in a daze. I was so stunned. I was so shocked. I mean I</i></p>

shooting so I could take them home.

Excerpt 2 Potential Space: *Only after I had dropped them did I think "My goodness!" You see you don't actually think of yourself, you think of the learners. However when you think about it afterward, it is a shock to realise, that you have put your own life in danger without thinking. At the same time though, I think to myself that I don't actually regret doing what I did. Instead what I regret is that I don't feel safe anymore, that I can't go and visit learner's parents in their homes as I used to. Now I have to do something about that. So I have decided to make a conscious effort to think before reacting....although I must say I would still take a learner home if he were in danger. That is just the way I am, it is just my natural reflex to protect learners. Just I wouldn't go alone. I'd take somebody with me. I'd think more carefully and ask myself what is the safest way to do this.*

just stood there in shock. Now their words, their faces, come back to me. Even though I try to block it out. It comes back to me. Sometimes I feel like I am not dealing with people here

Excerpt 4 Repetitive theme: *They are so desensitized that the killing of an animal, or even a person is a joke. This just stresses me out. I take it home with me. And in a way I want to help them but, then you see that you can't really help these children. I am tired of hearing their stories about gang rapes and "who-shot-who". I mean if you're looking at trauma, I would say that every learner in this school is traumatised. Just coming here puts them at risk of being traumatised because learners threaten the lives of other learners. Sometimes I just don't want to be here.*

In the above excerpts one can note how educator A is able to reconstruct his/her view of him/herself to accommodate a new awareness of the dangers around him/her. This psychological activity allows him/her space to reconsider how important it is to him/her to protect a child in danger and at the same time to address his/her growing fear of the shootings. In this way s/he is able to move through:

- establishing a sense of safety
- remembering the incident
- mourning the loss of not being able to visit learners at home as s/he used to
- reconnect with his/her self and day-to-day life as an educator (Herman, 1992).

What seems striking about Educators C's narrative is how, even though the educator believed gang violence was a product of social-political contexts, the level of criticism and the sense of judgment escalated as his/her feelings of powerlessness and helplessness

increased. S/he continued, throughout the interview, to list a string of violent incidents that s/he had witnessed and spoke repeatedly about the difficulties involved with teaching and coping under such circumstances. Finally s/he offered the following conclusion regarding his/her conflict; *“So in the end it doesn’t even matter how you try to motivate them.”*

It is suggested here that while gang violence may have a complex character (Scharf, 1983), it may be much more difficult for educators to construct a story and explain violent behaviour from a learner. In this instance, perhaps, the level of traumatic shock and assault on basic life assumptions or normal expectations is particularly devastating (Ochberg, 1988). One might say Educator C’s account reveals firstly, how difficult it is to enter into the ‘potential space’ around the traumatic memory, and secondly, the risk of becoming critical and hostile when one feels stuck. Confronted by this deadlock, feelings of helplessness and anger seem to reinforce the discourse of victimization and blame and post-traumatic stress response symptoms such as avoidance and flashbacks. As such, the event remains “a dumb fact of a thing done” (Bollas, 1995: 114) and the potential for psychic elaboration and transformation is left unused.

In addition, the inability to process and integrate the traumatic event, at this particular time, is reflected in the story itself. In stories of reintegration, the narrator seems to search for ways to create a thick plot structure that can cohere the event; in frozen narratives, however, the story is still in search of an author to “excavate unique outcomes” (Carr, 1998: 488) and to “thicken the new plot” (Carr, 1998: 489).

In Table 2 a list of the most important features that seemed to characterize each of these plot structures is presented. This is followed by an overview of the structures identified in each of the stories (Tables 3 & 4).

TABLE 2: Characteristics of Stories

<p align="center">Stories of reintegration (n=5)</p> <p align="center"><i>Plot Structure:</i> <i>Traumatic event</i> → <i>potential space</i> → <i>reconstruction</i></p>	<p align="center">Frozen stories (n=3)</p> <p align="center"><i>Plot Structure:</i> <i>Traumatic event</i> → <i>repetitive theme</i></p>
<p>Traumatic events and consequences have been meaningfully incorporated into educator's identity</p> <p>Life narrative reveals an early and strong commitment to "making a difference" in the lives of less fortunate</p> <p>Sense of challenge a belief that what they are doing is worthwhile in spite of traumatic stress</p> <p>Educator still grapples with existential issues and conflicts</p> <p>Narrator provides coherent account of events that includes reflection of past and hopes and fears for the future of school</p> <p>Positive response from interviewer: stories are engaging, they elicit a desire to understand and provoke feelings of admiration</p>	<p>Traumatic events and consequences are presented as random episodes that have been afflicted on educator</p> <p>Sense of meaninglessness and timelessness</p> <p>Interactions and responses between listener and narrator seemed to deepen the spiral of meaninglessness</p> <p>Stories seem to have little or no plot</p> <p>Making connections and answering questions in depth is more difficult</p> <p>Stories provoke confusion and apathy: They are hard to hear, narrator struggles to find words, and remains stuck around one theme</p>

Table 3: Stories of reintegration

Story No.	Traumatic event	Potential space	Reconstruction
1	Learners running back to school because of shooting near home Death of learner during school and subsequent mental breakdown of colleague, onset of PTSR symptoms	Protective and responsive, puts self at risk to drive learners home Went to learner's home to inform mother personally. Re: PTS asked for support from colleagues and at times appealed to learners for compassion and cooperation	Fulfilling role of educator-protector Connecting with learners' families as part of school psycho-social support system and asking for support from school system
2	Learner threatened educator at gunpoint	Understood that any display of fear would provoke further chaos. Attempted to keep situation from become worse. Kept thinking and talking calmly to learner	Restore sense of order and uphold school culture. Incorporated role of providing security for the school into identity of male educator.
3	Male learner beating female learner during class	Immediate response to stop fight, protect female, did not think of own safety Empathy and understanding of level of violence and despair in learners' homes	Readjusted expectations of self (in future will think more critically before putting self in danger) Incorporates some social skills training and 'motivational thinking' to lessons.
4	Close colleague received death threat from learner	Realising that learners are a threat. Violence inside the system. Sounds out each pupil, disciplines accordingly. Created a 'safe haven' in her classroom	Redefined boundaries, focuses only on the learners in her care Restoring a culture of thinking and learning.
5	Two armed gangsters (ex-learners) walked into classroom looking for a learner Parent violent and aggressive toward educator	Attempts to keep balance between trying to get approval from ex-learner and maintaining the discipline and authority of educator Understands parent listens defensively, that the 'skaam-kwaad' (shame-prone) responds appropriately.	Uses relationship of respect and integrity to teach and provide a model of human caring and non-violence. Works on developing self. Seeks to restore parental role and functioning.

Table 4: Frozen stories

Story no.	Traumatic Event	Repetitive theme/s
6	Witnessed gangster stab a learner to death in school toilets The Department suspended colleague after a female learner 'framed' him for sexual abuse	Discontent with Government services Distrust of police Fear of Department 'Nobody can protect you'
7	Sound of gun shots on the school grounds. Fear for self, worry about going crazy, not handling the tension	Impossibility of achieving separateness from the violence-trauma Shootings become part of your person
8	Threatened by a group of learners Watched enraged learner punch a hole through classroom wall. Realised he could kill her	Intense and repeated criticism/condemnation of learners Part of long list of incidents of gang violence Does not know what can be done – where to start

5.4 Effects on Coping

An important finding was that coping styles appeared to emerge logically from plot structures. This would seem to be in agreement with observations made with other studies (Regher et.al., 1999, Stern et al., 1999) that suggest belief systems and coping styles are closely associated.

In the present study it is noted that an ability to cope positively is connected to the more elaborated plot structures and stories. In frozen narratives, coping styles were difficult to identify because the story seemed to remain frozen by post-traumatic stress response symptoms. Typically, coping styles were maladaptive in that they contributed to the long-term detriment of the educator - for example "learned helplessness" (Keefe 1988: 479).

"There is nothing we can do about it"

"I need to earn a living so come back...."

"It is of no use, evil is so rife here, it has over-taken the good"

5.4.1 Coping and Sense of Coherence (SOC)

Each educator spoke of starting their work at the school with a strong desire to help learners in the community. In frozen stories, however, a quality of loss and frustration seemed to disrupt this sense of commitment. This observation can be seen to reflect White's (1998) notion that problems arise when narratives no longer reflect lived experiences. In such cases, a person "gets lost" using his or own "road map" (Neimeyer et al., 1996: 361). It would seem that these individuals once held an image of themselves as strongly committed and determined educators and that their present experience at the school disrupts this self-concept. In stories of reintegration, educators were able to talk about their disappointments and fears about coping, yet an overriding commitment to being an educator that can make a difference, was clearly expressed. References to early role models, family members and/or communities were frequently referred to and seemed to strengthen their sense of identity and purpose. In a real way these educators appear to experience a sense of coherence (SOC) and an ability to cope positively:

"I believe I make a difference."

"My father was a role model. He took nonsense from no one."

"I come from a home, a community that is very different ..."

"I have a belief system that says to me how things work that is what holds me."

" I am needed here, I don't question that point...."

According to Frankenhoff (1998) and Regehr et al. (1999), this strong SOC would explain the capacity of these educators to mobilize positive coping mechanisms and to open up the potential space around the traumatic memory.

One of the most striking differences between the two plot structures and with regard to SOC is the capacity to connect events and to take various simultaneous perspectives. In stories of reintegration, narratives demonstrate a capacity to use appraisal-focus coping to learn from each incident; develop a deeper understanding of learners' and a sense of control in the face of violent confrontation.

"It is important to realize because of the situation the learners are in, they almost always listen defensively, so you have to choose words carefully, or they will respond offensively"

"On the other hand I have also seen how the learners show their teachers affection...So they really have a lot to give"

"The thing to keep in mind is that what is normal for them is not normal for us...that helps me not to take it personally... to respond constructively"

"My experience is that when I show some kind of respect a rapport is built from their side as well"

"When children start giving you (positive) nicknames it means they have seen something...they are recognizing that those kind of things are important to me"

In frozen stories this capacity is not evident, explanations are simple and appear judgmental.

"The department needs to workshop their (learners') mindset ..they are so warped"

"They love violence...they will tell you stories...how am I supposed to deal with that kind of trauma? I just close down and tell them to shut up...."

"I don't like to think about it (the gang violence) ...I try to avoid confrontations"

One can also note in the above box the reference to secondary trauma - that is an acute stress reaction in response to hearing "stories" of gang violence.

5.4.2 Coping and Social Support

In stories of reintegration, prayer groups as well as emotional support from colleagues were cited as an important resource for coping. This supports Madela's (1991) observation that perceived solidarity and participation in communal prayer can serve to diminish the long-term traumatic impact of extreme violence. In these stories a sense of trust in human relationships was communicated.

“ We’re a close group of 10 teachers. We give each other support, some afternoons we get together and pray to God for strength.”

“There are a few educators here that I can turn to for support. They are the kind of people that you just know will back you.”

In addition educators applied task-focused coping and were proactive in the community and felt that they benefited from the opportunity.

“I am in Hanover Park 7 days a week, I teach soccer at the club and am going for extra training at Neighborhood Watch.....”

“Over the years I have built good relations with the community, with the parents...they know me well here.”

In contrast, frozen stories expressed feelings of distrust, fear and isolation

“I am not safe here and who is there to protect you? So really you are isolated.”

“At the end of the day, I just know I’ve got to get out of this place.”

“ I am scared of the Department..... ”

These findings can be linked to the findings of a study by Regehr et al.(1999) of factors influencing the recovery of sexually assaulted women. In this study it was found that women with positive perceptions of relationships were able to mobilize adaptive coping mechanisms more quickly than those who generally felt distrustful and fearful of others.

5.4.3 Indigenous Coping

Positive coping has been defined as educators’ attempts to find reasonable, even imaginative ways of dealing with gang-violent confrontations. This includes being able to consider the characteristics of the situation or sometimes thinking in terms of how to contain anxiety and aggression. A good example was when educators sought to contain and transform aggression through providing empathic responses that calm anxiety – in so doing they brought violent behaviour into an arena where it could be comprehended.

Excerpt 5: Containing aggressive attack from a parent:

I just asked him to stop what he was doing. I said: "You are reacting this way because you are feeling "skaam-kwaad" (ashamed)." Calmly I explained that I didn't ask him to come here for that. He could acknowledge this... and then we began to have a normal conversation.

While this excerpt supports the idea that working in a Hanover Park High School involves emotional work as well as teaching the school curriculum (Sandenberg et al., 2002), it also validates Chamber's (1994) theory that educators working in communities exposed to gang violence create their own indigenous expertise in coping with it. Other examples include the following:

"I have learnt not to show fear (when confronted by aggression) because they (learners) are always sizing you up....."

"My first response is to do something to neutralise the situation..."

"To play policemen is not conducive to teaching, the best thing I find is to build a good reputation..."

"You learn to adjust, like one thing I know now, is to never single out a child because they are very sensitive to humiliation, rather you go up quietly afterward, tell him you want to talk....."

Table 5 below provides a comparative summary of coping styles and strategies

Table 5: Summary of coping styles and strategies

Stories of Reintegration	Frozen Stories
<p>Appraisal and task-focused coping styles</p> <p>Possibility of seeing positives in the event and feeling surprised and moved by caring behaviour of learners</p> <p>Feeling that they can make a difference to the lives of learners and in turn learn from learners how to become more competent educators</p> <p>Priority and automatic response during a violent incident is to protect learners in order to fulfil their role of teacher</p> <p>Importance of reputation: can see themselves through eyes of learners and parents. Consistently work on developing a positive attribute that learners can recognise and want for themselves</p> <p>Attempts to balance internal feelings of frustration and anger at learners and the situation with empathy and understanding of learner's life situation and broader community context</p> <p>Channelling of stress through sports, community activities and workshops</p> <p>Taking care of self</p> <p>Strong sense of personal boundaries</p> <p>Use of resources offered by the Department and community</p> <p>Perceived support from small group of colleagues</p> <p>Enthusiastic about interview.</p>	<p>Coping styles difficult to identify</p> <p>Coping mechanisms used seemed to be toward the long-term detriment of the educator</p> <p>Not coping very well (feel helpless, stuck in school or in ongoing negative reaction with learners and colleagues)</p> <p>Solutions must come from outside (Government, Education Department, Police etc). Department must "workshop" learners</p> <p>Belief that nothing a single person can do about the gang violence</p> <p>Growing sense of despair not only about the gang violence but the seeming indifference of the Department and Government</p> <p>One can only hope to get used to the level of gang violence.</p>

5.5 Summary

In conclusion, it can be noted that in the face of school gang violence and secondary trauma two types of stories can emerge from educators - stories of reintegration and

frozen stories. A major difference with regard to the plot structures of these stories had to do with the narrators' capacity to open up the 'potential space' around traumatic memories. Also significant are the general themes across interviews. These suggest that the primary stress being experienced by educators is related to the social and political contexts of learners and educators. Educators in general felt that a different kind of learner, one that is more defiant and violent, was emerging and that present school policy changes, particularly with regard to corporal punishment, were adding to their level of work-related stress. It is highlighted that this ongoing stress can place these educators at a greater risk for developing post-traumatic stress disorder. Findings also indicated that explanations of gang violence had an effect on how educators coped with their situation. In stories of reintegration, educators demonstrated a positive coping style that included appraisal and task-focused coping. In frozen stories, coping styles were not easily identified and included learned helplessness, avoidance and blaming. These coping mechanisms appear to be to the long-term detriment of the educator and could demonstrate a need for psychological intervention. The next chapter summarises these findings and offers recommendations for intervention and for future research.

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This chapter offers conclusions of key findings and the researcher's interpretations. It also offers some self-reflective thoughts about the research process, its strengths and weaknesses. New research questions in the area of educators working in gang-violent schools, as well as guidelines for a trauma intervention programme, are presented.

6.2 Key findings and interpretations

The following findings provide an interpretation of how educators explain episodes of gang violence and how they cope with these. Firstly, findings suggest that there could be an association between educators' post-traumatic stress response (PTSR) and the way in which they organised their accounts of traumatic events of gang violence. In stories of reintegration, educators were able to open up the "potential space" around the traumatic memory, thereby coping positively with feelings of shock and anxiety. In contrast, frozen stories were dominated by persistent repetitive themes and the potential space to transform the traumatic memory into a meaningful event was missed. Plot structures in frozen stories were weak. They portrayed gang violence as inevitable and educators as unable to change this situation. Frozen account seemed to lead educators to adopt destructive coping styles. These findings validate the notion that narrative coherence, that is both the structure and content of an educator's account of gang violence, can play an important role in enhancing positive coping. It confirms the narrative assumption that the way things are seen and perceived, are certainly related to how one copes and interacts with them (White, 1998).

Also significant is that both sets of stories explain gang violence in terms of larger political and social contexts. This suggests that the primary stress impacting on educators is related to the culture of violence in the community, and to the ongoing changes in school policies. Apathy and aggression in learners, ambivalent feelings towards the education department and fears of not coping with new policy demands, were cited as prominent stressors. These findings draw attention to the way in which community and political institutions contribute to educators' explanations of, and responses to the gang violence they experience at the school.

They emphasize the important role which these structures can play in providing psychological support to educators.

Also noted in the findings was that educators are frequently forced into the role of parenting. This represents the emotional component of their work. One of the examples provided in the report illustrated how some educators have learnt to contain aggression and provide empathetic responses that calm anxiety. These indigenous coping responses illustrated Chambers' (1994) assertion that educators exposed to ongoing gang violence will develop their own social technology to deal with it. It has also been suggested that this emotional process frequently involves coping with secondary trauma (ie. listening to learners' stories of gang violence) and post-traumatic stress responses. As noted in frozen stories, part of the difficulty some educators have, is in coping positively with this emotional process.

In conclusion, it has been suggested that chronic social stressors, as well as the stress of uncertainty with regard to an outbreak of gang violence, put educators at a greater risk of developing post-traumatic stress disorder. This increased vulnerability is particularly significant in the case of frozen stories.

6.3 Limitations of the study

As indicated above, there seems to be a connection between the understandings (or stories) which educators develop about traumatic events of gang violence and post-traumatic stress. However, since this is an exploratory qualitative study, educators were not empirically rated for PTSR symptoms or for post-traumatic stress disorder (PTSD). A quantitative study such as Colley (1995) could be used to examine whether transformation in people's stories has an effect on PTSR symptoms. This could further indicate that narratives are possible mediating factors that could influence the course of trauma recovery. It would also be useful to know if the story categories of reintegration and frozen stories are useful ones in looking at some of these connections. The extent of PTSR symptoms could be related to the way educators reconstruct themselves around traumatic events of gang violence at the school. This empirical research might add another dimension to research in the area of trauma recovery. It could also serve to bring the personal experience of the educator into the centre of investigation.

The themes that emerged were similar to those of educators working in Elsie's River Primary School in the Cape Flats (Mingo, 1999). However, because of the sample size, it is important to emphasize the limited nature of the generalisations that can be drawn. Narratives may vary in other and different kinds of samples, for example when educators come from diverse ethnic, cultural and racial backgrounds. These might make interesting samples for further future contrasting studies.

In conclusion to this section, it is highlighted that the limited scope and time allocated for this project, made taking work back individually, not possible. While the focus group was useful in feeding back general themes, giving full transcriptions to educators to check and to discuss could have extended and "unpacked" (Reissman 1993: 33) the discourse further. It also would have allowed greater participation of educators in the study.

6.4 Reflexivity

In reflection, the researcher wishes to make the following points about her experience of the narrative method of research. Firstly, it is clear that a precondition for using oneself as the analysing instrument, is to maintain a reflexive stance that is one step removed from the research process. The discipline of maintaining this position was taxing, particularly in the emotionally-charged atmosphere of the interview context. This perhaps highlights the limitation of this type of research in that as one moves between the different roles of researcher, social worker and narrator, reflexivity is repeatedly lost and found. It is not a stance one acquires and keeps consistently. Reflexivity means realising that the reception of a respondent's story is consistently coloured by personal beliefs and feelings.

6.5 Recommendations

The findings of the present study suggest that educators could have increased risk for developing post-traumatic stress disorder (PTSD). The need to recognise the impact of the social context on individual stress is fundamental. This includes recognising the emotional component of educators' work and motivating for the psychological support of educators exposed to gang violence.

The following intervention strategy could assist with enhancing positive coping skills and preventing post-traumatic stress disorder. As noted, a single psychological debriefing following a gang-violent episode is not enough, since this model is not designed to deal with

chronic social stress (Hiley-Young et al., 1994). The intervention outlined below consists of clinical and narrative components, and is geared to counteract these risk factors by enhancing a sense of coherence and coping skills. A group intervention is suggested because it will engage the different areas of expertise and experiences of educators and enhance the mutually inherent in-group interaction.

6.5.1 Aims

To develop an educator support group for ventilation and for checking out colleagues' feelings and experiences.

To use the group as a network for working on educators' personal, unresolved traumatic events connected with stressful situations -for example loss related to gang-violent incidents and loss as a result of education policy changes and /or loss of ideals and beliefs

To deal with issues related to the future such as educators' fantasies and projections about their future at the school

Sharing experiences in using classroom techniques and educative/supportive/therapeutic skills for coping with defiant and violent behaviour from learners

Creating a "bridge" for dialogue between the group and the education department.

6.5.2 Guidelines:

The intervention model will need to be facilitated by trained mental health worker/s and can incorporate the following components.

It needs to take into account the psycho-social status of educators working in gang violent schools. This could include a clinical assessment for PTSD of each group member prior to participation (in which case individual counselling may be indicated)

The establishment of an ongoing emotional support network for educators in the education system, since stress arising from chronic social problems and ongoing political

transformation is usually long-term, the intervention should also be conceptualised as long-term.

Educators who work in gang-violent schools need to acquire coping abilities that are empowering and should be seen as competencies. The intervention should ideally be based on dialogue and egalitarian relationships rather than hierarchical ones

In order to assist educators to develop alternate ways of understanding their situation, narrative therapy principles can be used to open up the potential space around traumatic events.

Educating about post-traumatic stress disorder and about risks and resilience in educators working in gang-violent communities would need to be included in this dialogue

Intervention should strike a careful balance between psycho-educational material and the life-experience of the educators. This kind of balance can allow the members to bring their own reality-narrative into the dialogue.

6.5.3 Potential challenges and the role of the clinical social worker

It is important to consider the possible constraints and challenges that may arise for the clinical social worker. Given the educators' level of ambivalence towards the education department and the fear expressed by them that their situation will not really change, they are likely to be wary of this type of intervention. Therefore, building trust and motivating them to recognise and prioritise their psychological needs will require perseverance and understanding.

In addition, the clinical social worker is faced with the dilemmas highlighted in Chapter 3. These included the recognition that some of the real issues are not going to change. The education system is likely to remain over-burdened for a long time. National education budget constraints could mean that Western Cape schools are not likely to get more staffing, at least not in very significant ways.

Many of the social problems in the community related to the gang violence are likely to remain. This could mean ongoing traumatic disruption for many directly involved in the communities. Can the worker “normalise” such circumstances? What if group discussions help these people to make decisions to leave their professions? It is important for the worker to consider these questions and to be aware of her own limitations and the possible interplay of consequences arising from intervention.

Another essential aspect of the worker’s role would be to address and engage other players in the wider community: this could include the education department, community members, and other educators from schools in the area. Intervention needs to be contextual: thus, individual, group and community issues need to be addressed. Ultimately, it is important for the worker to keep in focus the essential benefits inherent in intervention strategies, which aim to assist the educators involved in this challenging context.

6.6 Concluding comments

This study has begun to unpack the experience of educators working in gang-violent communities. It has only begun to scratch on the surface of the original research questions. What appears evident, however, is that educators explain traumatic events of gang violence in their school in different ways. Further, the way in which they cope with these traumatic events appears to be influenced by the way their story is constructed. Thus, while some plot structures served to empower educators so that they could cope positively with post-traumatic stress response symptoms, others led educators to adopt maladaptive coping styles. It is necessary that the role which educators play in these schools needs to be more fully understood within the education system. This, it is suggested, can be the beginning of creating a more supportive discourse that will assist educators to cope more positively with the challenges they face. An intervention programme which addresses this is recommended.

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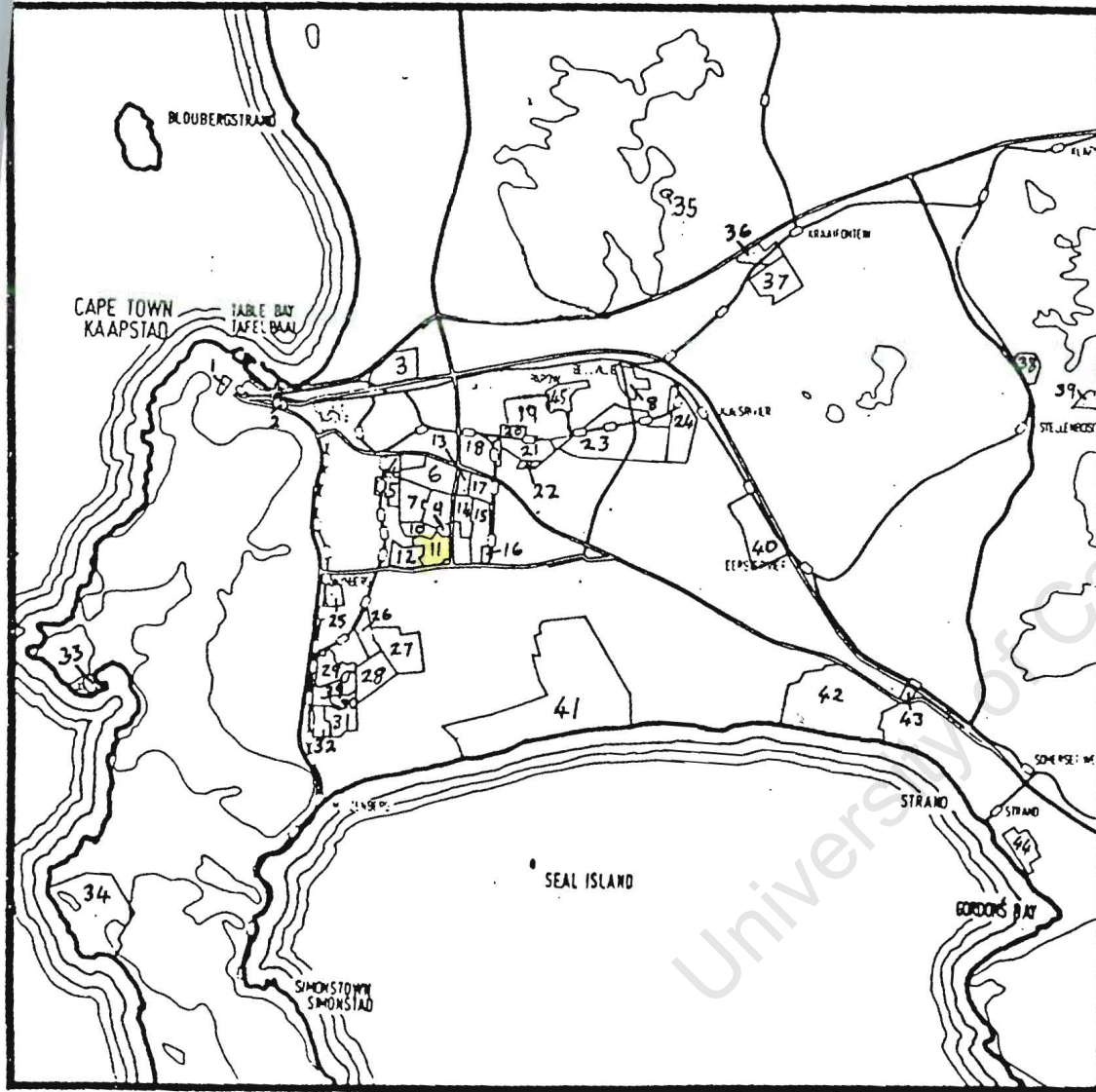
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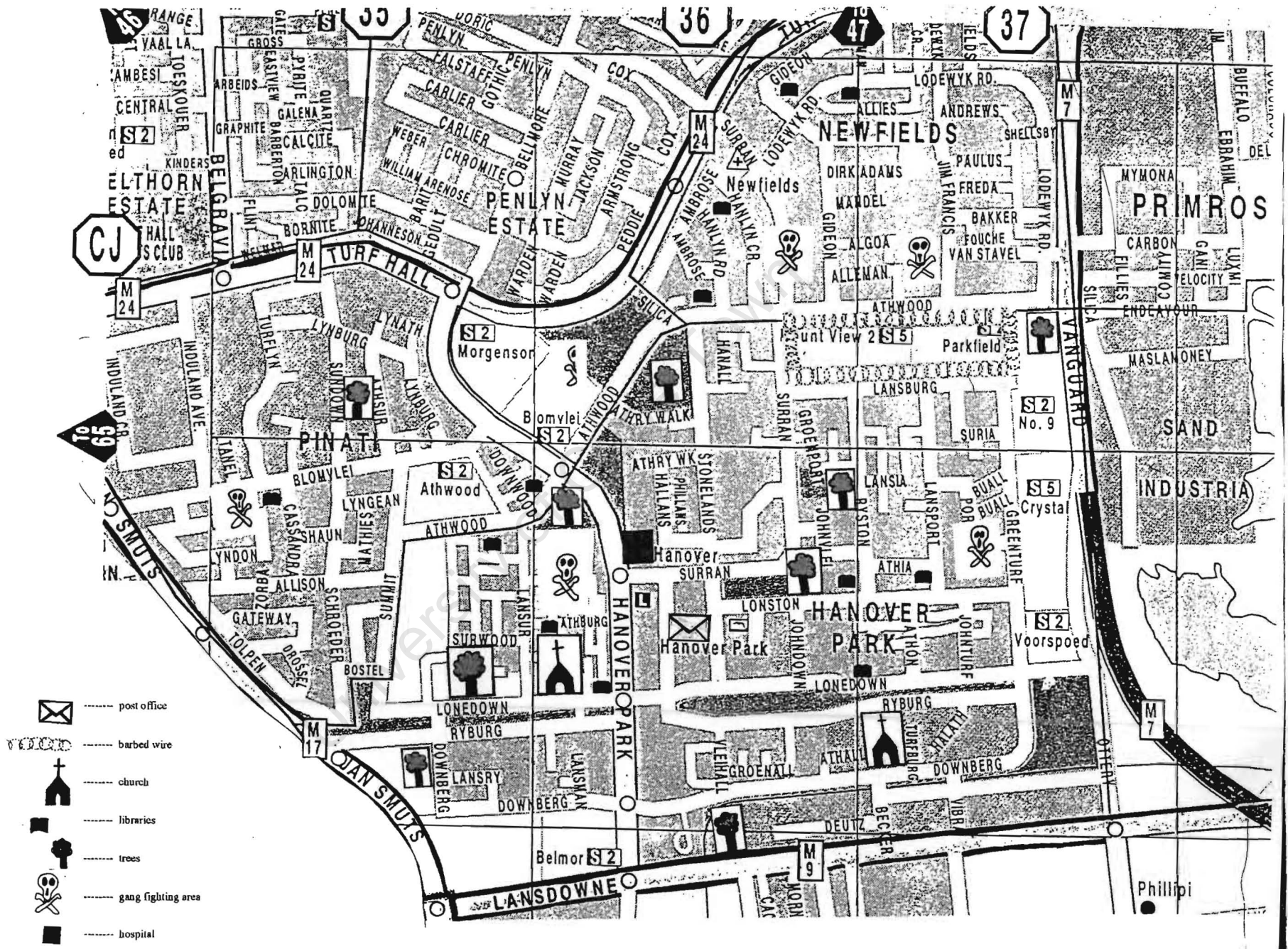
'COLOURED' GROUP AREAS

- | | |
|--------------------------------------|---------------------------------------|
| 1 MALAY QUARTER | 24 KUILSRIVER |
| 2 WALMER ESTATE | 25 WYNBERG |
| 3 KENSINGTON | 26 PARKWOOD |
| 4 HAZENDAL | 27 GRASSY PARK EXTS.
& LOTUS RIVER |
| 5 ATHLONE | 28 GRASSY PARK |
| 8 BRIDGETOWN, KEWTOWN,
SILVERTOWN | 29 HEATHFIELD |
| 7 BELGRAVIA & SUNNYSIDE | 30 RETREAT NORTH |
| 8 BELLVILLE SOUTH | 31 RETREAT SOUTH |
| 9 NEWFIELDS | 32 STEENBERG |
| 10 PENLYN | 33 HOUT BAY |
| 11 HANOVER PARK | 34 OCEAN VIEW |
| 12 LANSDOWNE | 35 DURBANVILLE |
| 13 VANGUARD | 36 SCOTTSVILLE |
| 14 SURREY ESTATE | 37 SCOTTSDEME |
| 15 MANENBERG | 38 CLOETESVILLE |
| 16 SHERWOOD PARK | 39 IDASVALLEY |
| 17 HEIOVELD | 40 EERSTE RIVER |
| 18 BONTEHEUWEL | 41 MITCHELLS PLAIN |
| 19 ELSIES RIVER | 42 MACASSAR |
| 20 MATROOSFONTEIN | 43 FIRGROVE |
| 21 BISHOP LAVIS | 44 STRAND |
| 22 NOOITGEACHT | 45 RAVENSMEAD |
| 23 BELHAR | |

APPENDIX A: Map of Cape Flats Area

APPENDICES

APPENDIX B: Map of Hanover Park



APPENDIX C: Photographs from within the school grounds





APPENDIX D: Data collection tools

DIRECT OBSERVATION NOTE:

INFRASTRUCTURE	
Building	old neglected, graffiti, all one level feels like series of trailers. Won bars + fencing around windows. Inside some classroom decorated near front one small / young tree (planted at the start of Trauma Room project) only green
Resources	Open ground/field is lost because of barbed wire fence surrounding building. Desks, chairs boards in all classrooms. Library with 6 bookshelves, side no computers with books. TV in staff room, kitchen area, kettle fidge reception area well restrooms phones few computers.
BEHAVIOUR	
Time	Arrived 2:45 - School closing time left 3:15
Types of interactions	- crowds of learners rushing for gate, some talking to women who Friends family members waiting outside of gate. + fence. Shouting across fence. Teasing/shouting teachers few teachers (male) standing near corridor talking to subgroups of learners talking, teasing each other a few couples (w/f) walking arms around. In staff room teachers relaxing watching TV. mixed gender groups. middle adolescent females together talking couples making out. In staff/reception area mixed group
Gender groups	mixed gender groups. middle adolescent females together talking couples making out. In staff/reception area mixed group
Age groups	in grounds, adolescents 14 - 18 years outside gate friends older 20s early thirties. Educator group mixed age (late 40s, mid 50s)
Sounds	noise!!! shouting, excitement, noise of school bell - "siren" reminded me of Jerusalem air-raid siren in 1991 -
Mood	tense, excited on the edge. Calmer inside the school building less crowded Reception area quieter, warm friendly educators relaxed, seem friendly toward each other. T.V. going watching soccer.
Other	feel like I've come into another country, excited, scared. So many people in such a small space - reminds me hard to stay focused

tidy
others
writing
on walls
messy.

women who
guard
gate
unlock
gate.

PERSONAL NOTES OF IND. INTERVIEW

Time/Phase	feelings/impulses
beginning	Nervous, felt respondents impatience ambivalence wanted to placate - hard to resist.
mid	relaxed more - sensed talk was great relief for the confused a bit about X's position re: commitment at school
Talking excessively about Dept. politics @ school	concern going off topic wanted to redirect decided to let it go - talk seemed to be helping
Speaking of tension stress prob eg sleeping tab.	Intervened without thinking/reflecting too much!! (my anxiety?) about the level of stress sleeping tablets, past domestic/relationship problems fighting (felt I had to)
Time/Phase	Images
beginning	imagined/sensed powerful person/energy articulate passionate (passion conveyed?)
Middle	Coming apart for her? Getting too much? Needs some support. Pressure cooker, tight rope,
Time/Phase	Other
After interview reflections	Really felt + towards X liked her honest, direct, warm Admire her tenacity forthrightness Almost intimidating. Concern/feeling for X C.T. to help to assist to do something to relieve stress. Seem to overidentify w/ sense of injustice - NOT FAIR. So much stacked up against them. Overwhelming almost to think about how they can cope with all this in an ongoing way

Individual interview. Story (4) (1) of (2) pages

Date: 12/6/03. 1:40 (time)

INFERENCE NOTES OF INDIVIDUAL INTERVIEW

Time/phase	Important Actions/words
<p>beginning After descrip of colleague receives death threat</p> <p>Middle near end</p>	<p>Kids not coping / have no ambition Picture very dismal, teachers very dismal "I have never had to fear student but now I do because of what has happened to my colleagues."</p> <p>"The department is expecting us to produce Model C results in a high risk school + they don't bring support. They don't tell us how to cope. Dept. expects us to perform miracles. "If you become voiceless what can you then do? I become desensitised. Initially scared can't cope but impatient, can't sleep without tided personal life. It just working piling more + more rubbish under carpet. NO one listening to us. Teachers can't relate divide too large "Cuttin' against thunder"</p>
Time/phase	Important themes
<p>beginning</p> <p>Middle</p>	<p>What has it been since last year has started to really "feel the punch" Before we had to deal w/ learners smoking now its drugs learner aggressive <u>OBE</u>: Drowning under paperwork. #5</p> <p>Internal problems w/ learners + "us" amongst ourselves. Kids will break into class rooms. Shootings @ the gate - other side gangsters jumping over fence - held teenager w/ knife. Some learners have the ability to make you want to come - feel like you are making a difference. It can happen. I believe we can make if educators get a "sense of pride" - now feels chaotic.</p> <p>"NB to her! the community, the sense of wanting to make a difference @ the learners everything is changing too quickly"</p>

(Story 4) page (1) of (5)

d interview:

Time: 1:30

APPENDIX E: Excerpt from focus group transcript

M2: I think yesterday's happening has started to put fear in some teachers.

F3: What do you mean? Not just yesterday's happening, look at what happened with that male teacher who was threatened by his own class.

General discussion.

Batya: What happened yesterday?

F4: A girl was caught smoking, a teacher reprimanded her, she got on the phone to her brother. He came to the gate, gave the impression that he was on other business, came in, marched directly to the teacher's classroom went up to the teacher and, said: "You haven't the right to speak like that to my sister." Gave him a smack in front of a lot of learners and walked away. His jaw is sore still today.

F2: And you can see he's quite shaken.

M1: But then by the same token let me speak for the other side, because when I heard what he said to the child, my first thought was that he shouldn't have said it to the child. And I know the girl involved and remember once someone called her something - the implication was that she was cheap enough to be a whore and she couldn't handle that it upset her no end. She ended up crying for half an hour to an hour. I mean it was difficult to settle her in that instance and now to hear something like that come from her teacher's mouth. So you can see why she resorted to calling her brother. Not that I justify that she called her brother because you know if her brother would have come to me I would have smacked him myself. Only because I know her brother and I would never have allowed him to treat me that way. Really it he came to me it would have been a totally different story. But because the teacher involved doesn't know the brother he didn't know what to say to him or how to stop him. You see and that is also part of the problem.

M2: I am now in big trouble. I don't swear at children but yesterday, I was now called in by the Department, because of this one child. His book was just lying around and I said: "Where's your book?" and he didn't answer me and I started to build up anger. So I said again "Where's your book?" and he just started walking away. And I gave him two smacks behind his head and he ran away. He was a child of the social welfare and he reported me. Now, whereas a child from Hanover Park they will never do that because they know me and what I am trying to do, but because he is a welfare case it was different. The care worker told me this morning: "They know their rights, they know Safeline and they will do it."

F5: He is right there you see? He lives at J. House so he knows who to go to.

M2: So I am in that mess now. And that is why I say, if somebody else said that to the same girl, someone (*a teacher*) that she knows or loves, this would not have happened. But it was now somebody that she totally don't know.

F3: And they've also got this attitude of "Who are you? Like they say in Afrikaans: "Kort sokkie, moenie vir my kom vertel nie." Some of them say to the teacher I'm here longer than you so don't come tell me what to do. But if it is one of us (*senior teachers*) come up to them then okay they will back off.

M2: But I now developed already that fear thing and I want to go out of teaching. Maybe this is my chance!!

Laughter

M2: Not just because of this incident but as you say the future it's horrible.

F4: Like this afternoon we had a soccer match. I saw so many unfamiliar faces, standing by the fence in this corner and that corner. I went to the back and I stood and there was a group, you know, of the older guys in their twenties and their thirties smoking and drinking. And I am thinking: "Ahh, don't even look at them." So I called a senior teacher and asked him: "What do I do?" And he said: "No, it's fine. They can be here they all are ex-students". But that fear came over me, because I could just say or do

a wrong thing and they could take out a gun and shoot me. So instead of getting irritated with the smoking and that I just walked away. I went to sit in the staff room. So you are forced to ignore problems that you would normally address.

- M1: Say suddenly our kids get into the nightclub and I see a cigarettes going into their mouth I just walk right up to them and I take the cigarettes right out of their mouths. I have got no problem with that because as far as I am concerned you are on a school outing. I don't care if it's a weekend. So what I'm saying is that when there are other people who came into the school who were visitors and the visitors are basically our ex-pupils, people who dropped out along the way. You can't have any say on those people but what happens is that those people get into drinking and smoking and your kids end up drinking and smoking with them. And it is those who are the ones you deal with. But I agree with you that you are not going to do that, if you don't know these guys. Then I wouldn't just stand up and say something to them. You've got to be very careful.
- F2: It just shows to what level we have dropped at the school because I've been watching the learner's uniforms. One of the reasons we use a uniform is so that we can identify our learners because we get confused with the guys outside. You can get anybody then coming into the premises. So I maintain that it is the teacher's responsibility to reprimand the child for not wearing the uniform. So then we won't have to sit with the problem that we have to be fearful on the school grounds. You know that somebody's on the grounds that should not be here.
- M2: But there are teachers already who have developed that attitude: If a child walk here in clothes whatever the whole year and they don't worry. The child can swear, the child can do whatever they want and they (*the teachers*) just walk on. It's not their thing to take a stand. You know it's like somebody else's responsibility.
- Eresia: Can I just perhaps at this point try to bring some of the issues together. One of the things I am really struck by are the parallels between your experience and the learners' experiences. You describe experiences of being disrespected, violated, afraid and un-supported. And you also describe feeling that you've got no authority that it's difficult to know or you are confused about where the lines get drawn. Confused about your role. Confused about your own personal values. Confused about your own personal principles because the limits get pushed all the time. And in all of that you've also described learners who have a similar experience. They get violated, they get called different kinds of things and they get hurt. They don't feel like there is any recourse but violence, their only defense is hopelessness. You have learners who are confused about who they are, who their parents are, where the boundaries are, where the lines are, what the principles and values are etcetera. So I am struck by the fact that the experiences that you've described parallel each other. I am also struck by something that perhaps takes us to the coping issue. The issue that both you and your learners tend to turn to and I'm reluctant to say violence. It is clearly meant in reference to the learners experience that they tend to turn to a violent way of coping. I am also struck by the way you the teachers describe feeling frustrated, getting angry, perhaps acting on that anger and that, that is one way of asserting your authority. So I am struck by, the parallel between, those two experiences as well. I wonder if it's possible for us to talk a little bit more about coping and whether people have different experiences. Is it fair to say that a ready way of coping is to be frustrated, to get angry, to even speak out of and or act out angrily?