A comparison of the trauma and autobiographical narratives of female rape and non-sexual assault survivors

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DECLARATION

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 has been cited and referenced.

Sadia Edross

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ABSTRACT

Research on the trauma and autobiographical narratives of survivors are two burgeoning areas in the international literature. The focus is primarily on the correlation between particular linguistic features in these narratives and PTSD and depression. Whilst these findings have important clinical implications, feminists and critical psychologists argue that an emphasis on a medical trauma response model for understanding narratives attenuates the influence of socio-cultural context and subjective differences. The primary aim of the current study was to explore whether there were commonalities and differences in the trauma and autobiographical narratives in a sample of South African adult female survivors of sexual and non-sexual assault. A broader aim of the study was to be attentive to the interconnection and influence of multiple factors on the narratives of the participants. Five rape survivors were recruited from the Thuthuzela Care Centre at G.F. Jooste Hospital in the Western Cape, and a sample of five non-sexually assaulted women was recruited from two South African Police stations also in this area. A feminist qualitative narrative approach was employed, and the linguistic features commonly examined in the literature guided the analysis of both types of narratives. Additional linguistic categories were inductively identified. This study also attempted to explore whether the phenomenon of overgeneral memories featured in participants' autobiographical narratives. Open-ended interviews were used, and supplemental data were obtained from a structured questionnaire, a semi-structured interview, and participants' diagnostic profiles (PTSD and depression). The analysis indicated that the linguistic features in the narratives and post trauma emotional difficulties such as PTSD and depression, were influenced by several factors. These included the different socio-cultural meanings of rape and non-sexual assault, as well as contextual and individual differences. Furthermore, the analysis suggested that the impact of rape has a more negative effect than a non-sexual assault on a survivor's ability to recount a coherent and complete trauma narrative, and to convey a sense of a continuous self in their autobiography. Finally, the findings point to the importance of utilising a framework that incorporates social context and subjectivity to elucidate and expand understandings of the linguistic features in trauma and autobiographical narratives.

Keywords: rape; non-sexual assault; trauma; memory; trauma narratives; autobiographical narratives; overgeneral memories; socio-cultural context; rape myths.

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CHAPTER 1
INTRODUCTION

1.1 Background

Extensive international research within both psychiatry and psychology documents that the experience of a traumatic event such as a rape or non-sexual criminal victimisation is the antecedent to severe mental health difficulties. There are several shared emotional disorders that survivors of these traumas are vulnerable to developing. These include various phobias, somatoform disorders, substance abuse, major depression, and posttraumatic stress disorder (PTSD) – the latter being the most frequent to affect both sexual and non-sexual assault survivors (Boudreaux, et al., 1998; Carlson & Dutton, 2003; Foa & Rothbaum, 1998; Frank & Duffy Stewart, 1984; Kilpatrick & Acierno, 2003; Markesteyn, 2002; Resick, 1987, 1993). Although there is an overlap between the psychiatric and psychological consequences following a rape and non-sexual assault (Boudreaux, et al., 1998; Foa & Rothbaum, 1998; Gilboa-Schechtman & Foa, 2001; Marksteyn, 2002; Resick, 1993), there is consensus in the empirical literature that the impact of sexual trauma is more extensive and enduring (Faravelli, Guigni, Salvatori, & Ricca, 2004; Yuan, Koss, & Stone, 2006). Despite this recognition, the psychological disturbance following the experience of rape is primarily researched within a PTSD framework. Although of important clinical utility, an emphasis on using a medical trauma response model arguably attenuates the subjective, emotional and contextual dimensions that influence post trauma difficulties.

Similar to empirical findings, international feminist qualitative research points to more devastating and chronic mental health consequences in the aftermath of a sexual than a non-sexual assault. Importantly, feminist studies highlight a specific cluster of symptoms that differentiate the psychological impact of rape from other traumatic experiences. For example, perceptions of devalued sexuality, shame, fear of stigmatisation and social judgement, and a sense of permanent change are common negative self-appraisals following the experience of sexual trauma (de Swardt, 2006; Khau, 2007; Kraegel, 2007; Lebowitz & Roth, 1994; Thomson; 2000). The psychological sequelae also extend to relational problems such as a profound mistrust of men and difficulty with sexual intimacy (de Swardt, 2006; Khau, 2007; Kraegel, 2007; Lebowitz & Roth, 1994; Thomson, 2000). Feminist studies thus emphasise

that the impact of trauma is more complex and multifaceted than suggested by a medical framework, and that it cannot be explored through the lens of a psychiatric paradigm alone (Wasco, 2003). Researchers increasingly underscore that the societal constructions of 'victimhood' differ for rape and non-sexual assault survivors and influence post trauma recovery (Anderson & Doherty, 2008; Ward, 1995). The experience of trauma for rape survivors is often exacerbated by invalidating social responses and unlike other forms of violation, women typically have to prove that a crime was committed; authors describe this as secondary traumatisation or victimisation (Campbell, Wasco, Ahrens, Sefl, Barnes, 2001). The socio-cultural context and meaning of a trauma thus informs women's subjective responses. Attention to the interconnectedness of these factors is important to ameliorate and broaden understandings of post trauma psychological problems (Neville & Hepper, 1999).

Notwithstanding some of the limitations, the breadth of international research is wide, and there are several specialised areas of focus within the field. Findings have been invaluable to the development of trauma theory, standardised assessment tools, and psychotherapeutic intervention programmes. In comparison to the vast range of international literature, South African research in psychology on the impact of rape and non-sexual criminal victimisation is under-researched despite the endemic levels of violent crime. Sexual assault in particular is ubiquitous, and it has become an all too commonplace experience for women in South Africa. In the recent past, international reported rape statistics ranked South Africa as the highest per capita for a country not at war (Artz, 2003).

Police figures show that the prevalence and incidence of both rape and non-sexual criminal assault remain at a relative constant (SAPS, 2006, 2007, 2008, 2009[1]). For the period April 2008 – March 2009 there were a total of 71,500 reported cases of sexual assault, an 8.2% increase over the past decade (SAPS, 2009a). Crimes that fall within the category of non-sexual assault are also high. Between April 2008 and March 2009 there was a reported incidence of 121,392 cases of robbery with aggravating circumstances (SAPS, 2009b) and 59, 232 incidents of common robbery (SAPS, 2009c). The scale of both rape and non-sexual assault, is however estimated to be much higher than reflected in published police statistics (Burton et al., 2003). Sexual assault is especially susceptible to underreporting globally and in South Africa (Britton, 2006; Statistics South Africa [Stats SA], 2000). Given the severity

[1] At the time of writing this thesis reported crime statistics for April 2009-March 2010 were not published.

of the effects of psychological trauma, researchers observe that continued growth in the field is “vital” (Marx, 2005, p. 226). This view is especially relevant to South Africa in light of the magnitude of rape and non-sexual assault and the limited knowledge of how these traumas impact on South African survivors. It is thus crucial that more research in psychology be undertaken. Findings from such research could be of significant value to the development of effective therapeutic interventions and to advancing theoretical understandings of how trauma affects South African individuals. The current study attempts to contribute to addressing the limited research on psychological trauma in South Africa. This research project was part of a larger, longitudinal doctoral study on the psychological impact of sexual assault on a sample of women who received medical treatment at the Thuthuzela Care Centre at G.F Jooste Hospital in the Western Cape. Participants in this study were a sub-set of the larger study.

1.2 Definitions and terminology

1.2.1 Rape

The definition of rape is in accordance with the South African Sexual Offences Amendment Act of 2007, which defines it as the experience of any form of non-consensual sexual penetration by another person (Snyman, 2008).

1.2.2 Non-sexual assault

Although non-sexual assault encompasses a number of violent acts (for example, robbery with aggravating circumstances, common robbery, and street robbery), for the purposes of this study, the term was formulated around the broad definition of assault as delineated under South African Common Law Crimes (Snyman, 2008). According to the legal definition, assault is a crime against the bodily integrity of another person and can be committed either by direct application of force, or through inspiring fear that the person will be physically harmed (Snyman, 2008, p. 455). Thus in this study, non-sexual assault refers to any direct threat to another person’s life, with or without the use of physical contact, but with the intention of committing another crime. It excludes domestic violence; the rationale for this is discussed in the Methodology Chapter. All five non-sexually assaulted women in the study were assaulted for the purpose of being robbed of their money, cell phones, and/or jewellery.

1.2.3 Survivor versus Victim

The use of *survivor* as opposed to *victim* was chosen to refer to the women in the study. This is not intended to disregard or minimise the fact that the participants were victims of a crime. However in feminist research it is a preferable term because it connotes agency and resilience. The two terms are nonetheless conceptualised as occurring along a continuum and it is possible for women to shift between the two identities (Thomson, 2000).

1.2.4 Racial terms

Although it is recognised that race is a social construct, racial terms are used in the study because of its historical salience in South Africa. Under the apartheid government's Population Registration Act of 1950, it was mandatory for citizens to register at birth as either Black, Indian, Coloured (mixed racial heritage) or White (West, 1988). This legislation was underpinned by the belief in white supremacy, a racist ideology that was the basis for stratifying South African society economically, geographically, and psychologically. Racial classification determined access to resources, ownership of land, education, employment, and service provision in communities. Whites were in the most privileged position, followed by Indians then Coloureds, while Blacks were placed at the lowest rung of the hierarchy and hence suffered the most deprivation. The enforcement of social segregation through The Group Areas Act, further divided and entrenched the belief in racial difference. Each racial group could only legally reside in allocated areas or suburbs and the infrastructure in these racially exclusive areas matched the hierarchical racial stratification system. Although there has been redress of past inequities, historically disadvantaged areas are still comparatively poorly resourced.

The participants in this study would all have been classified as *Coloured* under apartheid legislation. Although the term Coloured is problematic and contested by many, I will use it for its historical and social significance, and its impact on identity.

1.2.5 Cape Flats

The Cape Flats is a colloquial term that refers to a stretch of low-lying land in Cape Town that was designated a residential area for Coloureds or Blacks. The poor infrastructure in townships on the Cape Flats and the physical and social density of many of these areas resulted in a range of on-going social problems such as violence, crime and gangsterism.

1.2.6 Outline of the dissertation

In the next chapter, the literature in the field of trauma studies relevant to the current research is reviewed, and the limitations and gaps in the literature are highlighted. Chapter Three provides the aims of the research, an orientation to the feminist epistemology of this thesis and research procedure and methods are discussed. The chapter also includes researcher reflexivity. Chapter Four presents the results and a qualitative analysis of the data. The dissertation concludes with a summary and discussion of the results in Chapter Five, the limitations to this study, and directions for future research.

CHAPTER 2
LITERATURE REVIEW

In the first part of this chapter, a brief overview of the origins of systematic inquiry into the nature of traumatic memory in 19th century France provides the background to the literature that is of pertinent to this study. Interest in traumatic memory during this period, and the work of Pierre Janet in particular, is highlighted because it was the foundation for key current understandings of the impact of trauma on narrative memory of the event and of non-traumatic experiences. This leads into a review of two specific areas within relatively current psychological literature linked to trauma and memory: research on trauma narratives and overgeneral autobiographical memory. The gaps and limitations in these studies are identified for their bearing on the current thesis. The chapter then presents a review of feminist discursive studies on the experience of sexual assault. Following on from this, the chapter proceeds to discuss the progress and development of South African trauma research, then to a review of the local psychological literature relevant to this thesis, and concludes with the aims of the current study. This chapter emphasises that sustained academic interest and research progress depend on a socio-historical context that fosters the engagement with trauma in social, political and public spheres.

2.1 Background to the study of trauma narratives in psychology

An initial interest in traumatic memories dates back to the first systematic inquiry into psychological trauma and the beginning of modern psychiatry in 19th century France, when the phenomenon known as hysteria became a research focus (van der Kolk, Brown, & van der Hart, 1989). The French psychiatrist Janet - and peers Freud and his colleague Breuer - are considered pioneers for their reformulation of the understanding of hysteria. Although Janet worked independently from Freud and Breur, their consensus was that hysteria is often an emotional reaction in response to repressed memories of psychological trauma (Herman, 1992; Janet, 1925; van der Kolk, 1997). Janet termed the detachment of memories from conscious awareness "dissociation" (Brewin, 2007, p. 228), an important construct in contemporary traumatic memory theory. His hypothesis that memories for trauma and ordinary or narrative memory are distinguishable from each other was original (Hopper & van der Kolk 2001). Janet postulated that traumatic memory is inflexible and cannot be

integrated into the individual's belief and meaning system (Brewin, 2007). He also proposed that traumatic memories are "biphasic" in nature i.e. vivid and indelible, yet contrasted with a poor ability of individuals to recollect details of their experiences (van der Kolk, et al., 1989, p. 373). This is a fundamental concept in modern understandings of post trauma responses such as PTSD.

While Janet's theories were largely focused on the cognitive mechanisms and characteristics of traumatic memories, it was Freud who attempted to explore the aetiology of dissociated memories in hysteria. His case studies of several women led him to propose that repressed memories of childhood sexual trauma could be the antecedent to hysteria and were symptomatic of the underlying distress (Herman, 1992). Unfortunately, this hypothesis was not met favourably by his colleagues, who contested its plausibility, and Freud infamously withdrew his groundbreaking theory. Exploration of the relationship between the experience of a traumatic event, such as sexual abuse and symptomatology languished in psychiatry because the political implications of acknowledging 'real' trauma went against the original secularist quest to seek scientific truths (Herman, 1992). Thus, at the time the social climate was not receptive to acknowledging trauma in civilian life. Interest in psychological trauma, including its impact on narrative memory, faded with the collapse of traumatic studies by the turn of the century (van der Kolk, Wiesaeth, & van der Hart, 1996). It is acknowledged by several authors that research on psychological trauma has a history of tapering out, and is subject to an alliance between a political movement and the scientific community (see Herman for detailed review, 1992).

Interest in traumatic memories was renewed decades later in a broader context of political activism by the civil rights movement and the Vietnam War veterans, which created the impetus for improved awareness and formal recognition in psychiatry of the deleterious impact of trauma exposure (van der Kolk et al., 1989). The inclusion of Post Traumatic Stress Disorder (PTSD) in 1980 by the American Psychiatric Association (APA) in the Diagnostic and Statistical Manual of Mental Disorders (DSM), gave credibility to the symptoms experienced by survivors of trauma because of its status as a diagnostic category (van der Kolk & McFarlane, 1996). It was also the catalyst for the establishment of trauma studies as a sustained field. Since the ascendancy of PTSD, trauma memories have predominantly been studied within this diagnostic framework on diverse trauma populations including survivors of female sexual trauma which came into focus during second wave feminism in the USA

and Western Europe in the 1970s (Rozee & Koss, 2001). In addition to poor narrative memory recall for the traumatic episode itself, there is accumulating evidence in relatively recent literature of a more global form of memory impairment for other significant events (Isaac, Cushway & Jones, 2006). Although avoidant thinking, concentration and attentional difficulties are included in the PTSD criteria, and can be attributed to memory 'deficits', this is not underscored in the DSM but widely documented in the literature (Isaac et al., 2006).

Other post trauma symptoms such as delayed memory recall amongst veterans, following the Vietnam War, also became widely accepted in psychiatry as a probable response to overwhelming trauma. However, when a similar phenomenon was observed amongst girls and women within a context of sexual violence, traumatic amnesia again became a controversial issue and moved from the scientific to the political domain (van der Kolk, 1997). For example, if women were unable to articulate their experience coherently, or experienced amnesia for aspects of the assault, they were thought to be fabricating a claim of rape (Stefan, 1994). Also, if women chose to defer reporting a rape it was assumed that it was because they did not suffer any harmful effects (Stefan, 1994). Second wave feminist scholarship in the USA and Western Europe raised awareness that these prejudicial attitudes referred to as rape myths[2], were largely influenced by stereotyped beliefs about womanhood and heterosexuality (Koss & Harvey, 1991; Gavey, 2005). What the history of trauma research in psychiatry demonstrates is that the knowledge frameworks are inextricably linked to the dominant socio-cultural and political values of any era.

In clinical and narrative psychology much has since been written about survivors' struggle to convey their experiences in words in the immediate aftermath following a traumatic event (Rosenthal, 2003). In the 19th century Janet, Freud and Breuer recognised that the transformation of traumatic experiences into a verbal narrative is necessary for the alleviation of symptoms (cited in Brewin, 2007), an outcome referred to as "abreaction" or "catharsis" by Breuer and Freud (Herman, 1992, p. 12). This concept is at the core of several psychotherapeutic techniques (Pennebaker & Seagal, 1999). Examples include cognitive

[2] Rape myths are defined as pervasive stereotypical beliefs about what constitutes and causes rape, and typically blame women or minimise its harm (see Lonsway & Fitzgerald, 1994, for detailed review). Feminists argue this to be reflective of structurally embedded patriarchal values transmitted through gendered discourses, which position men and women in asymmetric relations of power to each other (Hollway, 1998). For example, feminists argue that popular discourses on femininity and masculinity construct men as inherently sexually aggressive and women as temptresses, and hence normalise rape (Gavey, 2005).

narrative psychotherapy (Gonçalves & Machado, 1999), psychodynamic therapy, narrative exposure therapy, and cognitive behavioural processing therapy.

In sum, since the revival of trauma studies in the 1980s in the USA and western Europe, an interest in the effects of trauma on narrative memory for the event and other experiences came back into focus. There is a multiplicity of research in psychology on trauma and memory, with two separate but intersecting areas holding prominence in the literature. One area explores the effects of various traumas on an individuals' ability to construct a narrative account of the event, and the other, their effect on non-traumatic autobiographical memories. It is on these two particular lines of research inquiry within the literature that the current thesis will focus, and it is to this that the discussion shifts next.

2.2 International research on narratives of trauma memories

In the clinical literature, the recovery from trauma is hypothesised to be dependent on the emotional processing of the traumatic experience, and the organisation and integration of it into autobiographical memory; a prevalent way of studying trauma memories is through exploring the narratives of the experience (Alvarez-Conrad et al., 2001). This section of the chapter will review empirical studies on narratives of traumatic experiences, but first, an overview of some of the key understandings into traumatic memories and its controversies is warranted, to locate the literature within the broader debates.

From the inception of research on traumatic memories, the nature, authenticity and unique features of it have garnered interest and debate within psychology and psychiatry (Brewin, 2007). Researchers working within different theoretical frameworks (for example, cognitive neuroscience, clinical and experimental psychology) in these disciplines have however not reached a consensus that memories of trauma are indeed distinct from 'ordinary' ones (Hopper & van der Kolk, 2001). Whether there are differences between these memories has often been contested by researchers working in an experimental paradigm, and most consistently observed and reported by clinicians. Amidst the controversies and disputes amongst researchers, two dominant, but polarised models have emerged and attempted to define the characteristics of traumatic memories. These are *the disintegration/fragmentary perspective* and *the landmark view* - also referred to by some researchers as the *equivalency*

or superiority view. The former argues that these memories are typically fragmented, sometimes poorly recalled, and are not well integrated into an individual's life narrative when compared to other memories. The latter insists that trauma memories are coherently organised, more vivid and more detailed. Furthermore, this perspective argues that trauma is integrated into an individual's autobiography and in this regard is similar to ordinary memories. In many ways these theories are reflective of findings built on different research populations, and a divergence of methodologies, as is evident in some of the research reviewed below.

2.2.1 The fragmentary hypothesis

Janet's (1925) work is regarded as influential in the formulation of the fragmentary hypothesis. He argued that traumatic memories are often 'split off' or dissociated from consciousness and therefore not converted into semantic memory and transformed into a personal narrative. Janet (1925, p. 677) contended that without a narrative, trauma memories remain "fixed" as sensory fragments that intrude into consciousness, and lack a temporal connection or integration with other experiences. Piaget, a student of Janet's, extended and advanced these hypotheses. He suggested that there is a failure of semantic memory to accommodate and assimilate a trauma experience into pre-existing mental schemas, and that it therefore becomes organised on a perceptual or "primitive" level and exists without a linguistic dimension (cited in van der Kolk & Fisler, 1995, p. 519). Several of Janet and Piaget's conceptualisations underpin the rationale behind many current narrative therapeutic interventions with traumatised individuals.

A substantial amount of quantitative research on clinical populations, as well as clinicians' anecdotal evidence, has consistently been in accord with Janet and Piaget's observations (O'Kearney & Perrot, 2006; van der Kolk & Fisler, 1995; Zoellner, Alvarez-Conrad & Foa, 2002). Neuroimaging research of individuals with PTSD has further supported the contention that traumatic memories are predominantly somatosensory and not organised in a narrative. For example, a decrease in the activity level of Broca's area (associated with speech) and the hippocampus (involved in verbal recall of explicit memory) has been observed, while the amagdyla (associated with emotions and visual images) is reportedly highly activated in survivors of traumatic events (Newport & Nemeroff, 2000; van der Kolk, 1996).

2.2.2 The landmark hypothesis

As noted earlier, there is conflicting evidence in the literature with some studies finding little support for the fragmentary theory. Instead it reports that in PTSD traumatic memories are remembered coherently, more vividly and either as “landmarks”, or are similar to ordinary memories (Bernsten, Willert & Rubin, 2003, p. 678; Moore & Zoellner, 2007; Peace & Porter, 2004; Porter & Birt, 2001). For example, Bernsten et al. (2003) report evidence for the landmark view in their study which compared the qualities and organisation of memories between individuals with PTSD symptoms and those without. A sample of university students was asked to rate the quality, coherence and integration of their trauma memories into their life stories using a retrospective self-report questionnaire. The findings suggest that for those individuals with symptoms of PTSD, the trauma had become integrated into their overall life story, albeit in a dysfunctional way. Trauma memories of these participants were predominantly rated as intrusive and as causing persistent identification with the experience of being a victim, and hence became a landmark or reference point to organise and understand other experiences.

Research by Porter and Birt 2001) also provides evidence to support the landmark, or equivalency/superiority, view. Participants (n=306) were all university students, who completed a questionnaire to assess the characteristics of memories for traumatic and positive events. According to the findings, traumatic memories contained rich detail, more description of emotions, and were similar in vividness and coherence when compared with positive memories. Trauma memories were also recalled continuously, without amnesia or avoidance of some aspects of it, and notably were thought about more than memories of other significant experiences. Similarly to Bernsten et al.’s study (2003), there are limitations to interpreting these findings because they are based on university students with widely different traumatic experiences, thus reducing the generalisability to clinical populations, and individuals with a different demographic profile. Additionally, there were some participants in Bernsten et al.’s (2003) study who had undergone therapeutic treatment and it is unclear if this variable affected the overall results.

2.3 Understanding the contrast between the fragmentary and landmark views

It seems apparent that the contrast between the landmark and fragmentary models is an outcome of methodology and sample selection. For example, evidence for the landmark view has come from several retrospective studies on mostly non-clinical samples where the assessment tools have used self-report meta-memory judgement questionnaires (Megias, Ryan, Vaquero & Frese, 2007). In research where participants recount their trauma through verbal narratives, they predominantly report the memory to be remembered as 'wordless' initially, disorganised, and mainly stored as visual images or somatic sensations rather than in narrative form (Megias et al., 2007; van der Kolk & Fisler, 1995). Another significant factor, which could possibly account for discrepant findings, is that most of the research relies on retrospective accounts of trauma memories with wide variability in the time which has elapsed since the traumatic event. There is also a diversity in the type of trauma experienced, and in method of memory retrieval and analysis. In most studies little indication is given of whether any participants had prior therapeutic intervention, which is an important variable when considering why some individuals might recount trauma memories coherently.

Whilst the landmark perspective is antithetical to the fragmentary hypothesis, there is however some overlap between these views. Researchers favouring either model agree that in PTSD, intrusive re-experiencing often leads to the over-inclusion of other negative life events as thematically related to the trauma and maintains ruminative thinking. They contend that an individual's subjective response to a trauma thus becomes a gauge against which they evaluate themselves: for example, helplessness or submission at the time of the assault is erroneously thought of as their own failure. Dysfunctional attributions of meaning to other negative experiences are subsequently enhanced, and result in perseverative negative self-appraisals or "mental defeat", loss of a sense of autonomy, and the meaning of the trauma becomes central to their identity (Ehlers et al., 1998, p. 461). Based on findings, authors of both perspectives also agree that cognitive avoidance of the full trauma scenario is prominent in those with a PTSD profile, which can be hypothesised to impress as a fragmented, non integrated account in verbal re-telling (Bernsten et al., 2003).

Authors of the landmark view acknowledge the validity of the fragmentary perspective when it pertains to verbally recounting a traumatic event as opposed to giving a written account of it - a process that provides more opportunity to be attentive to coherence and structure (Peace & Porter, 2004). Guided by their comparative study on the organisation of trauma memories between a PTSD and non-PTSD sample, the researchers propose a middle-ground between the two perspectives (Bernsten et al., 2003). They suggest that rather than understanding a trauma memory as unintegrated, it is more apt to describe it as "dysfunctional integration" because the memory is included in the autobiographical base, but becomes a reference point for ascribing meaning to all other experiences (Bernsten et al., 2003, p. 690). Although it is not always clearly explicated in the literature, there is a convergence between the two models that trauma memories in PTSD cause disruption to memory in particular ways. Authors agree that compared to normal autobiographical memory, flashbacks are dominated by sensory re-living in the present and are therefore not integrated into a semantic episode as ordinary memories are. This distortion in temporality is what is referred to as disjointed and fragmentary recollections rather than a verbatim account of the incident necessarily, which is often the basis for judging fragmentation and coherence in empirical studies (Brewin & Holmes, 2003).

2.4 Research on trauma narratives of sexual and non-sexual assault survivors

A significant limitation in the research is an absence of studies exploring whether trauma narratives in any way differ amongst various clinical populations (for example, single vs. chronic trauma, and sexual vs. non-sexual assault). There is some preliminary evidence that memories for a sexual assault contain more vivid sensory components when compared to other violent events (Porter & Birt, 2001). However, little research has compared the narratives between rape and non-sexual assault thus making it difficult to determine if there are differences in how these memories are recollected.

Tromp et al. (1995) conducted one of the first studies to compare the differences between the characteristics of rape memories and those of other negative events, amongst two samples of female respondents to mailed surveys. The women were employees of a medical centre (N = 1,047), and a university (N = 2,142). Interestingly, in contrast to Porter and Birt's (2001)

study, the participants rated their trauma memories as less clear and vivid, more disorganised and cognitively avoided (for example, less talked and thought about) when compared to other memories. Tromp et al. (1995), however hypothesise that the particular features of the participants' narratives could be a function of more active avoidance and cognitive engagement with memories of sexual assault than for other unpleasant experiences. According to the authors, this might be indicative of women's silence about sexual assault - a coping strategy in a social context that does not readily validate this trauma. This raises the importance of considering that women's narratives of sexual assault are not only an individual process but intersect with the meaning given to this trauma in their social and cultural contexts. It is possible that the choice to be silent or avoid thinking about it mirrors implicit societal norms that generally do not facilitate articulation of sexual violence. Other variables that influenced the results of the Tromp et al. study (1995) were that the average time since the assault was more than two years, and a high frequency of the assaults occurred while the women were intoxicated. Collectively these could account for trauma memories being evaluated as less prominent.

Trauma narratives have also been increasingly researched in treatment studies (van Minnen, Wessel, Dijkstra & Roelofs, 2002). A central focus has been on the efficacy of exposure therapy in treating individuals with PTSD, and the relationship between PTSD and linguistic features in trauma narratives. Foa, Molnar & Cashman (1995) developed a coding system informed by linguistic studies to assess changes in rape narratives of women receiving cognitive-behavioural therapy (CBT) for PTSD. Narratives elicited from participants through repeated imaginal re-living were divided into utterance units: sensation, dialogue, disorganised/organised thought and action utterances. The coding of the utterances into various categories was primarily aimed at measuring fragmentation and cohesiveness. A correlational analysis revealed improved narrative organisation and less fragmentation to be related to a decrease in symptoms. Narratives at post-treatment were also found to be lengthier and to include more focus on the emotional meaning of the event, rather than on the concrete/external aspects. This could possibly reflect more willingness and ability to engage with internally processing the trauma, as a result of reduced anxiety in recalling the trauma memory and repeated re-tellings of the experience.

Zoellner et al.'s (2002) quantitative research used a mixed sample of childhood and adult female survivors of sexual and non-sexual assault with chronic PTSD who received imaginal

exposure treatment. The participants were divided into either a low or high level peritraumatic dissociation group to compare their narratives, in terms of structure, emotional content and reading ease (coherence). The narratives of women who used more dissociation at the time of the assault were found to have less reading ease and included more utterances of negative somatosensory feelings (Zoellner, Alvarez-Conrad, Foa, 2002). These findings are in accord with other literature on clinical samples whose trauma narratives are reported to be remembered sensorially rather than semantically. However, the average time since the assault in the sample was over six years, and there was also evidence that childhood sexual abuse was associated with less coherent narratives. Therefore it is not clear how this would present for women reporting a recent single trauma.

Van Minnen et al. (2002) replicated and extended Foa et al.'s (1995) study on a heterogeneous sample of 20 trauma survivors with a PTSD diagnosis, of whom four participants were sexual assault survivors. Using Foa et al.'s quantitative linguistic coding system, van Minnen et al. (2002) found support for the hypothesis that imaginal exposure treatment decreases disorganised thoughts, and references to the external events (details of the assault) and increases focus on thoughts and feelings about the incident. Unlike the Foa et al. study (1995), there was no correlation between decreased memory fragmentation and improved psychological status. The authors acknowledge that the sample was constituted of individuals with various traumas and that their treatment was less frequent than that of the individuals in Foa et al.'s (1995), and that these variables are likely to have affected the results.

In an attempt to document changes in how trauma narratives are experienced over time, Hopper and van der Kolk (2001) conducted case studies on three individuals with a history of sexual trauma and/or abuse, who were participating in a broader study on the outcome of treatment for PTSD. Immediately following script-driven remembering (a therapy technique requiring the individual to compose a written version of the trauma in the second person, present tense with the assistance of a researcher) participants were asked to rate their memories using a questionnaire designed by the authors. The categories for assessment were: clarity, vividness, dominant modality of memory (sensory, affective, or narrative), fragmentation and cohesiveness. According to the findings, the authors report that with treatment trauma memories are transformed from a dominance of somatosensory and affective impressions into a narrative, and that this is correlated with a marked reduction in

re-experiencing symptoms. There was however, some suggestion that more severe, chronic childhood trauma is less responsive to psychotherapeutic intervention. For instance, somatosensory symptoms became heightened for one participant with a history of more prolonged exposure to childhood sexual abuse. Nevertheless, this study gives interesting insights into the potential benefits of narrative processing in reducing the degree of re-experiencing a trauma as sensory-perceptual memories. However, a control group, which might have been useful in differentiating how trauma memories between individuals with and without a diagnosis are experienced and recounted was not included. The authors acknowledge that questions regarding fragmentation and cohesiveness were vague and these are not reported. Finally, the participants had all undergone treatment. The findings might differ in a population not receiving any psychological intervention.

Other treatment research using exposure therapy has identified particular features in narratives as being predictive of post trauma psychopathology and poor physical health. In their study on 28 female assault survivors with chronic PTSD, Alvarez, Zoellner and Foa, (2001) used a linguistic analysis computer programme to identify the frequency of cognitive words (words that show insightful thinking), references to negative or positive affect, and use of speech fillers (*um, eh*). Data analysis revealed a significant association between more extensive use of words related to death and dying to psychopathology and lowered perception of physical health, while a higher occurrence of cognitive words was related to better post trauma adjustment. Self-blame, negative self-appraisals and shattered assumptions of the world were also correlated with trauma pathology. This study did not explore whether there was a relationship between type of assault and semantic features of narratives, however the authors note that this is a direction for future research.

Beaudreau (2007) compared the differences between the linguistic features of trauma narratives and of a neutral event amongst a community sample, some of whom reported sexual assault. Guided by the Linguistic Inquiry and Word Count (LIWC), a software program developed by Pennebaker and Francis (see Pennebaker & Francis, 1996) narratives were analysed in terms of semantic categories (words denoting affect, sensory and perceptual detail) and total length. Her findings suggest a correlation between shorter trauma narratives and posttraumatic symptoms while longer trauma narratives were found to be predictive of better psychological adjustment (Beaudreau, 2007). Consistent with the literature, trauma narratives contained more somatosensory detail than comparison narratives.

Within the writing paradigm, there is extensive research to support the hypothesis that putting a traumatic event into a story-like format has therapeutic value. Writing a narrative about a negative experience has consistently been found to be beneficial to the mental and also physical health of individuals (Smyth, 1998). According to researchers in the field, non-disclosure of distressing events is construed as being a form of psychological defensiveness that is maintained physiologically and tends to manifest in psychosomatic ailments (Niederhoffer & Pennebaker, 2002). There is ample evidence from studies that re-telling or writing about a traumatic experience alleviates distress and improves overall health. Furthermore, better post trauma adjustment is usually correlated with particular features in a narrative such as coherence, the inclusion of thoughts and emotions, and evidence of self-reflection and meaning-making (Pennebaker & Seagal, 1999). These are important because they signal cognitive processing of a trauma, and integration of the experience into an individual's life narrative (Niederhoffer & Pennebaker, 2002; Pennebaker & Seagal, 1999). However, generalisations of findings from studies in the writing treatment paradigm to severely traumatised individuals is cautioned against since they are predominantly based on work with college students some of whom have not had direct contact with a traumatic event (Alvarez-Conrad et al., 2001). Authors also acknowledge that written narratives cannot be used in isolation of a therapeutic intervention amongst clinical populations, for example, the symptoms of individuals with PTSD have often worsened using this technique alone (Pennebaker & Seagal, 1999).

2.4.1 Limitations of literature on trauma narratives

It is evident that empirical research on traumatic memories has remained a difficult and complex undertaking because a situation that evokes symptoms analogous to PTSD cannot on ethical grounds be replicated within the context of a laboratory. Diverse methodologies and samples, variability in the time elapsed since a trauma, and few scientific studies documenting the evolution of traumatic memories have contributed significantly to inconsistencies in the literature. It is also difficult to generalise from findings in treatment studies to individuals who do not receive any therapeutic intervention or are asked to give a narrative of their experience without the restrictions of an imposed, structured task. For example, in exposure therapy individuals are asked to recount the trauma in the first person, present tense. The linguistic organisation of these accounts is likely to vary considerably to

those elicited through more unstructured methods. Furthermore, definitions of the features of narratives have often been vague and varied across studies and it is sometimes unclear how concepts such as fragmentation and coherence are operationalised. However, researchers interested in the linguistic features of narratives have attempted to give more comprehensive definitions.

Regardless of conflicting evidence, both clinical and experimental studies point to there being qualitative differences between the trauma memories of survivors with PTSD and those without. Another notable finding in the clinical research indicates that posttraumatic symptoms dissipate once the experience is conveyed in a complete verbal narrative and the memory subsequently becomes integrated with other autobiographical memories (Foa, 1995; Alvarez-Conrad, Zoellner & Foa, 2001; Hopper & van der Kolk, 2001). Where researchers also seem to converge, is in their observation of the centrality to identity that trauma forms in those with PTSD a profile. A limitation linked to this, is that emphasis is placed at the individual level with little attention to situating experiences in a socio-cultural context and examining how this possibly compounds the impact of trauma. In many ways, the quantitative literature universalises and decontextualises the experiences of survivors through overlooking constructs such as race, culture and gender that might potentially mediate women's narrative accounts. For example, women from historically marginalised groups in South Africa have often experienced multiple forms of oppression, therefore, notwithstanding subjectivity, their narratives will possibly be reflective of particular discourses unique to their experiences. It is likely that this will differ from women typically represented in the international research.

Despite the limitations, this body of research informs several common psychotherapeutic interventions such as cognitive behavioural, narrative exposure and psychodynamic therapies in which narrative reconstruction of the trauma is a salient component. Further to this, developing narrative memory, coherence, reconnection to the past, and integration of the event into the autobiographical memory base is an important therapeutic goal in long-term therapy because of its implications for the mental health of a trauma survivor. For example, many survivors attempt to regulate distressing memories and emotions about the trauma through adopting maladaptive cognitive avoidance strategies (Kleim, Wallot & Ahlers, 2008). The underlying mechanism involved in sustaining this, seems to hinder the retrieval of specific memories in the life narrative and evidence indicates that it is often the pathogenesis

to post trauma recovery difficulties (Dalgeish, Hauer & Kuyken, 2008; Megias et al., 2007). The literature reviewed next pertains to this particular area in the trauma literature. Although it has been researched separately from trauma narratives they are interlinked.

2.5 International research on overgeneral autobiographical memory

Autobiographical memory is defined as a component of memory "concerned with the recollection of personally experienced past events" (Williams et al., 2007, p. 122), and several authors concur that it is essential to an individual's self-concept and identity (de Decker, Raes, & Eelen, 2003). An interest in the importance of autobiographical memory has led to burgeoning research on the phenomenon of overgeneral memory – a term that is defined as a "generic" summary of a personal event (Williams, Teasdale, Segal, & Soulsby, 2008, p. 150). This is in contrast to a specific memory which when recounted describes a particular event that is located in time and place. For example, in response to the cue word *enjoy*, an overgeneral memory might be *I enjoy parties* rather than *I enjoyed Mary's party on Saturday*.

Initially research on overgeneral autobiographical memories grew from the work of Williams and Broadbent (1986) who were the first to observe suicidal individuals' difficulty with retrieving specific memories and their slower response to positive cue cards when compared to a control group. Empirical findings have since shown that overgenerality of memories is not only specific to actively suicidal patients, but extends to other clinical populations, including those with a history of childhood sexual and/or physical abuse (Hauer, Wessel, Geraerts, Merckelback & Dalgeish, 2008; Stokes, Dritschel & Bekerian, 2008), a major depressive disorder (MDD), Acute Stress Disorder (ASD), and PTSD (Moore & Zoelner, 2007). There has also been some evidence pointing to overgenerality being a result of stable trait-like phenomena or cognitive style (Wessel, Meeren, Peeters, Arntz & Merckelbach, 2001). Findings from research investigating the efficacy of therapeutic interventions such as Mindfulness-Based Cognitive Therapy (MBCT) on clinically depressed individuals, however, show a reduction in overgeneral memories and an increase in the retrieval of specific memories (Williams, Teasdale, Segal & Soulsby, 2000). Thus it would seem that lack of autobiographical memory specificity is not necessarily a result of an enduring cognitive style.

The phenomenon of overgeneral autobiographical memory has mainly been assessed by the use of Williams and Broadbent's (1986) cuing task, the Autobiographical Memory Test (AMT). After practice trials, participants are asked to recall a specific memory lasting less than a day in response to positive and negative valenced words (for example, *happy, interested, angry, hurt, lonely, successful*) presented either on a cue card, verbally, or on a computer screen (Williams, 1986). A time limit is allotted for individuals to respond to cue words, with one minute in the original AMT, and 30 seconds in later versions (Williams & Broadbent, 1996). Various quantitative tools have subsequently been developed to assess overgenerality, including self-report questionnaires and rating scales. Several studies utilising these tools have replicated the original findings, but in contrast to this, some research on clinically depressed samples, generally report that more specific memories were elicited in response to negative cues (van Vreeswijk & de Wilde, 2004). This pattern of response is accounted for by the *mood congruent theory*, which explains more specific negative memory retrieval as indicative of a negative memory bias in depressed individuals.

2.5.1 Trauma and reduced memory specificity

Some findings suggest that there is a reciprocal relationship between overgeneral autobiographical memory, ASD and PTSD (Kleim & Ehlers, 2008). A theory similar to the mood congruent model that supports this view is the "capture and rumination hypothesis", which posits that negative schemas are activated and ruminated over (Kleim & Ehlers, 2008, p. 232; Williams et al., 2007). Thus, survivors of a trauma find it difficult to retrieve specific memories because they are 'captured' by negative thinking, leading to the maintenance of negative affect and the perception by survivors of permanent change to their lives (Dalgleish, Rolfe, Golden, Dunn, & Barnard, 2008; Kleim & Ehlers, 2008).

Research shows that surviving a traumatic event often disrupts the sense of a continuous self and subsequently the ability to provide an integrated and coherent narrative of significant life events. Albright, Duggan, and Epstein (2008, p. 400) describe a traumatic experience as producing a "rupture" in the life narrative. In traumatised individuals early indicators of a predisposition for a 'breakdown' in the life narrative is evidenced in survivors' difficulty with constructing a complete narrative of their trauma. Researchers contend that this signals the risk of failing to reach a point of "resolution" of the trauma and that rumination about it

becomes entrenched (Pennebaker & Seagal, 1999, p. 1243). A consequence of this is a reduced capacity to remain connected to other significant life experiences (Williams et al., 2007). According to the trauma landmark perspective, discussed earlier, the centrality of a trauma to self-identity may account for the lack of autobiographical memory specificity for other events (Bernsten et al., 2003, p. 679).

A prominent theory to account for overgenerality amongst survivors of trauma is the *affect regulation model*, which explains this phenomenon as being a cognitive retrieval style used to suppress negative affect. Findings from several studies suggest that survivors' with a PTSD profile and/or a history of child sexual or physical abuse tend to inhibit negative memories as a way of reducing or controlling overwhelming emotional arousal (Hermans et al., 2008). Research suggests that the cognitive mechanisms involved in the suppression of unpleasant memories result in a general reduction in the flexibility of autobiographical memory, and also lead to overgeneral positive memory recall (Hermans et al, 2008).

Although the literature shows that exposure to trauma is not necessarily a predictor of overgeneral autobiographical memory, there is growing evidence to suggest that a recent trauma often results in difficulty with retrieving specific autobiographical memories in clinical samples (Moore & Zoellner, 2007). However, existing empirical research does not indicate whether this differs amongst trauma populations. In a large-scale study, which examined autobiographical memory retrieval amongst recent survivors of a violent assault, the researchers found a correlation between self-reported level of trauma severity and overgeneral autobiographical memory (Kleim & Ehlers, 2008). This provides some evidence that the subjective meaning of trauma could result in a differential impact on memory. The sample in this study was however, mostly comprised of survivors of a non-sexual assault, thus it is difficult to compare and infer whether different traumas have a more profound effect on autobiographical retrieval.

Kleim and Ehlers (2008, p. 232) argue that the disruption of autobiographical memory contributes to the inability many trauma survivors have in "reclaiming their former lives". This is supported by the contention amongst clinicians of different theoretical orientations that traumatised individuals struggle to integrate the experience into a life narrative (Crossley, 2000; Harvey et al., 2003; Herman, 1992). Many survivors thus have a reduced capacity to retrieve and recount other specific and significant memories in a life narrative.

Researchers contend that because trauma memories have an intrusive quality - a hallmark symptom of PTSD - their emotional valence maintains a disconnection from survivors' life narratives, and this might present as overgeneral memories (Kleim & Ehlers, 2008; Wigren, 1994). It is recognised by clinicians and researchers alike that the early identification of overgenerality is important because it is associated with impaired problem-solving and ability to anticipate future life events, and the maintenance of depression and PTSD (Williams et al., 2007). It also seems to have detrimental long-term mental health consequences such as predisposing individuals to recurring depressive episodes (Hermans et al., 2008).

2.5.2 Limitations of autobiographical memory literature

Like the literature on trauma narratives a significant limitation in the research on autobiographical memory is the divergence of methodologies used, a limited number of longitudinal studies, and the paucity of research focused on sexual trauma. Although research on overgeneral autobiographical memory has grown exponentially over the past two decades, the literature has mainly focussed on populations who have histories of childhood abuse, current depression, terminal illness, PTSD following a motor vehicle accident (Harvey & Byrant, 1998) or on war veterans in the USA (McNally, 2003; Rubin, Feldman, & Beckham, 2004). Few studies have exclusively focused on individuals who have experienced a recent single trauma of human origin in civilian life, such as sexual and non-sexual assault, and its effect on survivors' recall of specific autobiographical memories. Researchers also generally cluster together survivors of different traumas in their samples, and thus it is difficult to know whether there are any differences in the occurrence of overgenerality in various traumatised groups such as non-sexual and sexual assault survivors. In view of the more extensive range of short and long-term effects of rape on survivors' psychological health than a non-sexual assault (Boudreaux et al., 1998; Foa & Rothbaum, 1998; Marksteyn, 2002; Resick, 1993), it would be of clinical utility to know whether there are also differences between the impact of these traumas on autobiographical memory. This will be especially useful to explore given the implications of overgenerality on mental health.

Another methodological limitation in the literature is the absence of research that uses free-flowing autobiographical narratives to explore overgeneral memories. Research using this method of eliciting autobiographical memories might produce different results to research

employing more structured tasks. It is possible that this approach would make allowance for participants to move the interview along in their own direction in a more natural way thus giving a better reflection of their ability to give a coherent and complete life narrative. Finally, a significant limitation in the quantitative literature is that the influence of contextual variables, and the socio-cultural and subjective meaning of different traumas on autobiographical memory specificity are not explored.

2.6 Feminist international qualitative literature

Feminist qualitative literature on survivors of sexual trauma centralise the exploration of the subjective and contextual meaning of narratives through various discursive methodological approaches. These include grounded theory, thematic content analysis, discourse analysis and narrative analysis (Bletzer & Koss, 2004; Gavey, 2005; Khau, 2007; Kraegel, 2007; Lebowitz & Roth, 1994; Thompson; 2000). This literature has contributed to giving a more nuanced and multi-layered understanding of how socio-cultural gender constructions interact with post trauma symptoms, recovery and meaning making. Importantly, feminist research highlights the specificity of post trauma difficulties for rape survivors, some of which are: perceived loss of womanhood, stigmatisation, shame and sexuality difficulties (Khau, 2007; Kraegel, 2007; Lebowitz & Roth, 1994.)

Where discursive methods have been used the focus has tilted towards using narrative accounts to explore how women make meaning of a trauma, rather than the specific features of narratives and their link to symptoms as identified in the clinical and empirical literature. Findings from this line of inquiry are however important in furthering an understanding of the contributing role of broader social variables in shaping survivors' narratives. For example, Harvey, Mishler, Koenen and Harney (2000) examined the narratives of three sexually abused women and provided insight into a complex interplay between gender, cultural values and individual meaning in the construction of experiences of trauma. These researchers also comment on the "elusiveness of coherence" (Harvey et al., 2000, p. 295) in narrative accounts of trauma, which is most likely similar to what researchers refer to in quantitative studies as fragmentation.

In a study by Bletzer and Koss (2004, p. 115), a narrative analysis was used to ascertain how gendered discourses or "scripts" influence the linguistic structure of sexual assault accounts in a sample of 62 women from three different ethnic groups (Cheyenne, Mexican and Anglo) in the USA. The findings suggested that variation in the linguistic devices used, and the structuring of the narratives of their assaults amongst the three groups' of women reflected gendered cultural conventions for speaking about sexual trauma. For example, Mexican women's narratives of their sexual assault were shorter and required more probing and clarification than Cheyenne and Anglo women. According to the authors, this is likely to be indicative of it being normative for women from this population group to be silent about sexual violence. Anglo women were more explicit and detailed in their description of a rape, while Cheyenne and Mexican women either used euphemism, circumlocution or omitted any detail of sexual contact. This study and Harvey et al.'s (2000) both draw attention to the need for research to be more attentive to the mediatiing influence of different social, cultural, and gendered discourses in how women express and show variability in their trauma narratives. This is seldom considered in the empirical work.

Harvey's (1996) ecological model for understanding post trauma response has also been applied to research within a feminist paradigm. Several studies have utilised Harvey et al.'s (1994) Multidimensional Trauma Recovery and Resiliency Interview (MTRRI), a semi-structured interview to generate narratives of women's experiences of trauma (Lynch, Keasler, Reaves, Channer, Bukowski, 2007). This model is rooted in community psychology, and emphasises the interdependence of individual and contextual variables on a survivor's response to a traumatic experience. It has been especially useful in illuminating the complexity and dynamic influence between the individual and socio-cultural context on post trauma recovery and the narratives produced.

Whilst qualitative literature on the narratives of women who have experienced sexual violence continues to grow, there is an absence of research that examines the narratives and autobiographical memories of non-sexual criminal assault survivors, and studies that compare the differences between the narratives of these two groups. Similarly, as suggested by quantitative studies, qualitative literature that explores possible links between how narratives are constructed and post trauma emotional difficulties is a gap in the literature. Given the higher prevalence of post trauma symptomatology amongst rape survivors, it would be useful to explore whether there are linguistic differences between these two groups' trauma and

autobiographical narratives. Findings from such research could contribute to furthering an understanding of indicators that lead to a differential symptom presentation between these trauma populations and could inform appropriate therapeutic intervention.

2.7 South African research on psychological trauma

There continues to be a dearth of psychological research on survivors of traumas such as rape and non-sexual criminal assault in South Africa. This is regarded as being an outcome of a complex past history of institutionalised patriarchy, racism, and state oppression and repression (Hook, 2004). As with research progress on trauma internationally (see Herman, 1992), South Africa too is an example of how studies on this topic cannot be pursued in the absence of a social and political context receptive to engaging with it. Under the apartheid regime, state control of universities and censorship of research were enforced to maintain the political and social status quo. The experiences of trauma amongst oppressed groups and women of all races were therefore not studied and the progress of trauma research as a field was consequently immobilised (Duncan et al., 2004). In addition to this, while the feminist movement in the USA and Western Europe strengthened and succeeded in raising consciousness about sexual violence experienced by women, South African women did not have a public and political voice. It is now acknowledged that gender equity and the issue of sexual violence were placed on the backburner by anti-apartheid groups (Britton, 2006). Against this socio-historical landscape, it is apparent that an alliance between a political group and academia that would have promoted research on gender-based violence could not be forged. It is only with the new democratic dispensation in 1994 that redress of gender imbalances and interest in human rights issues provided a context for all forms of trauma experienced in civilian life to become a legitimate area of research inquiry.

A link between high levels of sexual violence and HIV-AIDS in South Africa has been a major impetus for the growth of research in the public health sector and epidemiological studies on rape in South Africa have subsequently dominated (Jewkes & Abrahams, 2000; See Jewkes, Penn-Kekana, Levin, Ratsaka, Schrieber, 1999; Stats SA, 2000). There has also been a number of ethnographic studies in this field which have contextualised the high frequency of sexual coercion amongst township youth in South Africa (Dunkle et al., 2004; Wood, 2005, 2007; Wood & Jewkes, 1998), and explored the cultural influences and

construction of localised forms of masculinities in perpetuating sexual violence (Wood, Lambert & Jewkes, 2007; Wood, Maforah, & Jewkes, 1996). Similarly, within a sociological framework there have also been several publications that have extended a focus on the extent of rape in South Africa (Vetten, 1997, 2000a/2004/2005), and that have examined the social, cultural, historical and economic factors that have contributed to the high frequency of rape in South Africa (Huber, Donaldson, Robertson & Hlongweni, 1997; Moffet, 2006; Posel, 2005; Vogelman, 1990), and led to it being a normal feature of gang culture (Vetten & Haffejee, 2005; Vogelman & Lewis, 1993).

In sum, research on sexual violence in South Africa within the fields of public health and sociology is established and has stimulated debate and engagement with the topic. Importantly, these studies and publications have given insight into contextual variables that contribute to the prevalence of rape in South Africa. In comparison to the scope of studies on sexual violence in the public health sector, research in psychology on this topic and on the effects of non-sexual criminal assault is still emergent. Internationally, research on the psychological impact of these traumas is expansive with several specialised areas of focus, for instance, studies on trauma and autobiographical narratives. These areas are a gap in the South African literature and are the focus of the current research. In the next section some of the research in psychology on trauma will be reviewed for its relevance to this study.

2.8 South African research on trauma narratives and autobiographical memory

Some of the existing qualitative studies on trauma survivors have used a discursive methodological approach and include: a grounded theory exploration of meaning-making in rape survivors' narratives (Booley, 2007; Duma, 2006); a social constructionist narrative analysis (De Swart, 2006), an analysis of men and women's subjective positioning in narratives of domestic violence (Boonzaaier, 2005), and a psychoanalytic discourse analysis of the autobiographical narratives of substance abusers with a history of trauma (De Roover, 2003).

There is still however a lack of qualitative research that examines trauma and autobiographical narratives using the dimensions identified in the international literature,

such as the temporality of the narrative, coherence, level of detail, memory specificity, omissions, and so forth. Identifying particular linguistic indicators in narrative accounts might have important use in understanding possible links between these features and post trauma psychopathology, as is suggested by the international quantitative literature (Alvarez-Conrad et al., 2001).

De Roover (2003) is one of the few to identify some of these characteristics in her study on a sample of 14 South African women with an experience of either childhood abuse or a single trauma during adulthood. In her psychoanalytic discourse analysis, De Roover identified patterns and themes in the linguistic features of the women's trauma narratives. Early childhood sexual abuse seemed to be associated with ambivalence in constructing a narrative (i.e. avoidance vs. a desire to re-tell the experience), and with stories devoid of emotion and without a "chronological structure" (2003, p. 77). Several participants reportedly used denial or minimisation of the trauma, and were vague or non-specific in the details they shared. De Roover's study (2003) seems to provide preliminary evidence for some of the linguistic features of trauma narratives reported internationally.

In South Africa published research on the phenomenon of overgeneral memories is still absent from the literature. Boodhoo's quantitative Honour's research project (2008) is the first to explore autobiographical reduced memory specificity in South African adults with a history of childhood trauma, using Williams' and Broadbent's AMT. In her sample of 11 undergraduate university students, Boodhoo (2008) reports that contrary to some of the international literature, there was no relationship between a history of childhood trauma and OGM. However, the participants retrieved more specific negative memories than positive memories in response to the AMT, and when compared to a control group. This appears to be consistent with the negative memory bias theory advanced by some international researchers. It would also be useful to further this area of inquiry through differentiation between types of trauma, such as sexual and non-sexual assault, to determine if OGM is a more prevalent phenomenon in either group. The inclusion of non-sexual assault survivors would address the existing under-representation of these individuals' experiences in the South African literature.

2.9 South African research on non-sexual assault

In South Africa, despite the unchanging high levels of non-sexual assault, research on its psychological impact is sparse. Some of the existing research in psychology has investigated the incidence of PTSD or PTSD symptoms, as well as post trauma adjustment in response to car-hijacking and armed robbery (Eagle, 1998; Friedman, 1996; Pooley, 2001; Reid, 1997). Of these studies, Eagle's study (1998) has some relevance to the current thesis and will be discussed briefly. In her narrative study, Eagle (1998) used a discourse analysis to explore the emotional reactions to trauma in a sample of men who had survived a criminal assault. Her findings showed that the participants experienced a perception of loss, shame and powerlessness, which challenged their masculine identities. Importantly, Eagle's analysis pointed to the influence of social and cultural constructions of gender identity and its role in post trauma meaning-making. Notably, her study highlights that a narrative analysis cannot preclude attention to dominant social and cultural meaning systems. It is likely that hegemonic discourses on gender, race and sexuality will inform how female sexual and non-sexual assault survivors' narratives are communicated. These factors are rarely included in the international quantitative literature, and therefore the phenomena of fragmentation, lack of coherence and overgenerality are generally analysed in isolation to the social context. A more multi-layered understanding of trauma narratives and reduced memory specificity seems to be a gap in the literature.

CHAPTER 3
RESEARCH METHODOLOGY

This chapter begins with the research aims and an orientation to the epistemological framework of the current thesis. Whilst it is not within the scope and purpose of this chapter to provide an overview of the international feminist critiques of traditional psychology, reference to those of current relevance to the progress and expansion of feminist research in South Africa will be made. The preference for qualitative methods in feminist studies is briefly discussed because of its application to this study. Following this, the chapter then proceeds into presenting an outline of the method (procedure and data gathering techniques) and methodology (theory and analysis) used for this project.

3.1 Research aims

The primary aim of the current research was to qualitatively explore whether there are commonalities and differences in the linguistic features of the trauma and autobiographical narratives between female sexual and non-sexual assault survivors. A further and broader aim of the study was to attend to the influence of multiple factors that might shape how narratives are told; viz.: dominant socio-cultural discourses that construct the meanings of rape and non-sexual assault differently, as well as personal contextual variables (e.g., social support system) and individual differences (including diagnostic profiles).

3.2 Epistemological framework: a critical feminist orientation

The epistemological framework of the current study is guided by the core feminist research tenets that were built on early critiques of traditional psychology, and which emerged during second wave feminism. These tenets include a commitment towards the redress of past research practices in traditional psychology that were sexist and exclusionary of women's

voices (Maynard, 1994). The epistemology that underpins this study is also influenced by South African critical psychology[3] because it "attempts to make conceptual connections with critical approaches" in other fields of scholarship such as feminism (Hook, 2004, p. 23). Furthermore, it promotes engagement with those critiques that are particularly relevant to a local context. In South Africa, feminist critical psychologists are especially concerned with the implications of the many guises of power inherent in mainstream psychology (Kiguwa, 2004) such as the dominance of positivist research methods and practice (Hook, 2004). A long-standing primary critique in feminism linked to this, is levelled against the assertion that researchers can produce findings that are objective and representative of scientific 'truths' (Harding, 1987; Kiguwa, 2004; Oakley, 1998). In feminism and critical psychology, it is instead argued that the subjective involvement of the researcher at the level of research choices and methods, ultimately influences the type of knowledge produced (Banister, 1994; Gergen, 2008; Oakley, 1998; Silverman, 2010). An attempt is also made to shift away from the traditional positioning of the researcher as an 'invisible', authoritative and emotionally disengaged voice (Banister, 1994; Macleod, 2004; Oakley, 1998). For example, rather than the use of passive language and the third person such as in scientific reports, the personal pronoun 'I' is accepted practice in feminist research. Engagement with the aforementioned concerns is particularly pertinent in South Africa when considering past psychological research practices that in many ways replicated social and political power asymmetries (Duncan, 2004). To address some of these issues, reflexivity, research transparency and attention to issues of power have become fundamental principles that inform a feminist and critical psychological epistemology (Hiles & Čermák, 2007; Parker, 2005; Shefer, 2004). To this end, I have attempted to engage critically and reflexively with the choice of research methods, procedure, ethical considerations, and analysis.

The reflexive lens in feminist research extends to 'interrogating' its own existing knowledge (Kiguwa, 2004). Whilst Western feminist scholarship is credited with transforming the field of psychology and topics pertaining to women are now an established area of research (Gergen, 2001), it has in the past come under fire for representing women as a homogenous

[3] Critical psychology is committed to social transformation through the critical analysis and "interrogation" of dominant forms of knowledge and practice in the discipline (Hook, 2004, p. 17). For a detailed definition see Hook (2004).

group (Kiguwa, 2004). Although the issue of difference amongst women continues to be addressed there are a number of women's voices that are still underrepresented (Gergen, 2001; Kiguwa, 2004). This is evident in the existing research on female sexual trauma, which is largely based on the experiences of white middle class North American women (Yuan, 2006). Given that narratives are socially embedded, it is possible that the narratives of individuals with a different demographic background to women typically represented in the international literature will differ. In South Africa, the limited psychological research on women is still exacerbated by the impact of past institutionalised discrimination and patriarchy (see Literature Review). A key focus for South African feminist researchers and critical psychologists is thus the expansion of research on individuals previously marginalised, in particular women from historically oppressed social and racial groups (Kiguwa, 2004; Shefer, 2004). Although this project is based on a small sample, it attempts to make a contribution to addressing the extant gap in South African feminist research on women from communities that were historically oppressed.

3.3 A qualitative research approach

This study used a feminist narrative qualitative approach because it is concerned with the nuances of language, social context, and subjectivity, rather than the enumeration of data (Andrews, Sclater, Squire & Treacher, 2000; Flick, 2009). To date, methods for retrieving and assessing traumatic and autobiographical memories have been dominated by quantitative methods. A qualitative approach to analysing trauma and autobiographical narratives is thus a gap in the literature. It is, however, notable that empirical studies have been invaluable to furthering an understanding of the correlations between linguistic features in trauma and autobiographical narratives and psychopathology - in particular PTSD (Zoellner et al., 2002). Findings from this body of research have had important implications for early treatment interventions for survivors of a trauma. However, research methods used in isolation of an analysis of the role of an individual's social and cultural context in mediating post trauma reactions is incongruent with a feminist research epistemology. In the same vein, the exclusive use of quantitative data collection, such as self-report questionnaires and cueing tasks to elicit narratives for example, arguably "suppresses" stories from emerging and 'silences' women from speaking in more authentic ways about their experiences (Jefferson & Hollway, 2000a, p. 31). On the other hand, the use of open-ended or semi-structured

interviews allows for a space to open up in which a story can unfold more freely, there is less researcher detachment and participants have some control in the flow of the research interaction. This is important for survivors of trauma whose sense of power and agency often come into question (Herman, 1992).

Notwithstanding these issues, some quantitative data gathered for the longitudinal study are referred to in the analysis. The women's diagnostic profiles (PTSD and depression) are considered as a way of being attentive to multiple influences that might account for differences in linguistic aspects of the trauma and autobiographical narratives between the two groups of women.

3.4 Research design

A case study design was selected because this strategy is useful for exploring both individual and group phenomena (Yin, 2003). It was thus compatible with the primary aim of this research, which was was to explore commonalities and differences between sexual and non-sexual assault survivors' narratives. Further to this, a case study design allowed individual differences to be represented. Attention to subjectivity was especially important to fulfilling the feminist epistemological objectives. Additionally, although a case study design is not limited to using a particular research method of analysis, its in-depth nature is well suited to a narrative approach (Stake, 2000). Its flexibility allows for integrating data obtained through various sources (Scholtz & Tietje, 2003; Yin, 2009) and with application to this study, data obtained through different types of interviews.

An important decision in a case study design is to decide whether a single or multiple case study design will answer the research question/s. In the current study, to allow for commonalities and differences across the samples to be identified, five individual case studies in each sample were grouped together to form what Stake (2000) refers to as a collective case study, also known as a comparative case study method (Creswell, 1998; Yin, 2009). Although the purpose of this study is not to make generalisations, an advantage of multiple case studies is that it affords an opportunity to compare findings and can offer more compelling evidence (Yin, 2009). Additionally, subjectivity was not disregarded and each individual case formed what Yin (2009, p. 50) describes as an "embedded" unit of analysis.

3.5 The sample

As part of a larger prospective study that followed up rape survivors' adjustment over six months, a sample of five rape survivors was recruited from the Thuthuzela Care Centre (TCC) at G.F Jooste Hospital in Manenberg, the Western Cape. A second sample of five non-sexual assault survivors was recruited from two South African Police stations in the Western Cape, namely Athlone and Mowbray.

3.5.1 Sample demographics

The participants ranged in age from 18 to 50 years. Two were mother-tongue Afrikaans speakers, four first language English speakers, and four were bilingual (English and Afrikaans). Six women had a Grade 10 level of education, and four had a high school certificate (two of whom completed one year of tertiary studies). At the time of the final interview, six of the women were unemployed.

Under apartheid legislation, all the women would have been racially classified as Coloured. Pseudonyms that are culturally similar to the women's real names are used. A brief introduction to the women and summary of the circumstances of each woman's assault is included in Appendix 1. (See Table 1 below for a summary of the demographic and diagnostic profiles of the women.).

3.5.2 Inclusion and exclusion criteria

The study was limited to adult female survivors of a rape or non-sexual assault, in accordance with the definitions of these crimes outlined in Chapter 1. A minimum age requirement of 18 years was set to avoid possible problems with obtaining parental consent to participate in the study. It is also likely that there are differences in how trauma manifests and is recounted between female adolescents and female adults.

It was decided against the inclusion of Xhosa speaking women for practical reasons as this would have required employing a Xhosa speaking research assistant to conduct the interviews, and to translate and transcribe the interviews into English. Only first language

English or Afrikaans speaking women were thus included as I am proficient in these languages. Being able to communicate in the same language as participants was also considered beneficial to establishing a better rapport.

Owing to the complexity of the impact of chronic abuse, women who were raped or physically assaulted within the context of ongoing domestic violence were excluded from the study. Research consistently shows that prolonged exposure to trauma results in a specific cluster of mental health difficulties that differentiates it from other types of traumatic experiences. For example, disturbances in identity, affect dysregulation, dissociative disorders and severe interpersonal relationship difficulties are some of the psychological problems that usually characterise chronic traumatic exposure (Briere & Jordan, 2004; Herman, 1992).

Male rape survivors were also excluded from the current study for various reasons, but primarily because epidemiological studies indicate that women are at greater risk of being sexually assaulted (Kilpatrick & Acierno, 2003; Stats SA, 2000), while men are more likely to be the victim of a non-sexual criminal assault by other men (Gavranidou & Rossner, 2003). This neither precludes that the incidence of male rape is likely to be underreported nor does it in any way diminish the importance of expanding research in South Africa on the topic. Furthermore, although there are similarities in the psychological sequelae between male and female survivors of rape, there is a pattern of difficulties that are more specific to male survivors. For example, 'gender shame' and sexual orientation confusion are more commonly experienced by heterosexual male than female rape survivors (Porche, 2005; Roos, 2003; Singh, 2004). These difficulties are likely to be closely interwoven with hegemonic socio-cultural constructions of masculinity and would potentially have shifted the focus away from representing women's experiences. This was especially important because the current research was guided by a feminist epistemology, and an aim was to centralise the voices of South African female sexual trauma survivors.

Table 1: Participant Demographics

Pseudonym	Age	Languages	Relationship status	Children	Education	Occupation/ Employment status	DIAGNOSTIC PROFILE		
							PTSD Diagnosis	Current Major Depressive Episode	Past history of depression
Liesl	20	Afrikaans & English	Boyfriend	1	Grade 12 + 1 year of studies at a college	Unemployed	Yes	Yes	No
Chantel	24	Afrikaans	Single	0	Grade 10	Unemployed	Yes	Yes	Yes
Faiza	18	Afrikaans & English	Single	0	Grade 10	Unemployed	No	No	No
Veronica	22	Afrikaans	Boyfriend	0	Grade 10	Unemployed	Yes	Yes	No
Adele	42	Afrikaans & English	Divorced	3	Grade 10	Unemployed	Yes	Yes	No
Fatima	31	English	Married	2	Grade 12	Unemployed	Yes		
Amanda	24	English	Boyfriend	1	Grade 12	Factory worker	No	Yes	No
Melissa	22	English	Boyfriend	1	Grade 12 + 1 year diploma course at college	Receptionist/ Secretary	Yes	No	No
Zubeida	48	English & Afrikaans	Separated	4	Grade 10	Domestic worker	No	Yes	Yes
Shariefa	50	English	Married	3	Grade 10	Cleaner	No	No	No

* Each bilingual speaker's preferred language or mother tongue is indicated first.

3.6 Procedure

Access to G.F Jooste Hospital to recruit rape survivors from the TCC, and non-sexually assaulted women from the hospital's trauma and female wards, was permitted because approval for the longitudinal study was granted by the superintendent of the hospital. It was hoped that all participants could be recruited from G.F Jooste Hospital for the purposes of attempting to have demographically similar participants (i.e. race, culture, and socio-economic status).

Initially the staff nurse agreed to inform rape survivors who met the inclusion criteria about the study, once they had completed their three-day follow-up appointment with her. If they expressed an interest in participating they were to be referred to me immediately if I was at the centre, or the nurse would contact me telephonically. This procedure was decided on to avoid approaching women in the waiting room given their possible anxiety and preoccupation before their medical appointments. However, referrals by the staff nurse largely did not transpire, which might be a reflection of the demands of working in a busy treatment centre. I eventually approached the women directly but only once they had had their follow-up visit. The women were always directed to a private office for the study to be explained and discussed.

Although a research assistant for the larger study assisted with recruitment, and I attended the clinic every Monday to Thursday morning for six consecutive weeks, only three participants were recruited over that period. One participant was recruited by myself, two by the research assistant and a fourth by a staff nurse. It took another six months to recruit a fifth participant. It should be noted that the difficulty with recruiting rape survivors who met the criteria for the current study does not reflect the number of women reporting to the clinic for treatment, it could however be a result of a larger representation of Xhosa speaking women attending the clinic.

Recruiting participants for the study was a difficult undertaking for various reasons and therefore extended over a total of seven months. Some of the difficulties in recruiting and retaining participants for the study were directly related to the women's socio-economic status and living circumstances. For example, several women who had initially agreed and

consented to participate in the study could not be contacted after unkept appointments because they did not own a cell phone or have access to a landline. Many of these women did not have a fixed abode and therefore contacting them by post was not possible. There were also a few women who decided against participating in the study because their families were worried that they would be re-traumatised and therefore discouraged them. Difficulty in recruiting from a 'mobile' population and for research participation on sensitive topics has been noted by other researchers (Phoenix, 1994; Squire, 2008).

Additional difficulties arose in recruiting a sample of non-sexual assault female survivors from G.F Jooste Hospital. This was mainly owing to a higher proportion of men than women seeking treatment for non-sexual criminal assault. Medical staff reported that women more frequently sought medical treatment for a non-sexual assault within an intimate relationship. For this reason, five police stations where women from the same areas serviced by G.F Jooste Hospital were likely to report a crime were approached. These police stations were located in Manenberg, Athlone, Lansdowne, Mowbray, and Rondebosch. Permission to recruit through the assistance of the Victim Support Unit's counselling team was given by the superintendent at each of these stations. Additionally, the director of The Trauma Centre for Survivors of Violence and Torture in Woodstock, Cape Town agreed to assist with recruiting participants.

3.6.1 Recruitment sites

3.6.1.1 G.F Jooste Hospital

G.F Jooste Hospital is situated in Manenberg, an area on the Cape Flats. The hospital has both a casualty and in-patient unit and it services several surrounding townships that were designated as Coloured or Black under apartheid. These include Khayelitsha, Langa, Gugulethu, Mitchells Plain, Hanover Park and Heideveld. These areas were historically under-resourced, and have a continuously high prevalence of unemployment, crime, and violence.

3.6.1.2 The Thuthuzela Care Centre

The Thuthuzela Care Centre (TCC) is attached to G.F Jooste hospital. It was a pilot project that was opened in 2000 under the auspices of the National Directorate of Public Prosecutions, The Department of Health, The South African Police Service (SAPS), and

various non-governmental organisations (NGOs). The main aim of the centre is to provide a 24-hour one-stop integrated treatment service for survivors of rape and sexual assault, in order to reduce secondary trauma and risk of HIV infection. Rape survivors are often accompanied to the TCC by SAPS officers after reporting the incident at a police station, or referred by NGOs. They can also self refer. Survivors undergo a forensic examination and are provided with free post-exposure prophylaxis (PEP) treatment, HIV/AIDS testing and counselling (Meerkotter, 2002). Currently Rape Crisis counselling volunteers are on site to offer trauma debriefing sessions to survivors. Rape survivors are also able to give a statement to a SAPS official based at the centre. They are referred for follow-up treatment at three days, four weeks and three months post assault.

3.6.1.3 The interview site

Permission to conduct research interviews in a private office at The Saartjie Baartman Centre in Heideveld, an area close to G.F Jooste Hospital, was obtained by the principal research investigator of the larger study. The Saartjie Baartman Centre has a shelter for abused women and their children. In a separate building, the centre hosts several multidisciplinary NGOs specialising in assisting women who have experienced gender-based violence. All interviews apart from those with one participant were conducted at the centre. Three follow-up interviews with the same participant were completed in a private office at her place of employment because it was problematic for her to travel to the Saartjie Baartman Centre.

3.7 Data Collection

All interviews were audio-recorded and transcribed verbatim.

3.7.1 Trauma narratives

The open-ended trauma narratives were collected in a set order. Participants were first asked to describe their assaults in detail as part of a non-validated structured questionnaire (The Details of the Rape/Assault Questionnaire) developed for the longitudinal study[4]. It was decided to include data from the structured questionnaire because some participants disclosed more about their emotions in response to the questions than they had in their open-ended

[4] The Details of the Assault Questionnaire is available from the researcher of the longitudinal study upon request.

trauma narratives, and also sometimes spontaneously while this questionnaire was administered. They were asked: *How did you react when s/he/they assaulted you? Can you describe how you felt during the assault?* Interview material from the MTRRI interview segment that explores whether individuals re-live or re-experience their trauma is also included to further an understanding of these omissions from the participants' narratives. In that segment of the MTRRI they were asked: *Have you ever had the sensation/feeling that what happened to you was happening again?* It was initially planned for the trauma accounts along with other data for the longitudinal study to be gathered within one week following the assault. However, two participants were interviewed at 19 and 21 days respectively because they were too traumatised to attend the interviews. A third participant attended her first interview at 19 days post assault because she had suffered severe physical injuries. Transport difficulties also accounted for some delays with the first interview.

3.7.2 The autobiographical narratives

The autobiographical narratives were collected at four weeks post trauma, Harvey et al.'s (1994) Multidimensional Trauma Recovery and Resiliency interview (MTRRI) a semi-structured interview was used. The MTRRI was developed to assess trauma survivors' impairment, recovery, and resiliency. Data can be either quantified into individual profiles (see Harvey, 1996) or it can be analysed through using various qualitative methods (Liang, Tummala-Nara, Bradley, Harvey & Tummala-Narra, 2007).

The autobiographical narratives were obtained from the first part of the MTRRI in which participants are invited to recount a free-flowing story of their lives, beginning with their earliest memory. The participants could move the interview along in their own way, during which empathic and reflective responses were given and questions were sometimes asked for clarification. Probing and prompting questions on the interview schedule provided a guideline to explore the individuals' childhood history and significant memories, if participants did not volunteer this information. For example participants were asked: *"Do you have any specific memories?" and "Do you have any memories that stand out?"*, when they did not elect to describe any specific memories in their life narratives. Although not the focus of this study, some of the findings in a later section of the interview that explored self-esteem (e.g., "*Have your feelings about yourself, the way you see yourself, or the ways you treat yourself or your*

body changed in any way?") and meaning-making (e.g., "*Does life feel meaningful to you? Does it ever feel meaningless? What makes life meaningful for you? How do you understand your traumatic experience?"*) were used in the analysis. Themes and patterns that emerged in these segments of the interview are included in the analysis because of their relevance to understanding how trauma narratives are mediated by socio-cultural influences and individual differences. The length of the interviews averaged 90 minutes. The MTRRI was translated into Afrikaans for this study (see Appendix 2).

3.8 Data analysis and theoretical model

A narrative analysis was decided on as a method of data analysis most appropriate to fulfilling the aims of this study. An advantage of this methodological approach is that it opens a process of analysis that enables the researcher to explore and hypothesise why an experience is recounted in a particular way (Riesmann, 1993). There are several methods of analysis that can be applied, for example, psychoanalytic, psychodynamic, cognitive, social constructionist and poststructuralist perspectives are commonly used. (Murray, 2008). For this study, a narrative psychological framework informs the analysis because it was developed and built around the need to gain understanding of individuals' psychological response to trauma (Crossley, 2000). Furthermore, it is concerned with how the "experiencing self" is "inextricably linked to language, narrative, others" and "time" (Crossley, 2000, p. 40).

Although there is a vast amount of psychological research located within a narrative approach few studies define the term 'narrative'. A definition is important because it has implications for the method of analysis and extrapolating findings (Albright, Duggan, & Epstein, 2008). In the current study, the definition and function of narrative are understood as they are delineated in the narrative psychology literature, which is influenced by leading scholars in the field such as Bruner and Ochs (Denzin, 2000). A narrative was thus defined as the recounting of a temporal sequence of events, and the process of making or telling a story (Denzin, 2000), while its function is to organise and give meaning to everyday life events because "reflexively, [it] provides structure to our very sense of selfhood" (Murray, 2008, p. 115). Furthermore, a narrative of any experience is regarded as dynamic, and as influenced by the personal and socio-cultural context of the individual (Murray, 2008).

Traditionally qualitative narrative research was limited to open-ended life story narratives, however current approaches for gathering interview material are more flexible (Squire, Andrews & Tamboukou, 2008). Denzin (2000) states that if stories are a form of narrative, they can be obtained through structured, semi-structured, and unstructured interviews, free association, writing, collectively produced autobiographies, and so forth. Similarly, Lieblich, Tuval-Mashiach and Zilber (1998, p. 2) define narrative research as "any study that uses or analyzes narrative materials". This is compatible with the current study which used different interview sources.

Narrative analysis encompasses a myriad of techniques influenced by the researcher's academic discipline, research questions, methodological framework and the particular genre of narratives under investigation (Squire et al., 2008). The narrative oriented inquiry model (NOI) developed by Hiles and Čermák (2007, 2008) was chosen as an analytic approach best suited to the purposes of this study. This model is rooted in psychology and embodies current trends in narrative research. It thus affords scope for theoretical pluralism, and is less rigid or limiting than some traditional narrative analytic methods developed from sociolinguistics (see for example Labov, in Patterson, 2008). An advantage of the NOI model is that it offers a practical and systematic method for proceeding to analyse various types of narratives (e.g., autobiographical, conversational, or therapeutic narratives). This is especially useful when using narrative methods, given the multiplicity of, and sometimes esoteric, analytic techniques. The NOI is adapted from Lieblich et al.'s (1998, p. 157) approach and is formulated around the original authors' interest in the "intersection between linguistics and psychological research".

Application of this model begins by engaging with the raw data and converting it into what the authors' term a "working transcript" (Hiles & Čermák, 2007, p. 4). This is an essential procedure before choosing from several methods for analysing the data. Although the different stages in the analysis outlined in this model are set out as 'steps', they are not necessarily intended to be followed in a linear way. In the current research, analysing the data was an iterative process – which entailed repeatedly revisiting the interview materials and also undertaking different steps simultaneously. The method of analysis is described below.

3.8.1 Engaging with the raw data

The process of analysing the interview material formally, and linking the findings to theory, is preceded by engaging with the raw data first and 'breaking' the text into a working transcript. During this 'step', verbatim transcripts of both trauma and autobiographical narratives were read through several times to become familiar with each participant's story. Although the transcription included pauses, I listened to the trauma accounts several times again to differentiate between where pauses by participants were in response to my asking a clarifying question, or because of the women's own reasons. This was critical for the purposes of the analysis and formulating an understanding of participants' difficulty in verbalising aspects of their experiences. Repeated listening to the interviews also assisted with developing a sense of the affective tone of each narrative.

3.8.2 The working transcript

This stage in the analysis sets the groundwork for applying an interpretive perspective. Following the authors' recommendation, each complete transcript was exported into a table and the participant's utterances and questions or comments that I made were separated.

Example of working transcript

	Interview	Notes
Question	Tell me about a day that really stands out for you?	
Response	Everyday was special for me but most of all like Christmas times and like holiday times when we used to go, you know, my Dad and my Mom used to take us out and about like having family day that is my happy memories that I have always.	

This format had pragmatic utility because it facilitates the process of 'navigating' through reams of interview material by providing a more structured method to begin analysing raw data. The working transcript was a process that is important for becoming familiar with the global structure, content and linguistic features of each participant's narrative.

3.8.3 Choosing an interpretive perspective

Following the preceding steps, the NOI model suggests various methods or perspectives that could be used to analyse the data. From these analytic methods, the most suited to answering the research question are generally chosen. Several methods can be combined or used independently. For this study, the perspective termed *categorical-form analysis* which is derived from Lieblich et al.'s (1998) influential work was applied. An additional level of analysis, described by the authors of the NOI model as *a critical narrative analysis,* is also included (Hiles & Čermák, 2007). This is similar to a poststructuralist perspective, which views language as located in broader social discourses.

3.8.3.1 A categorical-form analysis

The categorical-form analysis is a method first devised by Lieblich et al. (1998). It provides a guideline for identifying particular linguistic features in narratives of interest to the study that might be indicative of underlying emotional phenomena. Several of the linguistic features described by Lieblich et al. (1998) overlap with those used in the empirical literature to analyse trauma and autobiographical narratives. To allow for comparison to the literature, a selection of the linguistic units of analysis described in Lieblich et al.'s (1998) original work were combined with those predominantly used in international studies. The terms used are comparable to the literature (this is further explicated in the Analysis and Discussion Chapter).

At this stage in the analysis, excerpts in the participant's utterances were highlighted or underlined if they were considered to be a significant linguistic feature. Examples of specific, and overgeneral positive and negative memories were also highlighted and then counted in each transcript for comparative purposes. Annotated notes were made in a separate column alongside the text, and also in the main text, a procedure that was repeated a number of times for each transcript until patterns in the linguistic structure emerged within and across the narratives. This opened an opportunity for an inductive analysis of the narratives. Examples of this procedure are given below.

Example from a trauma narrative interview

	Interview Transcript	Notes
Response	The guard, he was sitting on my left hand side and I was sitting here ***[implicit visual remembering],*** and then he just grabbed me like this over by my neck and then he and then I struggled and then, "Hey what is going on here now", screaming, you know, and you don't know what to say in such a situation, you just start shouting. So I started shouting and screaming whatever and then they got me on the floor, and then I thought they were going to rape me.	* Increase in speed of speech. * Use of verbatim quote. * Repetitive phrases

Example from an autobiographical narrative interview

	Interview Transcript	Notes
Question	Tell me about a day that really stands out for you?	
Response	Everyday was special for me, but most of all like Christmas times, and like holiday times when we used to go, you know, my dad and my mom used to take us out and about like having family day that is my happy memories that I have always.	* Overgeneral positive memory

Although this method 'breaks' the text into units of analysis, and the fragmentation of data into categories is cautioned against in a narrative analysis, Hollway and Jefferson (2000a) contend that devising methods to compare findings and to operationalise questions is useful for eliciting themes and patterns. To address the risk of fragmenting the interview material, authors emphasise the importance of considering the story (Hiles & Čermák, 2007; Hollway & Jefferson, 2000a). To avoid reducing data merely into themes or categories in the current research, an attempt was made to understand the linguistic features within the context of each complete narrative.

3.8.3.2 Critical analysis

The final process in narrative analysis using the NOI model corresponds with poststructuralists' interest in language or discourses as extending beyond "linguistic meanings" (Weedon, 1999, p. 103). The current study thus borrows the term 'discourse' from poststructuralism, which defines it as a set of institutionalised historical, social and culturally organised meanings that construct and regulate individuals in particular ways (Jefferson & Hollway, 2000a; Parker, 2005; Wilbraham, 2004). Within this framework, discourses are

conceived of as materially reproduced and ensconced in culture, politics, knowledge systems, and the media, and ultimately serve an ideological function. For example, feminist poststructuralists argue that hegemonic gender differentiated discourses on sexuality position men and women in asymmetric power relations relative to each other and perpetuate patriarchal values (Hollway, 1998). However, although pervasive discourses are powerful, feminists and critical psychologists caution against viewing individuals as passive receptacles. Instead they assert that people have agency to resist or occupy 'positions' (Wilbraham, 2004).

For this study, reference to discourses and positions is useful for the purposes of expanding an understanding of the linguistic features in the narratives. A point of departure from poststructuralism thought, which promotes the notion of fragmentary and non-unitary selves, however, is narrative psychology's perspective "that experiences and understanding of the self generally have a sense of unity and coherence" (Crossley, 2000, p. 41).

In the analysis, attention was also given to 'silences', which is defined as omissions of particular information from a narrative (Charmaz, 2002) – a feature often overlooked in the quantitative literature. The significance of silences, as succinctly stated by Charmaz (2002, p. 305), might reflect individuals' "immediate [emotional] concerns but also their historical, social, cultural, and interactional contexts". In narrative psychology, and feminist research on sexual violence, silences are frequently noted as a feature of trauma narratives (Harvey et al., 2000). There are many possible levels to an analysis of silence, and it could be interpreted as a reflection of a number of interconnected variables: for example, individual idiosyncratic speech style, intra-psychic processes – i.e. a defensive strategy – and conventions of speech that intersect with broader social and cultural discourses on the meaning of particular types of trauma. It is thus useful to conceptualise the participants in this study as psychosocial beings – i.e. drawing on available discourses and investments in those positionings, and to regard their narratives as being the product of social and individual processes (Jefferson & Hollway, 2000a). This is a view espoused in narrative psychology and by researchers working in a feminist qualitative framework.

3.9 Ethical considerations

3.9.1 Informed consent (see Appendix 3 and 4)

Although the capacity of traumatised individuals to make informed decisions and consent to research participation is often raised as an ethical concern (Du Mont & Stermac, 1996; Griffin, Resick, Waldrop, & Mechanic, 2003), research findings indicate that trauma survivors' decisional ability is not necessarily impaired (Newman & Kalpoupek, 2009). However, it is not apparent from research reports how survivors of a recent rape are affected in this regard. Therefore in an attempt to address this issue in the current study the staff at the TCC were consulted and it was decided that women attending the clinic for treatment for the first time would not be approached. The consensus was that it would not be ethical to do so in view of the immediacy of the trauma, and possible secondary traumatisation following the forensic examination and contact with police services. If any of the women hesitated to consent or was indecisive, it was suggested to them that they take a few days to reflect on the implications of research participation.

There is also concern around issues of coercion and autonomy, and that some individuals might feel compelled to agree to research participation, especially when consent is obtained from a service provider (Griffin et al., 2003; Newman & Kalpoupek, 2009). With reference to this study, in the context of recruiting from a medical facility and/or police station where survivors are positioned as 'victims' or patients, it is possible that I was perceived as being aligned with the staff, and hence in a more 'powerful' position relative to theirs. This perception could have had an influence on some of the women's decisions to participate in the study.

It is recommended that resolving ethical dilemmas are best done through transparency, honesty about the research process, and researcher reflexivity (Hollway & Jefferson, 2000a). Considering the importance of transparency, an outline of the purpose of the research and procedure (e.g., duration of interviews, methods of recording and storing data) were discussed with each woman before obtaining their signed consent. The women were verbally informed that agreeing to participate in the study did not place them any under obligation to respond to questions they preferred not to answer, and that they could choose to withdraw from the study

at any time. If participants were unsure about any aspect of the research they were able to contact the principal research investigator during office hours. The consent forms were available in both English and Afrikaans.

3.9.2 Identity protection

The participants were informed that all identifying data disclosed in interviews would be changed. It was explained that there were limitations to confidentiality however, because their experiences would be written about in a thesis and that the findings would be available to other researchers interested in the topic. Participants were informed that all raw data were stored in a lockable filing cabinet in the office where the interviews were conducted, and that the filing cabinet could only be accessed by members of the research team.

3.9.3 Beneficence and nonmaleficence

The avoidance or minimisation of harm is a basic ethical principle and particularly salient when conducting research on survivors of a recent trauma because of the possibility of re-traumatising them (Du Mont & Stermac, 1996; Griffin et al., 2003; Newman & Kalpoupek, 2009). Several authors advise that this issue is best addressed through careful planning and attempting to establish a safe, containing context for research interviews (Hollway & Jefferson, 2000a). Although some distress for survivors is most likely unavoidable, there is ample evidence in the international literature that when a safe space is created, survivors find the experience of research participation to be predominantly beneficial (Campbell, Sefl, Wasco & Ahrens, 2004). To assist in establishing a sense of safety for participants, the research interviews were conducted in a setting that, it was hoped, would be experienced as non-threatening and supportive.

In keeping with feminist research principles, the women's disclosures were responded to empathically (Campbell, 2002). As a trained Rape Crisis counsellor I also felt equipped with the skills to offer containment and an empathic 'ear'. However, this raised an ethical tension in maintaining a separation between the role or identity of a researcher and a counsellor, a dilemma often faced by clinicians or counsellors who undertake studying sensitive topics (Long & Eagle, 2009). I, however, used my judgement to offer emotional containment when

necessary or an intervention where there was due concern for a participant. For example, one rape survivor expressed suicidal thoughts and was immediately referred to Rape Crisis. Furthermore, to accommodate for an event where participants' level of psychological distress became overwhelming to them outside of the interviews, they were given contact numbers for 24-hour crisis counselling services provided by Rape Crisis and Life Line. In this study, similarly to international findings, the participants all reported that they derived emotional benefit from being a participant in the study with some repeatedly referring to the research interviews as 'counselling'.

3.9.4 Payment

At each follow-up interview participants were given a R50 supermarket shopping voucher, and if they travelled to the research site by their own means, R20 to cover transport costs. Payment was decided on as an important gesture of respect towards the women for their participation in a study that entailed disclosure of personal and potentially evocative information, extended time away from home, and for some women required making complicated child-care arrangements in order to attend interviews. Also, most of the women in this study were either unemployed or earned a very low income, and had experienced material loss because of their assaults. Similarly to Jefferson and Hollway (2000a), remuneration for the women's time was thus deemed important and appropriate.

3.10 Researcher reflexivity

Integral to a feminist epistemology is reflexivity throughout the research endeavour. This includes engagement with the limitations and tensions inherent in a research undertaking, research ethics, and the researcher's subjectivity. This process places a reflective lens onto the researcher. Harding (1987, p. 9) observes that the researcher is a "historical individual with concrete, specific desires" and is in essence the architect of the research process. Extending from this point, it is acknowledged that my own research interests, positioning as a feminist, and experience as a Rape Crisis counsellor, influenced the current thesis at several levels. For example, whilst this research attempted to explore a particular phenomenon, it was shaped by the choices I made in method, methodology and data analysis. A feminist epistemology also provided a framework that encompassed particularities in

language and interpretation. Researchers working within a different framework are likely to differ in their analysis of the results and of the influences on the narrative material. For instance, unlike traditional views in psychology, a feminist qualitative epistemology acknowledges that the researcher's attributes, i.e. similarities and differences, "enter the research interaction" (Olesen, 2000, p. 226). The participants' narratives are thus viewed as co-constructions because it occurs within a relational context (Hollway, 2000b).

Furthermore, similarities and differences between the participants and me were likely to have influenced how much the women disclosed and how they constructed their narratives in many ways. Being the same race and gender, and familiarity with the communities and culture of the women was a point of similarity that might have been advantageous to establishing a rapport. For example, several women regarded me as an 'insider', this seemed evident in their references to Cape Flats' colloquialisms or humour. However, it has been noted by other researchers that similarities can also be inhibiting to how forthcoming some women might be in interviews (Boonzaaier, 2005). Other differences in comparison to the participants, such as a relatively more privileged socio-economic status, higher education, being either younger or older also potentially impacted on the researcher-participant relationship. There were however, some differences that were more pronounced than others between me and the participants, for example, one woman had a rural upbringing and another lived in a particularly violent township with daily on-going violence, these were experiences unfamiliar to me. An implicit awareness of these differences by the two women seemed to spur them to often furnish me with background information to their social environments.

As much as a feminist epistemology encourages parity in the researcher-researched relationship, the relationship remains "saturated" with issues related to power and cannot be completely eliminated (Macleod, 2004, p. 532). Thus regardless of similarities, being in the role of the researcher by default positioned me as having more power relative to the women in the study. This was apparent in a boundary that most women did not traverse despite our similarities. Apart from two participants, there was a level of formality in their interactions with me and none of the women asked me any personal questions. In general the women tended to position me as an 'expert' and in possession of knowledge on psychological trauma and other difficulties, and arguably someone in a position of more power. For instance, the women often requested advice or 'counselling' regarding other aspects of their lives. Whilst

their responses to the trauma was normalised, I recused myself from involvement in their personal lives and instead made appropriate referrals.

Finally, it was important to be aware of and to make sense of transferential issues even though the interviews occurred in a research setting and not a therapeutic context. An awareness of transference and countertransference helped guide my empathic reflections with the women. For example, my own internal reflections on the possible unconscious communications behind one rape survivor's seeming irritability toward me in an interview and a non-sexually assaulted woman's initial reticence, both of which elicited feelings of my being intrusive, was useful for creating a mental space to help process their meaning. Despite the interviews not being a therapeutic interaction, Eagle and Long's (2009, p. 49) perspective that engaging with research tensions, "allow us to make meaningful and respectful connections with participants" resonated with my own understanding of the usefulness and importance of being aware of transferential issues.

3.11 Summary

This chapter provided an outline of the feminist epistemological orientation of the current thesis and reference to international feminist critiques of traditional psychology of current relevance to the progress and expansion of feminist research in South Africa were made. The preference for qualitative methods in feminist research were discussed because of its pertinence to this study. The method of data collection and analysis were explicated and ethical issues in conducting research with recent trauma survivors were raised, and in keeping with a feminist epistemology, a space was given for reflexivity. In the next chapter a qualitative narrative analysis of the data is presented.

CHAPTER 4
RESULTS AND DISCUSSION

The analysis that follows is organised into two sections; the first presents the commonalities and differences in the trauma narratives between the rape and non-sexual assault survivors. In the second section, the autobiographical narratives of the two groups of women are compared. In both sections, a critical analytic approach is applied which draws influence from poststructuralist and narrative psychological views of language. Importantly, the women are conceptualised as psychosocial beings, thus the interrelationship amongst several factors, including their diagnostic profile and its influence on the construction of the narratives is considered. This perspective, together with links to the international literature, is used to formulate and elucidate the possible meaning of the linguistic features in the women's narratives.

4.1 Data analysis

Transcription key

Symbol	Meaning
S	Denotes where I have asked a question or made a comment
…	Omission of original text
(.)	Pause/Silence of 0 - 10 seconds
(..)	Extended pause/silence < 10 seconds
,	Natural pause
[ ]	Explanatory note or translation
=	Latching of conversation
Bold	Indicates emphasis in intonation by speaker
———	Underscore indicates text representing a significant linguistic feature
*	Deletion of identifying information
.	End of statement or complete quote

4.2 Transcription convention

All interviews were audio-recorded and transcribed verbatim, including pauses/silences (an extended pause is indicated in parenthesis), speech fillers (*em, uh, okay*, etc.), repetitions, latching of utterances (instances where the women responded to a comment I was making before I had completed it). Two interviews were translated from Afrikaans into English. In the discussion that follows, I have chosen excerpts from the narratives that illustrate a specific linguistic category, or type of memory. Owing to space constraints, excerpts are limited to two or three examples per linguistic category for each group of women.

4.3 Analysis procedure

First, the meaning of the overall length was considered in the analysis of the trauma and autobiographical narratives. This was followed by an examination of specific linguistic features in both narrative genres. The terms for the units of analysis applied in the analysis were based on, and defined in accordance with, the most commonly explored linguistic features in the international literature (Amir et al., 1998; Foa et al., 1998; Hellawell & Brewin, 2004; Lieblich et al., 1998). For the trauma narratives these were: *details of external events vs. emotional utterances, inclusion of sensory references, fragmentation, and tense switching*. The number of women in each group whose trauma narratives contained these features is represented in Table 2.

For the autobiographical narratives, the *temporal organisation* (global structure) - and reference to *specific or overgeneral memories* were a primary interest in the analysis. Additionally, to enable a more 'rigorous' method for comparing whether there were differences or similarities in the frequency of the different memory types, each reference to specific and overgeneral memories in the women's narratives was counted (refer to table 4). A description of the linguistic features is given below. The analysis includes use of supplemental data from the structured part of the Details of the Assault Questionnaire, and segments of the MTRRI (Harvey et al., 2003) that focus on re-experiencing of the trauma, and self-esteem. Any reference to this data is indicated in the analysis.

4.4 Linguistic units of analysis for the trauma narratives

The linguistic categories delineated are not intended to be interpreted as static, or mutually exclusive; they are fluid and closely entwined, yet there are unique aspects to each of them.

Details of external events

This linguistic feature refers to the re-telling by an individual of the circumstances of the assault, and events leading up to it (e.g., descriptions of the surrounding environment, verbal exchanges, and physical actions).

Example: *It was late in the afternoon. I saw a taxi and there were two men it. I decided to take it, the driver turned the music up loud. Then his helper suddenly took out a knife and held it to my throat. He asked me for my money. I gave him my bag.*

Emotional utterances

This category refers to a description by the individual of their emotions experienced during the assault e.g., fear, shock, anger, shame, helplessness, etc.

Sensory references

This is the inclusion of words in the trauma narrative that denote a sensory recollection of the traumatic event.

Example: *I felt the knife against my throat, I can still smell the deodorant he wore.*

Fragmentation

The criterion for conceptualising *fragmentation* was based on prominent definitions of it in the literature (Amir et al., 1998; Foa et al., 1995). It thus refers to elements in the narrative that marred its coherence (flow) as a result of the following: the use of repetitive phrases (e.g., *and so, and so*); unfinished utterances (e.g., *I was asking him something else, just to [unfinished utterance] and so this man, he got angry*); disjointedness and digressions (e.g., *I was so scared to go and so this two boys passed again, and then his [the assailant] whole attitude just changed again "Julle timing is in, julle timing is kwaai [your time is good]". So I couldn't leave at that time, so I had to wait till they passed like, so they passed the bench like on the other side, the bench, ja, and then you get a small part, and then another bench and so he walked, then we went out,*

but he walked with me, so the other boy Andy came, so I like, I like, I lit a cigarette for me, so I gave it to Andy, I said to Andy, ja, he looks like someone who wants to smoke…

Tense switching

This linguistic feature refers to the spontaneous shift from reported speech to the first person present tense without signalling this change, such as in: *A lot of boys that I know that came there, my neighbour, they all scared of him, and I can't run because if I open the door, I have to close the door to get pass*.; or the use of a verbatim quote without an introductory phrase (*I/he/she said*).

4.5 Additional linguistic features identified in the trauma narratives

Additional linguistic features not informed by the literature were inductively identified and found to be unique to the trauma narratives of rape survivors, these are described below. An inductive process of identifying linguistic features is congruent with the NOI model which encourages researchers to 'step back' from the analytic model itself and to avoid being limited by a predetermined meaning frame or categories.

Silences/omissions

The term *silence* is used to refer to an extensive pause or omission from a narrative that was considered to be emotionally significant. With reference to the literature (see Charmaz, 2002), silences or omissions are thought to be reflective of a difficulty with verbalising a particular aspect of the assault for reasons that might be subjective, or linked to the broader cultural meaning of the trauma; for example, the exclusion of a description of sexual contact from a rape narrative.

Sense of shame

This category is closely interlinked with the aforementioned linguistic feature, *silences,* in that it refers to the censoring of information from the trauma narratives, which might imply that there is a perception of shame about that aspect of the assault, such as comments of a sexual nature made by the assailant to a survivor.

Foregrounding of 'victimhood'

Whilst all the women were victimised, this linguistic feature refers to a subtle foregrounding in the narratives of their 'victimhood' (e.g., *He was a former gangster, so I just had to do what he said*.)

4.6 Linguistic units of analysis for autobiographical narratives

Temporal organisation

The temporal organisation refers to the chronological progression of a life narrative across time, which is usually from childhood through to adulthood (Riesmann, 1993). It is not uncommon though for individuals to diverge from this format of telling a story. However, showing awareness of 'leaps' in time by the narrator (e.g., *I will return to this point later.*) is important because it reflects that events and their meaning are integrated into the life narrative of an individual, and that they experience continuity to their identity (Burnell, Hunt & Coleman, 2009).

Reference to a specific versus an overgeneral memory

A specific memory refers to the description of a particular event on a particular day, e.g., *I went to a party on Friday night, which I enjoyed.* An overgeneral memory, in contrast, is the reference to a summary of events that have a common element, and that extend over a period of time, e.g., *I always enjoy going to parties* (Moore & Zoellner, 2007; Williams et al., 2007).

4.7 Trauma narratives

Table 2 represents the number of women in each group whose trauma narratives contained elements of the linguistic features delineated above.

Table 2: Linguistic features of the open-ended trauma narratives

	Sexual assault n = 4	**Non sexual assault n = 5**
Details of external events	4	5
Emotional utterances	4 (one word each)	4 (one word each)
Inclusion of sensory references	0	0
Fragmentation	4	1
Tense switching	4	2
Silences/Omissions	4	0
Sense of shame	4	0
Foregrounding of 'victimhood'	4	0

The findings discussed below were based on nine participants' trauma narratives, one rape survivor, Liesl, was unable to remember the details of her assault and therefore could not give a narrative account.

4.7.1 Commonalities and differences in the trauma narratives between the rape and non-sexual assault survivors

4.7.1.1 Length

In this study, the length of the trauma narratives varied considerably within and across the two groups of women, a finding which was congruent with the international literature (Beaudreua, 2007; Foa et al., 1995; van Minnen et al., 2002). Researchers suggest that discrepancies in the length are accounted for by individual conversational style, and differences in emotional processing of the trauma (Beaudreua, 2007; van Minnen et al., 2002). For example, an over-elaboration can reflect perseverative thinking about the traumatic experience, while a brief narrative could be indicative of cognitive avoidance (Gray & Lombardo, 2001). It is possible that these factors accounted for the variation in the length of the trauma narratives of the two groups of women.

Furthermore, in the current study, a pattern between the length of the trauma narratives and post trauma emotional difficulties was inconsistent. For example, one non-sexually assaulted woman, Melissa, and one rape survivor, Veronica, whose narratives were the longest of all the women experienced severe post trauma psychological problems, including PTSD, while Faiza, whose narrative was also relatively long, did not have a diagnosis. Similarly, findings in the literature are conflicting. Some studies report that lengthier narratives are associated with better post trauma adjustment (Beaudreua, 2007; Pennebaker & Seagal, 1999) while in others it is reportedly a narrative feature of individuals with psychological difficulties such as PTSD (Bernsten & Rubin, 2007; Gray & Lombardo, 2001).

The analysis revealed that there were several linguistic features in the trauma narratives that contributed to the length, and it is more meaningful to examine these. This view is supported by the treatment literature which indicates that the type of information described in narratives is more important to explore than the length (Beudreua, 2007; Herman, 1992; Pennebaker & Seagal, 1999; Wigren, 1994). It is contended that the content contained in a narrative is often a predictor of post trauma adjustment (Herman, 1992; Pennebaker & Seagal, 1999). For example, the inclusion of utterances that reflect cognitive processing, the ability to tolerate verbalising negative emotions, and meaning-making have been linked to improved psychological adjustment over time (Foa et al., 1998; van Minnen et al., 2002). The type of information included in the narratives is a linguistic aspect elaborated further under the next heading.

4.7.1.2 Details of external events vs emotional utterances

All nine women who were able to recount their trauma tended to focus on the details of the external events and their inclusion of emotional utterances in their open-ended narratives was minimal. A reference to either feeling fear, "numb" or "scared" was however made by eight women, but emotional words were limited to these descriptions. Some examples are shown in the quotes from Fatima, Faiza and Amanda's narratives:

Fatima: ... I was completely numb, I just went to sit in the chair and I think I was sitting down for about ten or fifteen minutes because I wasn't sure what to do next and then I phoned my boss.

Faiza: ...I was so scared to go [to escape from her assailant while they were walking] and so this two boys passed [in the street] again, and then his [her assailant] whole attitude just changed again...

Amanda: [he shouted], but in his gangster language, in Afrikaans and everything, and with that I got such a fright I fell down and I threw the phone but I kept my bag. He ran towards the phone, fetching the phone, came back, hit me again and ran away.

The limited number of emotional utterances by the nine women differs in some way to the international research, which reports that trauma narratives include a high frequency of words describing negative emotions (Beuadreua, 2007; van der Kolk & Fisler, 1995). However, these are findings drawn from research either using imaginal exposure therapy (first person present tense narrative accounts), or methods that explicitly ask participants to recollect their emotions during the assault in detail (Hopper & van der Kolk, 2001; van der Kolk & Fisler, 1995; van Minnen et al., 2002).

Furthermore, compared to the bulk of the international literature, the women's trauma narratives in this study were recounted after a shorter time had elapsed since their assault, and it is likely that the immediacy of the assault could account for the limited spontaneous reference to emotions. This finding seems to be similar to observations made in psychotherapeutic contexts with individuals in the early stages of recovery from trauma who reportedly often recount their experiences without reference to their affect experienced during the assault (Eid, Johnsen, & Saus, 2005; Foa et al., 1995; Herman, 1992; van Minnen et al., 2002; Wigren, 1994). According to several authors, this is indicative of incomplete cognitive processing and integration of the trauma into the life narrative (Foa et al., 1995; van Minnen et al., 2002; Wigren, 1994).

In response to the Details of the Assault and Rape questionnaire, the women revealed more about their emotions experienced during the traumatic event than they had in their free-flowing trauma narratives. All survivors commented that they "froze" or were in "shock", experienced a sense of disbelief and helpless terror, and had fears of dying or being harmed further. These are reactions commonly reported in the literature (Creamer, McFarlane, & Burgess, 2005) and are consistent with Criterion A2 of the PTSD symptom cluster as stipulated in the DSM-IV-TR (APA, 2000). The extracts below are examples of some of the responses given by the women to the structured questionnaire:

Faiza: I cried, I couldn't say anything, I couldn't scream…because of his knives and I didn't know if he had a gun.

Fatima: um, I was shocked, um, here's somebody standing with a gun, it was terrifying, terribly terrifying, um at that point in time the first thing you think of "I've got a daughter of eight years and a son who's turning four and here I'm going to die!" It was scary, terribly scary.

In narrative research influenced by psychoanalytic theory, the avoidance of verbalising negative emotions is understood as a defensive strategy employed to allay re-triggering the anxiety experienced at the worst moment of the trauma (Hollway & Jefferson, 2000b). From this perspective the limited reference the women made to their emotions can be interpreted as a way of defending against a fear of overwhelming terror being re-evoked. It is also possible that the horror of being confronted with their own mortality was too unbearable to engage with and hence to verbalise, especially so soon after the event had occurred. This is captured in Amanda's response at the end of her trauma narrative when she remarked that the trauma memory was *"An awful thing to think about"*. It was only during the MTRRI interview at four weeks post trauma that Amanda disclosed she had feared her life was at risk.

Similarly, Adele acknowledged, when asked during the structured questionnaire, that she had feared for her life during the attack (as shown in the excerpt below). This was in contrast to her trauma narrative in which she had included only one word to describe her distress.

S: Can you describe how you felt during the assault?
Adele: I was afraid of what was going to happen further. I just wanted to be at home. That's all [irritated tone]! Mostly I was fearing, I didn't know what was going to happen next. Is he going to hurt me further? I was fearing for my life.

When compared to the literature there was an inconsistent relationship between the inclusion of emotional utterances describing negative affect and post trauma psychological difficulties. In the literature, the inclusion of words that denote negative emotions is related to better post trauma adjustment (Harvey, 1996; Wigren, 1994) and the absence thereof has been linked to an increased risk for PTSD (Foa et al., 1998). Despite a limited description of their emotions by all nine women in their open-ended narratives, three non-sexual assault survivors, Shariefa, Zubeida, and Amanda, and one rape survivor, Faiza did not develop PTSD. In contrast to this, three rape survivors Adele, Veronica, Chantel, who were able to provide a trauma narrative, and two non-sexually assaulted women, Melissa and Fatima had a

diagnosis. This points to the need to explore other factors that might facilitate or impede post trauma recovery.

4.7.1.3 Sensory references

The absence of words denoting sensory images or re-experiencing in the free-flowing narratives by the women in this study differs from international quantitative studies which report that trauma narratives are replete with descriptions that denote visual, auditory, kinaesthetic, olfactory, and gustatory sensory modalities of the trauma memory (Hopper & van der Kolk, 2001; van der Kolk & Fisler, 1995). Again, these findings are based on studies where the trauma memory is relived through exposure therapy or where participants use self-report measures to evaluate the dominant sensory modality of the trauma memory (Bernsten et al., 2003; Halligan, Michael, Clark, & Ehlers, 2003; Hellawell & Brewin, 2004; Port & Birt, 2001).

The women in both groups did not overtly comment on the sensory perceptual impressions of their trauma memories in their narratives. However, it can be hypothesised that the emphasis on the *external events* of the assault by all nine women implies a visual modality of remembering the trauma. The quotes from Faiza and Zubeida's trauma narratives are examples.

Here Faiza uses the first person present tense, and this adds to the vividness of the visual imagery in the narrative of the events leading up to her rape:

Faiza: <u>I want to duck or maybe go around him</u> then he will take out the two knives. If I want to get away from him [her assailant], so he tell me ja [yes], he keep the knives so that (.) so (..) and if I walk then he will aim for me, make as if he stabs me, but with this, <u>he got this expression</u> (.) his face (.) that threw me such desperate looks, <u>his eyes is so cold</u> (..)

Zubeida focused on her visual and auditory senses in the recollection of her non-sexual assault:

*Zubeida: I was walking down * Road, <u>being aware that it's dark</u> and I, you know <u>I kept on looking and I didn't see anybody</u> behind me, and as I came nearer to the corner, <u>I heard</u> footsteps and I turned around and <u>I saw</u> the guy walking on the sidewalk (.) <u>I kept on looking at him to see</u> what his intentions were…*

It was important to explore this linguistic feature, because several authors contend that, similarly to the exclusion of affect experienced during a traumatic event, the absence of sensory references in a narrative reflects cognitive avoidance and incomplete emotional processing (Eid et al., 2005; Wigren, 1994). A failure to include these aspects of the trauma narrative apparently hinders the integration of the experience into the life narrative (Eid et al., 2005; Herman, 1992; Wigren, 1994). The ability of survivors to engage with sensory references of their trauma memories is discussed further under the next heading.

4.7.1.4 Sensory references in the MTRRI

In contrast to the open-ended trauma narratives, the nine women described memories of their trauma as sensorial in nature when asked "*Do memories of the trauma ever jump into your mind and prevent you from thinking about or doing something else?*" during the MTRRI. Adele described her memory as evoking her gustatory and kinaesthetic senses:

Adele: Yes, like I tell you, it's like when you have that memories, then it's like it's happening all over again, your body feels like, you know. You start shivering, and you feel, it's like you, you, tasting that memory again now, that type of thing, and everyday when you do think about it, it goes through you. I mean, it's not whole day but I mean ***it will come*** *once or twice, it will come up in your memory and then it's just how you focus on it.*

Chantel related the predominance of visual, kinaesthetic and dissociative remembering:

Chantel: ...every night Sadia then I get visions of him, then I see him in front of me. I see what happened.
S: Do ever feel as if you are leaving your own body?
Chantel: Yes.
S: What happens when you feel like you are leaving your body?
Chantel: The same thing that happened to me then I see happening in front of me, and I can't forget about it. And if I'm sometimes alone then I eh, I don't feel comfortable.

It is possible that the women did not include any reference to the sensory component of their trauma memories in their trauma narratives as a way of controlling or avoiding unpleasant emotional arousal, especially since their assaults were recent relative to the first interview. The inclusion of sensory references in the MTRRI interview, conducted at four weeks post assault, might therefore signal a progression toward emotionally processing the trauma. However, in the MTRRI it also became apparent that some of the women struggled to engage with their trauma memories, possibly to the detriment of processing and integrating it into

their life stories. For example, initial cognitive avoidance of a recollection of the traumatic event had become a maladaptive coping strategy for four rape survivors, Adele, Veronica, Chantel and Faiza, and one non-sexually assaulted woman, Fatima. Additionally, with the exception of Faiza, the four other women all had a PTSD diagnosis. It is well documented in the literature that the excessive use of these defensive strategies to regulate distressing affect paradoxically results in heightened intrusion of trauma memories in PTSD (Dalgleish, Hauer, & Kuyken, 2008; Herman, 1992). There was thus some evidence in this study that supports the hypothesis that trauma memories are dialectical in nature in PTSD, i.e., mental suppression increased intrusive memories. This is illustrated in the excerpts below.

Adele resorted to self-medication against the intrusive memories and yearned to remain in a disassociated state. However, the intrusion of the trauma memories increased with her attempts to numb against and suppress them.

Adele: <u>It has actually become more</u> [the memories], it's becoming more on my brain than anything else. <u>It's driving me crazy</u>, that is the way it feels because <u>everything is coming now</u>, everything is too much on my brain now, you know. I can't figure out. It's like (.) I'm trying to figure out too many things and it's blocking my brain. Too many things that is happening inside my head, you know, I'm trying to figure our why, what and you know, it's like sometimes I take about, I'm not lying to you, about seven Grandpas [paracetamol] in a day.

Fatima commented that she actively blocked trauma memories out of her mind but that they tended to "pop up" spontaneously and caused impairment in her functioning when alone.

S.: Is it [the memories] so bad that it stops you from thinking about or doing something else?
Fatima: Yes, yes, yes, yes (.) and then you forget em, "What, what was I supposed to do now?" You know, em, especially when you're at home watching (.) especially when I am at home alone, and it's quiet and em (.) it [the memories] just comes.

Veronica had described in the interview that her attempts to forget the trauma were unsuccessful:

Veronica: ..now when I lie down and think about something (.) then that memories come back to me (.) then I think em, almost like (.) my thoughts are only focused on that. I can't, I can't, I don't have anything that I can think about to make it better and so… sometimes if somebody calls me then I don't hear, then they will say "Didn't you hear me?" and I say, "No, I didn't hear." Then maybe they'll talk to me, but my mind is not with

them then (.) my mind wonders. Or maybe they talk in a way that makes me think about the time when I was raped, then I won't think about what they're saying because my mind is on that [the rape].

Faiza also described consciously "block[ing] out" any thoughts or memories of her rape. At first she denied any re-experiencing symptoms but then admitted to frequent flashbacks. In her autobiographical narrative it became apparent that cognitive avoidance was a pattern in how she coped with emotional difficulties.

S: Do you ever feel like you re-experience those feelings you had at the time?
Faiza: No, I don't think anything of it [I don't think about it]. Cos I know I wasn't looking for it, and I was just myself so (.) and I know my rights (..) And it it did happen (.) but I'm gonna face it (.) and I can face it!
S: Do memories of it come into your mind?
Faiza: Em, flashbacks (..) so much.

There was a notable difference between the four sexual and four non-sexual assault survivors' ability to cope with thinking about their trauma memories. For example, four non-sexually assaulted women, Zubeida, Shariefa, Amanda and Melissa, also described their memories as visual or viscerally re-experienced. In contrast to the four rape survivors, the four non-sexually assaulted women, including Melissa who had a PTSD diagnosis, were able to tolerate and engage with sensory, intrusive images and re-experiencing symptoms – and did not experience impairment to their functioning. To illustrate these differences, examples from the narratives of the rape survivors are given first below, and they are then contrasted with extracts from the non-sexual assault survivors' interviews.

Intrusive sensory images and the subjective meaning of them seemed to confirm feelings of helplessness and loss of autonomy associated with their rape for Veronica and Adele:

S: Do you ever get so upset by a memory that you feel as if you can't do anything else?
Veronica: Yes (.) sometimes then, then (..) then it upsets me a lot (.) then it's almost like em (.) you did something and you don't know how to get out of it …then <u>I don't know how to to help myself out of it</u> (.) then I think (.) if I didn't go there then maybe it wouldn't have happened to me…

Adele described drinking to dissociate from intrusive memories and cutting herself off from friends at work whose conversation sometimes triggered memories of her rape:

S: When you think back to that day, do you actually re-experience the feelings?
Adele: Ja, all over, that's why I say, eh, it's, there's where the drinking [unfinished utterance], *<u>it's like I'm in there</u>* *[the memory] because when I do that[drink] it's almost like I forget about it.*
S: When you think back on this traumatic experience, do memories of this experience ever jump into your mind and prevent you from from thinking about or doing anything else?
Adele: Well, like I tell you, when something like that subject come up with friends and they talk about it openly then the memories occur, then the memories occur, that's why I say, then *<u>I just walk away.</u>*
S: Is that what happens?
Adele: Then *<u>I just walk away</u>* *because to me it's like this, you know how girls are when they are together then they will go to each and every detail, now that type of thing (.) it's how they (.) now to me it's like this,* *<u>then it will occur to me how he overpowered me by doing that</u>* *and you know, then* *<u>I just walk away.</u>*

For Chantel, the re-evocation of the overwhelming fear and terror experienced during her rape contributed to depressive symptoms:

Chantel: …when I sit at home then eh, the door goes open, and then I get a fear in me, then I think it's him again, that he's coming again to…[trails off]
S: Were you ever so upset by a memory that you couldn't do anything else?
Chantel: Yes.
S: Then what do you?
Chantel: I feel miserable and feel like doing nothing and I sleep all day.

The excerpts that follow are from interviews with three non-sexually assaulted women, Shariefa, Zubeida, and Melissa. Shariefa spoke of how she re-lived witnessing an accident, an event she had described as more traumatic than the assault. Despite occasional flashbacks, she was not debilitated by it.

Shariefa: ... *<u>I just relived the whole thing again</u>* *and he [a SAPS police officer] actually took out my folder and X's as well for the accident and I had to stand on the place where he stood where the car knocked him... I actually hate being alone because then it's like* *<u>I get flashes of it</u>*...
S: Do you every get so upset or overwhelmed by memories that you can't carry on with anything, that you can't function at work or in any other way?
Shariefa: No. Look, if I think about the accident, or I think about the robbery, with the robbery I become very angry, but I don't let it get to me that far, you know, that I can't do anything. You know I just try [and

think]"Okay, it did happen, maybe it was my fault, maybe there was a reason for it so that I must be more careful and alert now." So then I just carry on again.

Zubeida described experiencing flashbacks when learning that her neighbour's teenage daughter had been assaulted. Despite the flashbacks being evocative, Zubeida could continue with her normal daily functioning:

Zubeida: ...um, on Saturday my next door neighbour, her niece was robbed in Claremont by four African guys, four black guys and it's just <u>like flashes came back to me</u>, because this was only a fifteen year old and it was four guys, and they took her cell phone, and her bag, and this child was so traumatised, in fact she still is.
S: Have you ever had the sensation that what happened to you was happening all over again?
Zubeida: Yes, it happened to me now [when hearing about neighbour], yes.
S: So it was just that time?
Zubeida: Yes.
S: Okay, do you ever get so upset or overwhelmed by the memories that you can't focus at work?
Zubeida: No.

Similarly, Melissa's memories were viscerally re-experienced but she was able to cope with her work:

*Melissa: Yes, I can feel how I felt that day. I can actually, when I think about it, like yesterday I was sitting in my room and I was thinking about that day, they drove around with me and how scared I was, and then <u>I felt that scariness **again**</u>**!** [rise in voice intonation]*

Melissa later added that she did not attempt to suppress the memories of the trauma and instead was sometimes preoccupied with it when she is at work:

Melissa: <u>I don't prevent myself</u> [from thinking about it], I just let it go, I just think about it because I was, why must I lie to myself, you know. I sit there and I actually think, really think... I sit and I think about what happened detail into detail, I was in touch with it how I felt that day, it was terrible, it was really terrible, I really thought I was going to die that day, they could have killed me. What else would they have done, that is something that I think of all the time, what else could they have done with me?
S: Do you ever get so upset or overwhelmed by a memory that you can't really function properly?
Melissa: No, this experience make me feel like that [upset] because when they [colleagues] leave. Then I don't have any work to do, my work is up to date, then I sit there and I play games on the computer and whatever...

There is a wealth of evidence in the literature that the inclusion of sensory images in a narrative is an integral part of emotionally processing a trauma, and assimilating the experience, and that this reduces PTSD symptoms (Foa & Rothbaum, 1998; Herman, 1992). It is thus possible that an avoidance of sensory images of the trauma memory exacerbated and/or maintained PTSD for three of the aforementioned four rape survivors, and one non-sexual assault survivor with a diagnosis. However, given that the mental suppression of sensory aspects of the trauma was more prevalent amongst the rape survivors, as illustrated above, it suggests that engaging with the sensory impressions of a rape memory might be more unbearable than of a non-sexual assault.

4.7.1.5 Fragmentation

The narratives of four non-sexual assault survivors, Zubeida, Shariefa, Melissa, and Amanda tended to flow more freely, and contained fewer repetitive phrases or unfinished utterances when compared to one other non-sexually assaulted woman, Fatima, and the four rape survivors who were able to recall their trauma. Examples from three trauma narratives demonstrate the difference in the coherence of the narratives between the four non-sexual assault and four sexual assault survivors:

*Zubeida:...As I came nearer to the corner, I heard footsteps and I turned around and I saw the guy walking on the sidewalk…I then started walking a bit slower and he went past me. He was now walking in front of me and he went straight across the road as if he was going to the park. I then turned down * Road and as I got half way I just felt the knife against my throat, actually the blade of the knife.*

*Shariefa: I saw two guys at the far end of * and the * Road, Newlands, where the Sports Field is, I saw two guys coming on from a distance (.)*
S: Em.
*Shariefa: …I crossed the road going into * Way and I noticed these two guys, but I didn't think much of it to take notice and I walked down * Way and just before * Close, I have to turn in. The same two guys I saw, the one was right here next to me, on my right side and then I looked over my shoulder, the one grabbed my left arm and that's when I realised it's two of them. But as this one was pulling my arm, it was hurting in my shoulder and that's when I swung around and that's when he forced my watch and wedding set…*

Melissa: I knock off from work at 3 on a Friday afternoon and I usually take a taxi to Maitland, and I took the taxi, but I didn't really take note that the taxi was empty. I didn't really think that there would be something wrong or somehow or the other, but if I look back on it now, then I think to myself I should not get into that taxi… I don't know what he did [her assailant], I can't remember but it was fast man, it was so fast you don't

know what is going on, you just see here this person got you over your head and obviously wanted to get me down. Because the people outside can see what is going down [what is happening], and obviously there must have been some people that heard me scream in the taxi, you know, shouting on top of my voice. And then they put that rave music loud.

The linguistic feature of fragmentation is shown in extracts from the narratives of three rape survivors, Veronica, Chantel and Faiza. Here Veronica described the immediate events before she was raped. Her assailant, a shebeen[5] owner, took her along with him to another shebeen where he had a brief conversation with a woman there, possibly the owner. The flow in her description is unclear and difficult to follow.

Veronica: He spoke with this woman [at a shebeen], and so further on, on, I thought maybe he will leave me. And with this [unfinished utterance] but the time when he now [unfinished utterance], I cried in that time, so he said to me "No, come! Come with me now!" because during the time he went to that woman's house and he spoke to her, so I thought she will say "No, leave her." And so, and so, he just said "No come, come with me!"

The flow in Chantel's brief narrative of the events preceding he rape is also hindered by the unclear organisation of her thoughts and then trailing off.

Chantel: I felt someone sitting by the bed, the end of the bed. He spoke to me, but, I was in a dream, in my nightie, and he spoke and spoke to try to wake me. He asked why I was sleeping so, and I said "I am tired", and I just opened up in front [unclear reference], "But I spoke to you and I thought someone".. [unfinished utterance].

Similarly, Faiza's narrative of the events before her rape had prominent features of fragmentation. The digressions, over-inclusion of information, and several unfinished utterances made it difficult to follow her story. Here she describes being forced to walk with her assailant and seeing a male friend of hers along the way whom she tried to alert that she was in danger:

Faiza: ..the one boy [a friend] saw me, ***so*** *I asked a cigarette from the driver [unclear who she referred to] and I asked "Where is that girl that stays there?" and he said "Ja, * het gery [drove]" and so I asked him for [unfinished utterance], and so he said, this man, * [her assailant], say and I was looking at [unfinished utterance]I was looking into his eyes [her friend] and so I asked him "Give a smoke!" And now he smokes Camel and he know that I don't smoke Camel and I was like [unfinished utterance].* ***So*** *he went in and he went*

[5] A shebeen is an unlicensed and illegal drinking establishment.

*to go fetch a cigarette and **so I still wanted to [unfinished utterance]**, I was asking him [her friend] something else man, just to [unfinished utterance] and so this E., he got angry, **so** he just, I must just come…*

In the clinical and research literature, unfinished thoughts or utterances, incoherence, and difficulty in articulating a trauma narrative have been found either to be predictive of PTSD or associated with a current PTSD diagnosis (Amir, Stafford, Freshman & Foa, 1998; Jones, Harvey, & Brewin, 2007; van der Kolk & Fisler, 1995). It is thus possible that elements of fragmentation contributed to a diagnosis of PTSD for three of the rape survivors, Veronica, Adele, and Chantel, and one non-sexual assault survivor, Fatima. It was notable that fragmentation was more pronounced in the sexual assault survivors' narratives in the segment before they described their rape, a feature that differed markedly to the non-sexual assault survivors' accounts. This suggests that the progression in a narrative toward the verbalisation of the physical aspect of a sexual assault is particularly emotionally evocative and possibly more difficult to articulate than a non-sexual assault.

4.7.1.6 Tense switching

Although varying in frequency for each individual, a prominent feature in the trauma narratives of three women who were raped, Veronica, Adele and Faiza, and two non-sexual assault survivors, Melissa and Fatima, was their tendency to switch from reported speech to the first person present tense. They also sometimes used verbatim quotes without an introductory phrase, which affected the coherence of their narratives. Examples of this are shown in the excerpts below.

While describing the events before her non-sexual assault, Fatima shifts between the past and first person present tense:

Fatima: Um, I opened the practice doors [to her place of work], unlocked it, I leave the burglar gates open but I close the glass doors...I put my bag at the back, I switch on the back lights and then come to the front and switch on the front lights and then I turned around and there was a man standing behind me with a gun [lengthy pause].

Similarly, Melissa, a non-sexual assault survivor, described her trauma as if it were happening in the present moment. As she recounted this micro-narrative there was a rise in her voice intonation and she ended the utterance by exclaiming the last three words:

Melissa: …Nobody knows where I am, even if they try to look for me how will they know where to look first? How am I gonna get out of here? I am never gonna get out of this alive*, they never gonna let me go, they know how I look. I tried to keep myself calm (.)* ***they will kill!*** *[rise in voice intonation.]*

After an extended pause, Veronica unexpectedly refers to a verbatim quote of a statement she made to her assailant before he raped her. The absence of an introductory phrase creates an abrupt tense shift:

Veronica:…So he [her assailant] said yes, what my boyfriend owes him I must pay, so I asked how I must pay, so he said I must sleep with him, and so I said no to him [extended pause]. "How can you do this to me, that I must pay?" I don't owe him [money].

Here Adele switched to the first person present tense quite suddenly while talking about her rape during the structured questionnaire:

Adele: I was like, I mean he was friendly all the way and all of a sudden got aggressive, I just felt stunned, I didn't know what was happening ..."I was just speaking normally to you!" and then he just got aggressive.

Faiza shifted to the first person present tense often and sometimes the tense change was jarring, this is an example:

Faiza:… I kept my distance, I kept my distance from him [her assailant] and if he is going to come for me I will walk under the tunnel and so, and then he tell me ja I had a fall out with him, I belittled him, so man, I make him feel not like a man…

Fatima, Adele, Veronica and Melissa (Faiza being the exception) were diagnosed with PTSD at four weeks post trauma. There is a likelihood that, as indicated in the literature (Pillemer et al., 1998), this linguistic feature might be linked to this diagnosis.

Although verbatim quotes were used by three non-sexual assault survivors, Zubeida, Shariefa and Amanda, who did not have a PTSD diagnosis, it was a less recurrent or prominent feature in their narratives in comparison to the three rape survivors discussed above, and the two other non-sexually assaulted women, Fatima and Melissa. In addition, Shariefa, Zubeida, and Amanda used introductory phrases to signal their inclusion of a verbatim remark in their narratives as shown in the quotations below. This possibly reflects that the trauma memories were less evocative than for the other women.

Shariefa: I think he was watching to see if I'm maybe going into one of the houses there and then I didn't actually hear him come on until I just felt the blade against my throat <u>*and he said, "Los jou sak"*</u> *(.) You know I, um, I had such a shock I actually, without realising it I turned around and I looked at him, and I mean we were face to face (.) still holding onto my bag…*

Zubeida: I was struggling to take my rings off because he already then took the watch <u>*and I said "You can take my watch*</u>*"….*

Amanda…he hit me on my side and <u>*he shouted, "Give your phone, give your bag*</u>*"…*

According to the literature, the spontaneous switching to the first person present tense and used of verbatim quotes is usually indicative of the intensity of re-living the trauma memory and a shift back in time to a moment when there was an overwhelming threat to the self (Pillemer, Desrochers, & Ebanks, 1998). This hypothesis seems to be consistent with the findings related to this particular linguistic feature in the current study. Furthermore, its excessive use is also often characteristic of PTSD, and reflective of the "internal switch from a narrative-based representation to an image-based representation in memory' (Hellawell & Brewin, 2004, p.3). However, Faiza, who did not have a diagnosis tended to switch to the first person present tense frequently in her narrative which suggests that understanding this linguistic feature as indicative of PTSD alone is limiting because it does not account for exceptions.

4.8 Linguistic features unique to the trauma narratives of rape survivors

4.8.1 Silences

A striking difference between the two groups' trauma narratives were the 'silences' or omissions in the accounts given by the rape survivors. This was evidenced in paralinguistic elements of their stories, such as extended pauses at the moment before recounting their rape, a decrease in the volume of their voices, and the abbreviated descriptions of the sexual assault.

Reference to explicit details of the rape were omitted by all four rape survivors who recounted their trauma. Chantel's micro-narrative of being raped was brief, and she excluded explicit details of the physical and sexual aspect of her assault.

Chantel: He [the assailant] came back [into her room], I was busy looking in drawer, and he came in, and he grabbed me, and then he raped me, he raped me (..) [Chantel breaks down and cannot continue].

This verbal exchange with Adele illustrates her difficulty with providing a narrative of the rape; her responses were terse and there was an irritable quality to her tone. Facilitating a narrative from Adele entailed asking her a question or giving a reflective response to an utterance made by her. Much like Chantel, Adele also omits a description of graphic details about the rape, and instead used euphemistic terms, such as, "he started" and "when he was finished".

S: He pushed you to the ground, took something out of his pocket and (..)
Adele: And I fell to the ground and he just pushed it [a weapon] in my side and I don't know what it was (..)
S: He pushed it in your side.
Adele: Ja (..)[prolonged pause]
S: Did you think he could be carrying a stick or =
A: I can't tell you. [I don't know]
S: Or some kind of a weapon=
Adele: = Something like that (..)
S: And?[extended pause, waiting for a response.] So you didn't want to risk taking a chance with your life, so =
Adele: = Yes (..)
S: Okay, you can continue (extended pause, waiting for a response). So he pushed you, you fell to the ground, he took something out of his pocket, you're not sure what it was, but it was some kind of a weapon and he put it in your side.
Adele: My side, yes (..)
S: Okay (..)
Adele: And then he just started unzipping me, my pants and you know like (.) and then he started and I just felt numb, I couldn't move and when he was finished he just got up and he just left.

Faiza included a description, although vague, of sexual contact, but only after an extended pause as shown in the excerpt below. Similarly to Adele, Faiza used euphemistic terms for the act of penetration and avoided reference to sexual anatomy such as using the word "it" instead of "penis". Her rhetorical question "*how can I now say?"* structures this micro-narrative as if she were asking permission to elaborate her sexual assault:

Faiza: …he climbed over and he turned me around, he turned me around so I was on my stomach and I was facing to this people's back door and then he would, ja, he wanted to eh (..) <u>how can I now say?(..</u>)…<u>he couldn't</u>

get in, he did put it in but he couldn't get in because I was keeping me lame and I was crying and he was drugged, he was high (..)

During Faiza's brief description of the rape, her tone was detached and she quickly deflected away from it by recapitulating in detail the events that unfolded after the assault before her assailant released her.

Silences in narratives are understood as "Not merely the absence of information", but "information that could have been offered and was not." (Sorsoli, 2010, p. 133). Several feminist narrative studies document silences as a linguistic feature characteristic of the narratives of sexual trauma survivors. In de Swardt's study (2006, p. 72) on a group of South African rape survivors, the physical and sexual aspects to the assault also remained "hidden" much like in this study. Similarly, in a study by Bletzer and Koss (2004) on the narratives of three different ethnic groups of rape survivors (Anglo, Cheyenne, and Mexican), the women, in particular Mexican, also tended to omit details of sexual contact and they used euphemistic terms for sexual anatomy.

Feminist researchers have long noted that the sexual component of the rape is 'unspeakable' for many survivors and that this is reflective of broader socio-cultural 'silences' that render the subject taboo (Aherns, 2006; Bletzer & Koss, 2004; Lebowitz & Roth, 2004; Riesmann, 1993). It is argued that the silences in women's rape narratives are not only a possible reflection of the "struggle of disclosure" at the personal level, but are complicated by social conventions that determine "what cannot be said" (Sorsoli, 2010, p. 131).

4.8.2 Sense of shame

It was apparent when reviewing the women's responses to the structured questionnaire that the four rape survivors had censored sexually suggestive remarks made to them by the assailant from their open-ended narratives. These silences were hypothesised to connote a sense of shame about the sexual component to the rape. For example, when asked, *"Did the perpetrator(s) say anything to you when he/they attacked you?"* Faiza disclosed that her assailant had remarked that she had a "nice body" and should "use it more". Adele included a verbatim comment in her trauma narrative made to her, but first hesitated and adopted an apologetic tone. Similarly to Faiza, she structured her account as if asking permission to

disclose aspects of the assault, in this instance the use of the crude reference to sex made by her assailant. This linguistic feature possibly reflects social conventions that do no permit the discussion of explicit details of a rape (du Toit, 2005) and which, together also adds to the humiliation and denigration of the rape survivor.

Adele: He was using these rough words and he said "Ek smaak [I feel](..) can I speak [his words]?
S: Yes, please tell me exactly what he said, if you don't mind.
Adele: He just said to me "Vanaand smaak ek om te naai."[Tonight I feel for a fuck.] , and "Ek wil it hê!"[I want it!] and he just pushed me down to the ground, and then he pushed something in my side. So I don't know if he took it [a weapon] out of his pocket or what he did but I didn't want to move…

A sense of shame about the assault was also conveyed in other reactions to the rape that the women described when asked about this in the structured interview. In this short quotation, Faiza states that during her assault she felt that dying would have been preferable to surviving a rape:

Faiza: I felt like dying, it would have been better off if I died in that moment.

Chantel's shame about being raped by her half-brother was so profound that she at first did not respond to being asked who had raped her. Her voice faltered as she recounted her ordeal and Chantel's very brief, tearful response to being asked how she felt when he attacked her, connotes a deep sense of shame:

Chantel: I never expected it from him [her half-brother] (..).[starts to cry, interview stopped for a while]

In contrast to the rape survivors, there was an absence of shame conveyed in the narratives of the non-sexual assault survivors, which alludes to the different meaning of these traumas. The non-sexual assault survivors also did not censor from their narratives aspects of the assault that were arguably humiliating, possibly because they did not have a sexual dimension. For instance, in their free-flowing narratives, two non-sexual assault survivors, Zubeida and Melissa, included the abusive comments made to them by their assailants. One non-sexual assault survivor, Amanda could not remember the exact words used by her assailant because the language he used was unfamiliar to her, while during Fatima and Shariefa's assaults no abusive remarks were made to them.

Here Zubeida describes her assailants repeatedly using the derogatory term, “bitch”:

Zubeida: But as this one[assailant] was pulling my arm, it was hurting in my shoulder and that’s when I swung around and that’s when he forced my watch and wedding set..and he also kept on swearing “Hurry up bitch!” and like smacking me, not like you know using force but smacking me in my face...

Melissa’s assailant adopted an abusive tone:

Melissa: I said “No, I don’t have a phone”, so they said to me “Don’t talk kak [shit] to me!” and then he just kicked me all on, whatever and then they found my card and whatever and there was money…

Lee, Scragg, and Turner’s (2001) differentiation between external and internal shame is useful to consider, the former refers to a belief that others perceive an individual as inferior or devalued because of a traumatic experience, while the latter is the internalisation of those perceptions. This perspective is relevant to the current study, during the MTRRI four of the rape survivors reported a sense of shame about being raped and a perception of having less value as women. These perceptions seem to be indicative of the the influence of pervasive socio-cultural discourses which construct sexual trauma as shameful to a woman’s sexuality (Khau, 2007; Kraegel, 2007).

Shame is widely documented as a common reaction to rape, and it is usually coupled with a fear of stigmatisation and often silences women from disclosing a rape or revealing explicit details about the experience (Khau, 2007; Kraegel, 2007; Vidal & Petrak, 2007). Charmaz explicates this interpretation further; she writes that “silences may either be intended” by a speaker or in some instances a silence is “imposed” on narratives of particular experiences (2002, p. 303). For example, feminists contend that in patriarchal society, hegemonic discourses construct women’s sexual selves as subject to scrutiny, surveillance and regulation, and that this can be construed of as serving a silencing function (Weedon, 1999). Women’s sexuality is easily devalued, and this is replicated in rape myths; themes of being ‘damaged’ or ‘defiled’ are common prejudicial perceptions of rape survivors, which induce a sense of shame and contribute to sexual trauma being relegated to the individual sphere (Anderson & Doherty, 2008, Lebowitz & Roth, 1994). Relatively recent literature has found that shame in sexual assault also maintains the persistence of emotional difficulties such as PTSD (Lee, Scragg, & Turner, 2001; Vidal & Petrak, 2007).

4.8.3 Foregrounding of 'victimhood'

Unlike the non-sexual assault survivors, four of the five rape survivors who recounted their traumas foregrounded their experience of being a victim in their narratives. Although all the assaults included violence, it seemed important for the rape survivors to justify surrendering to the assailant through the structuring of their stories, and choice of verbal expressions. For example, Faiza prefaced the beginning of her narrative by informing me of her assailant's criminal past and thus foregrounding her experience of being his victim. Faiza had disclosed in a different interview that her friends had expressed doubt that she had been raped, and had stated that she probably had a consensual sexual relationship with her assailant. Thus, it is possible that in the context of Faiza's rape being responded to with disbelief by her friends, the foregrounding of her victimhood served the purpose of communicating that her story was credible.

*Faiza: Just briefly, <u>he [the assailant] is an ex-convict</u>... Later in the interview she adds: he is like labelled as 'die ou'[that guy], he is like **that** man, when he comes out of jail after so many years and he expects **everything** to go his way.*

Here Adele explains why she submitted to the man who raped her:

Adele: It wasn't something sharp, like I will say, a knife or, you know, it could have been a gun, it could have been a stick for all (.)[incomplete expression of 'for all I know'] but <u>I didn't want to take any chances</u> because at that moment I was just thinking of my kids….<u>[implies feared for her life</u>]

It also seemed important for Veronica to explain why she surrendered. Although Veronica's excerpt is translated from Afrikaans, the use of "maar" in the original text is included (this is similar in meaning to 'just' in informal English), because I wanted to retain the essence of the meaning of this colloquial expression. In this instance, she uses the word to connote a justification for her submission to her assailant.

Veronica: …I was so, so, scared, I was frightened (.) now I also cried, <u>so I maar [just] did what he said</u>.

Similarly to Faiza, some of Adele's friends did not believe that she was raped while Veronica was verbally abused by members of the farm community where she lived. It can thus be hypothesised that the adverse responses received from acquaintances who knew of their rape,

contributed to the foregrounding by the women of their victimhood in their narratives. It also speaks to the prevalence of victim-blaming and its interconnection to negative cultural stereotypes of female sexuality, which together minimise the impact of sexual trauma. Feminist researchers are of the consensus that unlike the experience of a non-sexual assault, the credibility of rape survivors is questioned and women often need to prove their innocence (Ahrens, 2006, Ward, 1995). Societal rape myth acceptance is cited as a reason women are often not believed or blamed for being raped (Lonsway & Fitzgerald, 1994; Moor, 2007). The linguistic feature discussed seems to point to both the pervasiveness of rape myths and the internalisation thereof.

4.9 Autobiographical Narratives

Differences in the autobiographical narratives between the rape and non-sexual assault survivors will be discussed with particular reference to reduced memory specificity. First, the overall length and type of detail of the life narratives will be examined. This is useful for imparting a global impression of the autobiographies, and provides a context for examining the type of memories recollected by the women.

4.9.1 Temporal organisation

In the current study, four non-sexual assault survivor's life narratives tended to follow the traditional temporal organisation or progression of telling a story (i.e., a beginning, middle and end) and they used orientation clauses to mark shifts in time in their narratives (example: *"Then when I was a teenager"*). Their stories were thus largely coherent. In contrast, the five women in the sexual assault group related truncated autobiographical narratives and sometimes shifted across the 'timeline' without the use of a linguistic marker, which sometimes affected the coherence of their life stories. This is illustrated in the examples discussed under the next heading.

4.9.1.1 Length and type of detail

The autobiographical narratives of the non-sexual assault survivors, with the exception of Amanda, were longer and more detailed when compared to the five rape survivors. It was thus necessary to ask questions in an attempt to elicit and facilitate more detail in the

narratives of the latter group of women. Compared to the rape survivors, the non-sexually assaulted women started their narratives from a much earlier age than women in the sexual assault group, and recounted lengthier narratives of their childhood. The differences in the temporal organisation and detail between the life narratives are illustrated in excerpts taken from both groups of women. I have indicated the transition in time in the narratives to highlight the differences in the progression of the life stories of the two groups of women.

The life narratives of Zubeida and Shariefa, both non-sexual assault survivors, progressed from very early childhood and advanced through to their adult years.

Zubeida: ***[toddlerhood]*** *I can go back as far when I was three years old. Um, first of all my father was married before and my mother was married before, so there are children on both ends but I'm the only one from my mother and my father.....****[early to middle childhood]****... and I also remember clearly when I had my ears pierced, there was two brothers, the one was a dentist the other one was a general practitioner and eh, when ever I had to go to the dentist for my teeth.. or for whatever reason I had to go doctor, um when I must go then there was always a gift for me ....Um, I didn't grow up so well off, you know, and um at the age of twelve my father passed away from cancer and my mother still had the taxi business my father left...* ***[adolescence]*** *When I reached Standard eight [Grade 10] my mother had a lot of problems with the taxi driver, then they don't cash in the money and I said to her, "Mommy I'm in Standard Eight now and I don't feel like going to school anymore."* ***[adulthood]*** *I had a good life then I got married when I was very young...*

Shariefa: ***1. [toddlerhood]****... I think I was five years old because my mother said my grandpa passed when I was five years old, and I still remember all these buses in front of the house, and I remember this body in our lounge. We had at the time a fireplace, and all the furniture was out of this room and I just saw in the middle of this room ...****2. [early to middle childhood]*** *and you know I remember quite a bit about when I was five years old and I still remember my first day going to school...um. I remember things like when I was still very [young]....when we moved our of Claremont I was about 8 or 9 years old, and we didn't want to leave because we were leaving everyone else.* ***3. [adolescence]*** *My teenage years, we were staying in Grassy Park. I had a wonderful youth.* ***[adulthood]*** *I will tell you how I became a housekeeper. In my earlier adult years, I only had one daughter at the time...*

In contrast, to the non-sexually assaulted women, the life stories of three of the sexual assault survivors typically excluded chunks of time in their early childhood years, as illustrated in the following examples:

Faiza: I dunno, I don't have any childhood memories so early...And if I start I dunno what to tell you.

S: You, you tell me what you think is important. Things that really stand out for you. I'm really interested in finding out one or two specific things that really stand out for you, when you were a child. A lot of people start off by talking about school or something related to that.
Faiza: ***[early childhood]*** *Yes, I can start by school (..) primary school (..) <u>but still there's nothing that stands out for me</u> (laughs).*

Despite attempts at eliciting more detail from Faiza about her childhood, she responded by stating that she will "skip over her childhood".

Faiza: From primary school I dunno what stands out (.) I think I was sub. B [Grade 2], so that would be Grade 2, I used to play em (.) mini-cricket, eh, Baker's mini-cricket. <u>Further on I will skip a few years, I will end my primary school years now.</u> ***[adolescence]*** *When I was in grade 7, I was a academic achiever, one of the clever children.*

Similarly, Liesl started her life narrative by describing memories of her primary school years. She omitted experiences of her early and middle childhood and proceeded to describe her high school years – a shift that was jarring. Liesl ended the narrative of her adolescence by emphatically stating: "that's basically it!" implicitly communicating that she did not want to engage with recapitulating her life story:

Liesl: ***[early childhood]*** *I started primary school and eh, I have a sister and brother and eh, we were very close and after that ... And after that, and I went to * Primary School. And (..) I had one best friend, eh from primary school. From primary school we were friends and (..) after that I went to high school. And from primary school we were in the same class high school also, and were always friends.* ***[adolescence]*** *In std. 9 (..) I didn't actually fail, but the teacher didn't like me so she failed me. So I went to college, I studied for my first year secretarial course and by the second year I fell pregnant and eh, I left college. I done a business management course afterwards and I finished it and after the first year <u>and eh, that's basically it!</u>*

Chantel started her life narrative by relating events that she witnessed as a 10 year old. She struggled to give a free-flowing narrative and excluded her early childhood and teenage years from her life story. In this extract, Chantel made a vague reference to a birthday at 21 but she does not elaborate further:

Chantel: ...As I grew up Sadia my mother told me what happened in her life and [..] how hard her life was and so on.
S: How old were you when she told you this?
Chantel: ***[middle childhood]*** *I was 10.*

S: Is there anything else maybe that was positive like a birthday maybe?

Chantel: I can remember one thing when I had a birthday.

S: .How old were you?

Chantel: 21 [adulthood].

S: Yes?

Chantel: My father didn't live with us for a time. So he again had someone else, another woman now..[trails off].

Although not the focus of this study, but relevant to the discussion, in contrast to the non-sexual assault survivors, the rape survivors' meaning-making of their trauma, elicited in other segments of the MTRRI revealed that the impact of rape had a profound effect on their identities as women. As a result of their trauma, four rape survivors, Liesl, Chantel, Veronica and Adele, experienced shame, dehumanisation, a sense of permanent and negative change to their identities as women and the perception of loss of meaning to their lives. Liesl stated that her life had lost meaning because she had *"a reason to live"* before her rape. Further examples are given that reflect the specific emotional difficulties the rape survivors experienced.

Here Chantel links the loss of meaning to her life to her experience of rape:

Chantel: My life has changed. I don't feel the same anymore...I don't feel like a woman anymore.

S: Does life feel meaningful to you?

Chantel: It feels hard.

S: But does it feel meaningful of not to you?

Chantel: No, I'm tired of life.

S: What do you think will make life meaningful for you?

Chantel: I don't feel I have a future.

S: Why do you feel you don't have a future?

Chantel: Everything is taken away from me.

S: How do feel it was taken from you?

Chantel: Because he raped me.

Similarly, Veronica described feeling permanently changed because of the rape. Her trauma also triggered a fear of being unable to bear children which connected to, and increased her perception of a loss of her womanhood.

Veronica: I'm not the same person I was ….Like I was in the past …I don't feel the same anymore… They told me there at the hospital the last time (.) because of this (.) because I was raped (.) that I can have a lot of em (.) a lot of miscarriages (.) if I were to get pregnant again and I were to have a miscarriage (.) then it will feel almost (.) for example, if I can't have children (.) then I'm not a woman or so (.) because of what happened.

Adele's words capture the sense of dehumanisation experienced by four rape survivors:

Adele:… <u>I actually feel like a pig</u> inside like I tell you I feel cold inside....you are a woman, like I tell you something should be taken, <u>it's like I feel ashamed</u> (.) Why? You know, that type of thing, your body is your temple, I mean I'm 42 years old and for something to happen at that age with you...

When compared to the four rape survivors, the non-sexually assaulted women reported that life was more meaningful subsequent to their traumatic experience neither did they have negative perceptions of their bodies or of themselves as women. Quotations from interviews with Amanda, Zubeida, and Shariefa' narratives illustrate this:

<u>Amanda:</u>

S: And how do you feel about yourself as a woman?

Amanda: Um, the same, I still love myself.

S: Does life feel meaningful to you?

Amanda: I think it could have been worse for me, I could have gotten hurt or something, I could have died and the people around me should be glad for that, even me myself, because I mean it could have been much worse and I couldn't not have been here even today, I think it [life] is more meaningful.

<u>Zubeida:</u>

S: And how do you feel about yourself as a woman?

Zubeida: Total woman, I'm (..) I feel great, I feel great, um (.) I don't know how to put it.

S: You said "total woman".

Zubeida: Ja.

S: Now what do you mean by that?

Zubeida: I'm total woman, um, I see myself as a woman, you know, I don't know how to put it in words (.) but (.) and even where my husband is concerned, you know, I really don't know how to put it in words, I see myself as a woman.

S: And how do you feel about your body?

Zubeida: Good, I feel good about my body, I don't diet …but I watch what I eat…

<u>Shariefa:</u>

Shariefa: I feel good about myself, with life, what I've achieved, although its, my earnings is not that much, but I feel good about myself…I'm hoping, I hopeful about the future.

It is likely that the negative self-evaluations by the rape survivors became central to their identity and affected their ability and interest in connecting to their former selves. In the literature, post trauma negative self-appraisals and the perception of irrevocable change are related to truncated autobiographies and reduced memory specificity, and are associated with PTSD and depression (Kleim & Ehlers, 2008). The omissions of childhood experiences from their narratives by the rape survivors are thus hypothesised to reflect that speaking about their past selves was arbitrary and pointless, or difficult for them in the context of a preoccupation with the trauma and loss of meaning to their lives.

Additionally, all five rape survivors encountered or feared negative responses from others in their immediate social network and community, while the non-sexual assault sample all reported being able to access positive support. Poor social support is likely to have exacerbated the centrality of trauma in their lives and a sense of alienation, which could also be reasons for the brevity of their narratives. This resonates with a narrative study by Squire (2008) on a sample of HIV-positive South Africans, who found that the length of the participants' narratives was influenced by their immediate social context; for example, interviewees who had access to social support recounted longer and more complex narratives. Similarly, in Ehlers et al.'s (1998, p. 461) treatment study on rape survivors, they found that "mental defeat" and feeling socially disconnected or isolated maintained a difficulty in articulating a trauma narrative over time. Subsequently, this was associated with poor post trauma recovery and a reduced capacity to accord meaning to other significant experiences. In the next section, the women' references to overgeneral vs. specific memories are discussed.

4.10 Memory types in autobiographical narratives

The number of specific and overgeneral positive and negative memories referred to in each participant's narrative are represented in Table 3 below. Although each memory type was tallied for the two groups of women, the findings are interpreted with an emphasis on the role of social, cultural and individual influences rather than merely comparing totals.

Table 3: Type of memories

TYPE OF MEMORIES				
	Specific positive	**Specific negative**	**OGM positive**	**OGM negative**
Sexual assault sample				
Liesl	0	0	0	2
Chantel	0	0	1	2
Faiza	0	0	3	3
Veronica	0	1	1	4
Adele	0	1	2	1
TOTALS	**0**	**2**	**7**	**12**
Non-sexual assault sample				
Fatima	0	2	1	2
Melissa	1	0	3	2
Amanda	0	4	3	1
Zubeida	3	3	1	0
Shariefa	2	4	1	0
TOTALS	**6**	**13**	**9**	**5**

4.10.1 Specific vs overgeneral negative memories

Three rape survivors recounted no specific negative memories, while two described only one. Overall, they reported more overgeneral negative memories when compared to the non-sexual assault survivors. In contrast, two of the non-sexual assault survivors each referred to four specific negative memories, two described two and three, respectively, while one, Melissa, described none. I shall look first at the non-sexual assault survivors, starting with Melissa. She disclosed later in a follow-up interview that she was sexually abused as a young child. In the literature, childhood sexual abuse is reported to be aetiologically linked to reduced negative memory specificity (Williams et al., 2007). It is theorised that the avoidance of negative emotional arousal is a learned way of coping and serves as a cognitive protective mechanism in a context of childhood abuse (Hermans et al., 2008; Kuyken, Howell, & Dalgleish, 2006). Thus, it is possible that for Melissa, an overgeneral negative memory bias was a pre-existing coping style. Here Melissa describes an overgeneral negative memory. (The absence of delineating a time or day is the hallmark of an overgeneral memory).

Melissa: My parents split up when I was 14, okay, that time I didn't really think that much about it but when you get older you can feel it but I'm now 23 this year and I don't feel it anymore. I've dealt with that, I've accepted it, ...but it was very traumatic at that time because I was Standard 6. I was 14 and my mommy wanted to move and I didn't want to move because I mean, I'm uprooted and I did move with her, and I didn't like where we were so I came back to my Daddy. I didn't like it there, at that age, it's the worst age to get divorced in your childhood, I became sick....

Examples of three non-sexual assault survivors', Zubeida, Shariefa, and Amanda's reference to a specific negative memory are shown below. In the following interview extract, Zubeida recounts a specific negative event – the day her family was forcibly removed and relocated to a 'Coloured' area because of the Group Areas Act. Although she had described re-experiencing the emotions she felt on the day, she was able to provide a narrative of the event without becoming debilitated by the memory:

Zubeida: I remember (..) and it's actually very sad, and up till today when I think about it it still brings, you know, that little knot here in the throat, um, the day when our furniture were put outside. You know, because you know we were born in Claremont, we were born there and we grew up in Claremont ...I just remember people coming to the house and at the time you know, it was White people, we were afraid of White people at the time (..) when you see a police van you would run inside, that type of thing. And they just came and they put all our furniture and things [out]. They threw it outside in the garden and on the pavement and they just locked up the house...

Here Shariefa recounts the day when she came to suspect that her husband was having an affair with a woman and that the child she was expecting was his. She also included the specific memory of the day that this suspicion was confirmed for her:

Shariefa: ...one morning on my way to work I saw her [husband's mistress] and I saw that she was pregnant, and the night I came home I said to my husband how she looked... and my husband said "Ag man maybe she is pregnant from one of that whities that [she works with]". Eventually I found out she was pregnant from him... I found out the day she gave birth because then the mother phoned me, no I lie, it was before she gave birth the mother phoned me and um, of course I was ballistic, I didn't want to understand anything, I wanted a divorce, I just didn't give in, and um he took me to their home and I said to her "Look, when the baby is born I would like to have a blood test done!".

Amanda recalled a specific negative memory of the day a close friend passed away suddenly:

S: When you were a teenager in high school, what stands out for you?

Amanda: ….The Sunday evening one of my closest friends died there in the road.

In contrast to the four non-sexual assault survivors, four rape survivors (Chantel, Liesl, Faiza and Veronica) tended to recall overgeneral rather than specific negative memories. Three examples of these are given below.

Chantel described an overgeneral memory of witnessing her parents fighting when asked to describe a memory that stood out for her:

Chantel: When I was small my mother and father fought a lot and argued a lot. He hit her a lot. And my father had (..) eh, an affair... My mother eh, didn't know he had an affair.

Similarly, Liesl related overgeneral negative memories; in the example below she described having had difficulties at school while in Grade 7. Interestingly, Liesl stated that she did not want to talk about her problems in the past and again ends this narrative with her signature phrase "and that's basically it!" From the perspective of Hollway and Jefferson's (2000a) concept of the psychosocial individual, it can be hypothesised that Liesl's defenses were mobilised at this moment in the interview and that she was conveying to me that she did not want to elaborate on negative experiences.

S: Are there any specific memories that stand out for you other than what you told me, either positive or negative?
Liesl: Negative. In standard 9 (Grade 7) <u>I had problems and I didn't want to speak about it</u>. I started drugs, but not for long, so my mother and eh my boyfriend now helped, and then afterwards I stopped, <u>and that's basically it!</u>

Faiza referred to an overgeneral negative memory of being betrayed by friends at high school when asked if there were any memories of her teenage years that stood out:

Faiza: High School everything changed, for me different things (..) you get, you get things that don't crowd you, you take part in the wrong (..) you just in the wrong group, it's not lekker [nice], em …You get friends who betray you. It's tough.

Of the five women who recounted more overgeneral than specific negative memories, Chantel, Liesl, Veronica and Melissa had a diagnosis of PTSD and depression. It is thus

possible that, similar to findings in empirical studies, there was a relationship between overgeneral negative memories and PTSD and depression.

It is important to note that the fifth woman in this group, Faiza, a rape survivor, whose narrative contained no specific negative memories, did not have a diagnosis. However, she had disclosed that she had used mental suppression against intrusive trauma memories. This was also the case with three other rape survivors, Chantel, Veronica, and Adele. (Adele had recounted one specific and one overgeneral negative memory.) There is mounting evidence in the literature that conscious avoidance of trauma memories becomes a maladaptive, “inflexible and habitual response pattern’, a consequence of which is reduced memory specificity (Moore & Zoellner, 2007; William et al., 2007, p. 134). The model used to describe the mechanism underlying this is referred to as the affect regulation hypothesis and could account for the minimal specific negative memories in the narratives of the aforementioned women.

Mental suppression was also, however, a characteristic style of coping for Fatima, a non-sexual assault survivor with PTSD and depression, who had described two specific negative memories. In this case, it is a finding that lends some support for the mood congruent memory bias.

Although, as acknowledged earlier, owing to the small sample size in this study, inferences from the findings can only be tentatively made. Notwithstanding this, the contrast between the four non-sexual assault survivors’ reference to several specific negative memories and the paucity of this among all the rape survivors is a compelling finding. Research suggests that, when a trauma becomes central to an individual’s personal identity, the avoidance of other specific negative memories is not only an attempt to prevent re-triggering memories of the most recent trauma, but also because connecting to them may confirm post trauma negative self-appraisals (Bernsten & Rubin, 2007). This seems to resonate with the findings in this study, as discussed earlier: four rape survivors whose narratives contained overgeneral negative memories ascribed a negative meaning to their identities following their trauma.

4.10.2 Specific vs overgeneral positive memories

Three of the five non-sexual assault survivors, Shariefa, Zubeida, and Melissa, referred to at least one specific positive memory, while none of the women in the sexual assault sample referred to any specific positive memories in their narratives. Again, however, it is difficult to make any inferences from these findings because of the small number of women constituting each group of trauma survivors, but it is striking that none of the sexual assault survivors described a specific positive memory.

The contrast between the two groups' reference to specific and overgeneral positive memories is exemplified in the descriptions below. All the responses were to being asked about memories of their childhood that stood out. First, examples of the three non-sexual assault survivors' reference to specific positive memories are given:

Shariefa: ...I can specifically remember with my first birthday, we had this big party in the hall, you know all the presents you get. The stuff that I got was all packed on the stage and whoever gave me money …we had a rope and we hung it on the peg… there was so many children and grown-ups and in actual fact after the party was finished then we had like a little dance for the grown-ups...

Zubeida referred to her excitement as a five year old at seeing several buses outside the family home on the day of her grandfather's funeral as a specific positive memory:

Zubeida: I remember things like when I was still very [young]..and I still remember it up till today at the age of I'm now almost 49.
S: And you still remember.
*Zubeida:.... I still remember that [her grandfather's funeral] very clearly, I still see all these buses that I can even tell you the class of buses, you know… my father was at the time the imam in *Road at the mosque. There was buses full of people for his burial…*
S: If you could pick one or two positive memories..what I'm very interested in are memories that stand out for you..
Zubeida: I think it was at the time being a five year old, I think it was more fun because of the buses. "Oh, we're going to get on the bus, we are going somewhere!" That type of thing, you know.

Although not as in much detail as Shariefa and Zubeida, Melissa described the day she was confirmed at church as an important specific positive memory:

Melissa: ..my confirmation, you know my confirmation, that was the highlight of my [life], it was so nice, so really nice.

Examples of interview material from three sexual assault survivors' narratives, Adele, Veronica and Chantel, illustrate the difference between the two groups' reference to positive memories. All three recounted overgeneral positive memories of events even after my asking questions to try to elicit more specific responses:

<u>Adele:</u>

Adele: ...I got no complaints where my childhood is concerned, that is why I'm rearing my children the way my mother reared us. So I got nothing that I can say that I had bad memories about because they [her parents] loved each other, they had a perfect life when I was in the house. They did everything that is possible for us, you know, so I've got no complaints where my childhood is concerned because I've got happy memories about it, because today I can talk about my memories that I had with my parents, with my kids, so I don't have anything that I can say.

S: So when you think back, what memories stand out for you? Is there anything that stands out for you in your childhood?

Adele: Like what?

S: One specific thing?

Adele: Everything was like just perfect, like every child, <u>when it comes to Christmas everything was special. When it comes to Easter everything was special,</u> you know all those family times that we had they made it special for us so.

<u>Veronica:</u>

S: And are there any other memories that stand out when you were a teenager? Is there something good that you can remember (..) something positive that stands out for you?

Veronica: …<u>my brother and my sister-in-law they were married, they were always em, prepared to give me what I needed for school</u>. <u>Maybe I'd say I needed for example money because we're going out then they always had to give me [..] they always cared about me</u> and said if I needed anything em, then "You mustn't be shy or anything you must talk then we will stand by you and we'll help you."

<u>Chantel:</u>

S: ….You told me about when you were 10 and that you found out your father had an affair with his cousin, his own cousin. And em, is there anything else you can tell me that you can remember that happened earlier in your childhood? Is there anything eh that stands out any memory that stands out?

Chantel: Just about how my father hit my mother and he did the same to his cousin.

S: Em. But is there anything positive that you can remember?

Chantel: No.

S: No? Not one positive thing? What about school? Is there anything?

Chantel: When I was in primary school my father spoiled me a lot.

According to Megias et al. (2007, p. 127), the avoidance of negative memories not only maintains PTSD, but an additional consequence is that it also reduces the individual's connection to positive memories and "hinders the possible benefits" of engaging with it. In this study, there was partial support for this theory.

Aside from considering the possible role of PTSD and depression, it was also important to be cognisant of individual and contextual factors that might have contributed to the women's reference to specific or overgeneral memories. Although Amanda, a non-sexual assault survivor, did not have a diagnosis of depression or PTSD, her lack of reference to a specific positive memory is likely to have been a result of a bias towards negative experiences on that particular day. For example, after initially being guarded in the interview, her narrative became more detailed as she shifted to disclosing a preoccupation over the well-being of a teenage neighbour who had survived a recent assault, as well as interpersonal problems with her family. In contrast, Fatima's depressed mood could account for her not referring to a specific positive memory again lending some support for the mood congruent theory.

It is also possible that the nature of the trauma, impacted on the women's interest in recalling specificities of positive events, regardless of a diagnosis; Faiza, a rape survivor with no diagnosis, for instance, recounted no specific positive memories. The absence of specific positive memories in five rape survivors' narrative might not necessarily have been a result of a reduced ability to retrieve these memories, but rather a result of a complex interaction between subjective variables and the socio-cultural meaning of rape which is different to a non-sexual assault. In the analysis of the trauma narratives, it was noted that the censoring of aspects of the sexual assault could be a reflection of internalised shame and social silences that suppress the articulation of rape trauma. As mentioned earlier, the rape survivors also tended to perceive their identities as women to be 'damaged' and expressed that their lives had lost meaning, which is consistent with findings in the international feminist literature (Anderson & Doherty, 2008). It is likely that these perceptions had an adverse impact on the ability of these women to engage with positive memories of their former selves. In addition to

this, there were individual factors that might have exacerbated and reinforced these difficulties. For example, Adele, Faiza and Veronica, experienced unsupportive reactions by others in their immediate social network or community in response to these people's learning about their rape. While it can be speculated that Liesl's difficulty with retrieving positive memories might have been a result of a preoccupation with the negative circumstances of her life since her rape and concerns over safety. Following her rape Liesl received almost daily threats of further harm against her and her family by her assailants (see Appendix 1). It is thus postulated that the rape survivors' difficulty with reconnecting to positive experiences is multiply determined by a complex interweaving of socio-cultural discourses on female sexuality, personal contextual differences, and individual coping styles.

4.11 Other impact of trauma on memory

There were also other impairments to two women' memories, one rape survivor, Liesl, was amnesiac for the rape at the time of the first interview, while Fatima, who was non-sexually assaulted experienced amnesia for the first three days immediately after her trauma. Both these survivors described how their memories filtered into their minds in incomplete episodes or fragments over time. Liesl ascribed the eventual complete return of her memory to having an opportunity to talk about her post trauma adjustment in the research interviews, while Fatima attributed it to the emotional support she received from her spouse and family. Initial post traumatic amnesia has been reported in the treatment literature and is usually associated with high levels of peritraumatic dissociation (Foa & Rothbaum, 1998; Mechanic, Resick, & Griffin, 1998; Zoellner et al., 2002). Although traumatic amnesia was not the focus of the study, this phenomenon points to the insidious effects of trauma on memory functioning.

4.12 Summary

This chapter presented the main findings in this study using, a qualitative narrative analysis. The aim of the current study was to explore whether linguistic features in trauma and autobiographical narratives are similar or different between a sample of female sexual and non-sexual assault survivors. While there were commonalities in the trauma narratives between the two groups' of women, there were several differences including linguistic features unique to rape survivors' narratives. There was evidence to suggest that when

compared to the non-sexual assaulted women, rape survivors' struggled to experience continuity to their identities following their trauma. This was evident in the autobiographies of the rape survivors, which tended to be truncated. The phenomenon of overgeneral memories was also more prevalent in their autobiographies than it was in the narratives of the non-sexually assaulted women. The analysis indicated that the differences in both narratives between the two groups were closely interrelated with pervasive social-cultural discourses that construct the meaning of rape differently to a non-sexual assault. In addition to this, subjective differences and the environmental context (e.g. access to support) also contributed to post trauma sequelae in both groups, such as PTSD and a major depressive episode. Although this study is an exploratory one and the purpose is not to generalise and make conclusive inferences, comparison to international findings was an important frame of reference. A summary and discussion of the findings follow in the next chapter.

CHAPTER 5
CONCLUSION

In the analysis it was argued that analysing trauma and autobiographical narratives only within a psychiatric framework is limiting. It was suggested that attention to the mediating role of dominant socio-cultural discourses on womanhood and individual contextual variables is important to broaden an understanding of the linguistic features in the narratives. This perspective was particularly pertinent when exploring and elucidating how the meaning of these traumas contributed to differences in the narratives between the sexual and non-sexual assault survivors. To this end, and in keeping with a narrative psychological approach, the analysis of the narratives shifted away from a traditional psychological/social distinction, and revealed as Murray (2008, p. 116), states "a more complex psycho-social subject". This chapter will provide a summary and discussion of the main findings, a consideration of the limitations, implications for clinical practice, reflections on the research process, and recommendations for future studies on the topic.

5.1 Summary of findings in the trauma narratives

As mentioned above, the analysis of the trauma narratives was based on nine survivors' accounts because one rape survivor was amnesiac for her rape. Although the meaning of the length of the trauma narratives was explored, the focus was on identifying specific linguistic features commonly explored in the literature, viz.: *details of external events vs emotional utterances, inclusion of sensory references, fragmentation, and tense switching*. Supplemental interview material from a structured questionnaire and the MTRRI was used to augment an understanding of the linguistic features. Although there were several commonalities in the trauma narratives of the rape and non-sexual assault survivors, there were more differences; these are summarised and discussed.

Length, external events vs. emotional utterances

Similarly to the literature (Beaudreua, 2007; Foa et al., 1995; van Minnen et al., 2002), the length of the narratives varied considerably between and within each group. It is postulated that this could be a function of the inclusion and exclusion of particular information from the narratives, in addition to individual conversational style and differences in emotional

processing of the trauma. In keeping with other researchers, it was contended in the analysis, that it is more important to examine the content of a narrative and particular linguistic features because it potentially offers insight into a survivor's post trauma adjustment (Pennebaker & Seagal, 1999; Wigren, 1994)

It was noted that the nine women's emphasis on the external events of their trauma, and limited reference to any negative emotions experienced during their assaults in their free-flowing narratives was a finding consistent with observations made by clinicians in a therapeutic context (Herman, 1992; Wigren, 1994). Based on theories in the literature, it was inferred that this phenomenon was possibly indicative of limited cognitive and affective integration during initial post trauma recovery (Rosenthal, Cheavens, Lynch, & Follette, 2006; Wigren, 1994). Additionally, the exclusion of words denoting negative emotions in the open-ended trauma narratives can also be understood from the psychoanalytic perspective, which contends that it is a defensive avoidance strategy against re-evoking unmanageable anxiety and distress associated with the worst moment of a trauma (Hollway & Jefferson, 2000b).

Evidence to substantiate the above view seemed to be present in some of the women's disclosures, in response to the structured questionnaire or MTRRI, that being confronted with their own mortality was a primary fear. This seems to indicate that survivors of a recent trauma tend not to include in their narratives the emotions experienced during the event unless they are directly asked. Furthermore, in the supplemental interview sources, the emotions the women described experiencing during their trauma were consistent with the responses typically reported in the trauma research (e.g., shock, terror, and helpless terror). In the empirical literature, interest in these commonly experienced negative emotions, and the inclusion thereof in trauma narratives, is usually explored with an emphasis on its aetiology to PTSD (Creamer et al., 2005). However, not all the women in this study developed PTSD, and the findings discussed below suggest that examining other linguistic features and the influence of contextual and individual factors on post trauma adjustment might be more meaningful to consider.

Sensory references

It was hypothesised that given the immediacy of the trauma, the women did not include a description of sensory re-experiencing in their open-ended trauma narratives in an attempt to control negative emotional arousal. In segments of the MTRRI that explored re-experiencing, survivors primarily described their trauma memories to be kinaesthetic, visual or viscerally remembered. This is consistent with several empirical studies that describe trauma recollections as sensorial in nature (O'Kearney & Perrot, 2006; van der Kolk & Fisler, 1995; van der Kolk et al., 2001; Zoellner, Alvarez-Conrad, & Foa, 2002).

In response to the MTRRI, it was evident that the use of mental suppression was a maladaptive coping strategy used by four rape survivors and one non-sexual survivor to block trauma memories from intruding into awareness. Paradoxically, mental suppression increased the frequency of re-experiencing for them. This finding is similar to the international literature that describes trauma memories as dialectical in nature (Ehlers & Clark, 2000). Four of the aforementioned five women also had a PTSD diagnosis. Thus, there was some evidence that is in accordance with studies that implicate mental suppression in PTSD (Ehlers & Clark, 2000; Herman, 1992; Rosenthal et al., 2006).

A noteworthy difference between the rape and non-sexual assault survivors was that the latter group (with the exception of one) reported that they were able to cope with thinking about their trauma, and its associated distressing sensory impressions. In contrast, conscious and active avoidance of triggers to re-living and re-experiencing memories of their trauma was a dominant coping strategy amongst the rape survivors. This suggests that recalling and engaging with the sensory impressions of a rape memory might be more unbearable than those of a non-sexual assault.

Fragmentation and tense switching

Fragmentation and tense switching were linguistic features both considered to impact on the coherence of the narratives. The analysis elicited findings that found these features to be more prevalent in the trauma narratives of the rape survivors. There was also partial support for findings in several international studies that report that these linguistic features are associated with a risk of developing PTSD and/or the maintenance thereof (Amir et al., 1998; Pillemer et al., 1998). However, attention to variation and inconsistencies in the findings, as well as a shift away from a focus on examining possible links between linguistic features and

a diagnosis, were important to fulfil the epistemological framework of this study. For example, fragmentation was a prominent feature in one rape survivor's trauma narrative despite the absence of a diagnosis, thus suggesting that an emphasis on a PTSD model for understanding this phenomenon is limiting. Furthermore, although the study is based on a small sample, and inferences can only be cautiously made, it is notable that fragmentation seemed to be more pronounced in the rape survivors' trauma narratives, particularly in the segment before they recounted their rape. It is postulated that it might be more difficult, and anxiety provoking to verbalise the experience of a rape than that of a non-sexual assault because of differences in the subjective and socio-cultural meaning of these traumas. Authors contend that the intimate violation of the body is "experienced by victims as a desecration of their personal space and dignity" and that cultural myths about rape add to a sense of humiliation, and contribute to a difficulty with recounting the experience (Moor, 2007, p. 21).

Sorsoli's (2010) comment, that the relational dimension of disclosing sexual trauma influences the construction of a narrative is also important to consider. For instance, a fear of being judged negatively and concern about the effect that recounting the trauma might have on the listener can impact on the coherence of a rape narrative (Sorsoli, 2010). Thus, similarly to Halligan et al.'s (2003) hypothesis, it was conceived that distress or an attempt to avoid verbalising aspects of the rape contributed to incoherence and fragmentation.

5.2 Summary of linguistic features unique in rape survivors' trauma narratives

There were several additional linguistic features identified as unique in the rape survivors' trauma narratives. These were: silences, shame and a foregrounding of their victimhood. Silences were evident in the censoring of several details about the rape, such as comments made to the survivors by their assailant that had a sexual undertone, and details of sexual contact. The rape survivors also used euphemism to avoid any explicit references to sexual anatomy and the act of penetration. The meaning of this was understood with reference to feminist poststructuralist theory (Anderson & Doherty, 2008; Gavey, 2005). From this perspective, the women's silences were understood as signifying a sense of shame that is reflective of the interconnection between hegemonic discourses on womanhood and rape myths, which construct female sexuality as devalued and shameful, and normative social

conventions that suppress the discussion of sexual trauma. Further to this, it is argued that rape is a crime that is characterised by social incredulity, victim blaming, and public silences. These collectively can be construed as instilling a fear of articulating an experience of a rape and rendering the language of sexual trauma “unsayable” or silent (Rogers, 2001, p. 4).

In comparison to the non-sexual assault survivors, it also seemed important for the rape survivors to foreground their ‘victimhood’ in their narratives. It was postulated that this illustrated that the women had internalised prevalent rape myths which position survivors as blameworthy and having a questionable credibility. This finding is comparable to feminist qualitative studies, which emphasise that dominant social and cultural discourses accord a different meaning to rape and non-sexual assault and that this impacts on how women construct a narrative (Bletzer & Koss, 2004; Gavey, 2005; Moor, 2007).

5.3 Summary of the findings in the autobiographical narratives

A primary interest in analysing the autobiographical narratives was to compare whether there were differences between the sexual and non-sexual assault survivors’ autobiographies and their reference to specific or overgeneral memories. The temporal organisation and length of, and type of detail included in, the narratives were first examined with the purpose of evincing a global impression of the autobiographies.

Temporal organisation, length and type of detail

The temporal organisation, and length of, and type of detail recounted in, the autobiographies differed substantially between the two groups of women. While four non-sexual assault survivors’ narratives flowed freely, followed the typical progression of a story, and were rich in detail, the five rape survivors’ life stories were shorter and excluded chunks of time – in particular early childhood experiences. Their narratives also reflected a tendency to be less spontaneous in describing their lives, and it was often necessary to ask questions in an attempt to facilitate more detail in their narratives. According to the literature, traumatic experiences “challenge the plot line of the life story, which creates an incoherent, disorganised, and fragmented narrative” (Burnell et al., 2009, p. 93). Findings in this study suggest that the experience of rape had a more negative effect on the ‘plot line’ of the survivors’ narratives when compared to women who were non-sexually assaulted. It is also

possible that the experience of trauma amongst the rape survivors became central to their identities. Authors have noted that the centrality of trauma to identity is related to a difficulty with reconnecting to significant past personal experiences (Bernsten et al., 2003).

Specific vs overgeneral negative memories

There was a marked difference between the two group's references to specific negative memories. The five rape survivors described either no specific negative memory or only one, while in contrast apart from one, four non-sexual survivors recounted several. There was also partial support for findings in the international literature that there is a relationship between a reduced recall of negative events and a co-morbid diagnosis of PTSD and depression (Williams et al., 2007). Four of the five women who reported overgeneral negative memories rather than specific memories were diagnosed with PTSD and depression.

The *affect regulation model* had applicability to understanding the reduced negative memory specificity amongst the aforementioned survivors who had all disclosed mentally blocking trauma memories from encroaching into their awareness. Several authors have noted that a consequence of mental suppression, is that it affects the individual's ability to access other details in their autobiographical memory and results in reduced memory specificity (Dalgleish et al., 2008a; Dalgleish et al., 2008b; Moore & Zoellner, 2007).

When considering individual differences, there was some evidence to suggest that the avoidance of mental pain was a pervasive style of coping that pre-dated the recent trauma for two women. A history of child sexual abuse was also a factor that might have accounted for a reduced negative memory retrieval for one non-sexual assault survivor. It is widely documented in empirical studies that there is a relationship between the experience of child sexual abuse and overgeneral negative memories (Kuyken et al., 2008).

The effect of individual contextual factors and a transitory mood state was also found to contribute to a negative memory bias in the absence of clinical depression for one participant. This finding differed somewhat to the literature that emphasises the tendency of clinically depressed individuals to report more specific negative than positive memories (Williams et al., 2007). Furthermore, the analysis revealed that the diagnostic profiles of the women needed to be further contextualised. The higher prevalence of overgeneral negative memories amongst the rape survivors than the non-sexually assaulted women pointed to the meaning of

sexual assault possibly contributing towards and/or or exacerbating maladaptive coping strategies, such as the excessive use of mental suppression.

Specific vs. overgeneral positive memories

Another striking difference between the autobiographies of the two groups of women was that all five rape survivors, regardless of a diagnosis, described no specific positive memories, while the non-sexual assault survivors, with the exception of one, referred to at least one. These findings again pointed to a need for a more multi-layered understanding of a narrative feature, in this instance, overgeneral positive memories, rather than merely examining a relationship between it and a diagnosis. Additionally, in keeping with a feminist epistemology, it was important to consider individual and personal contextual differences, and hegemonic socio-cultural constructions of victimhood and their influence on the narratives. As Murray (2008, p. 116) asserts, narratives are not "emitted in a vacuum; rather, they are encouraged and shaped by a certain social context." The meaning of a rape for example, is influenced by patriarchal cultural constructions of heterosexuality and womanhood that are tied to the gendered "inscription" on the body (Campbell, Dworkin & Cabral, 2009; Gavey; 2005; Shefer, 2004, p. 199).

When examining the rape survivors' autobiographical narratives, the absence of a reference to a specific positive event possibly speaks to the meaning of rape connoting a different 'rupture' to women's identity when compared to a non-sexual assault. Unlike the non-sexually assaulted women, the rape survivors experienced a sense of shame, negatively appraised their identities as women, perceived themselves to have permanently changed for the worse, and expressed a loss of meaning to their lives following their trauma. These are psychological difficulties often underemphasised in the treatment literature (Moor, 2007).

5.4 Summary of other post trauma impairments to memory

There were also other impairments to two women's memories; one rape survivor was unable to remember her assault at the time of the first interview, while one non-sexual assault survivor had amnesia of the first three days following her trauma. The two women's memories initially returned as fragmented visual images, and by the time of concluding the data collection for the longitudinal study, they were able to recall complete memories. They

attributed the recovery of their memories to receiving support from others. Posttraumatic amnesia is widely documented in the treatment and clinical literature and is usually an outcome of high levels of peritraumatic dissociation (Foa & Rothbaum, 1998; Mechanic, Resick, & Griffin, 1998; Zoellner et al., 2002). Whilst it was not the purpose of this study to explore posttraumatic amnesia, it was a notable finding and suggests that psychological trauma can have a deleterious impact on memory functioning.

5.5 Clinical Implications

The findings in this study suggest that the issues which need to be taken into account when planning a therapeutic intervention with rape survivors will be different from non-sexual assault survivors. For example, it seemed apparent that omissions or 'silences' had an emotional significance related to the nature and socio-cultural meaning of rape trauma. Thus whilst the reconstruction of trauma memories in a verbal narrative is an essential component of various exposure therapies with survivors, it will be important to 'listen' to silences in rape narratives. In a therapeutic context, engaging empathically with censored elements of a sexual assault will likely enable and facilitate the reconstruction of a 'complete' narrative. Evidence suggests that avoidance of aspects of a traumatic event results in incomplete emotional processing and maintains distress (Foa & Rothbaum, 1998; Wigren, 1994). Similarly, avoidance by the clinician of emotionally salient aspects of a trauma is considered a form of "collusive resistance" (Fox & Carey, 1999, p. 188) and therefore unhelpful to the survivor. Furthermore, in narrative psychology, the importance of 'story repair' or helping the client to reconstruct a story that is inclusive of past omissions is emphasised (Avdi & Georgaca, 2007). Different treatment modalities have long demonstrated that conveying a traumatic experience in words is efficacious in circumventing and/or reducing chronic pathological outcomes (Pennebaker & Seagal, 1999).

There were findings in this study that, similarly to the literature, suggest that there are several specific difficulties experienced by rape survivors; in particular, perceptions of shame, damage or devaluation of womanhood, and a sense of irrevocable change (de Swardt, 2006; Khau, 2007; Kraegel, 2007; Lebowitz & Roth, 1994; Thomson; 2000). These post trauma negative self-appraisals will be important to address in therapy. According to Moor (2007), they are often not sufficiently considered in the treatment literature.

Trauma researchers and clinicians recommend that exploring pre-trauma self-beliefs be included in therapy with survivors because this could assist in challenging post trauma negative self-appraisals (Foa & Rothbaum, 1998). Exploring pre-trauma self-beliefs that are positive has also been found to help reduce anxiety at recalling the trauma and other negative experiences (Foa & Rothbaum, 1998). This will be especially important for survivors who have lost the capacity to experience a sense of self-efficacy in tolerating and managing negative affect when recalling specific negative memories. In the same vein, challenging maladaptive coping strategies for example, avoidance or mental suppression, might assist the survivor to become reconnected to positive experiences of their former lives. In addition to this, the assimilation of a traumatic experience into autobiographical memory "helps the individual make sense of their being-in-the-world…" and make meaning of the experience (Hiles, Čermák, & Vladimir, 2009, p. 56).

Furthermore, Herman (1992) suggests that a review of the individuals' pre-trauma beliefs before reconstructing the trauma narrative is fundamental to restoring continuity in the life narrative. This view has applicability to the rape survivors in this study whose autobiographies were less detailed when compared to the non-sexual assault survivors and excluded chunks of past (and possibly significant) experiences. Finally, in this study, the rape survivors' narratives reflected the internalisation of several rape myths thus, as suggested by authors, engaging with and imparting "corrective" information could help survivors challenge and re-structure post trauma self-devaluation (Moor, 2007, p. 27). Ultimately, the therapeutic intervention should create a space for survivors to make meaning of and reconcile the trauma, and to re-establish a sense of identity continuity.

5.6 Limitations and directions for future studies

There are several caveats to interpreting the findings. Firstly, as with all qualitative research, the small sample size is limiting because the findings cannot be generalised. Researchers interested in studying the linguistic dimensions of trauma and autobiographical narratives should therefore attempt to recruit larger samples. Findings from large-scale studies could be useful for the purposes of generalisation to a wider population. This is not to diminish the importance of qualitative findings, instead, authors suggest that various strategies be applied to address research credibility (establishing 'believable' results), transferability (transferring

the results to other contexts), and dependability ('replicability' of the research) (Cutcliffe & McKenna, 1999; Shenton, 2007; Silverman; 2010). To strengthen the credibility and dependability of the current research, the interview materials were cross-checked several times, quotations were used to support the phenomena explored, and the method of analysis was explicit/transparent. Detailed description of the data collection procedure was given in an attempt to increase the dependability of the research. It is thus possible that similar results will be obtained should the same procedures be followed.

Other methodological limitations such as the interview format might also have influenced the results. The method used to retrieve trauma and autobiographical narratives differed to the empirical literature, and thus, comparison to the international literature was further limited. There were also limitations that were affected by my novice skills as a researcher, for instance, in retrospect there were times when I could have framed probing questions in a more open-ended way. The survivors' narratives could thus potentially have been structured differently.

Given that two survivors experienced post-traumatic amnesia, future researchers should also explore the role of peritraumatic dissociation and its relationship to linguistic features in narratives, and PTSD and depression.

Finally, qualitative feminist researchers should consider including women from diverse ethnic and racial backgrounds. Findings from such research can assist in elucidating differences in the socio-cultural and community influences on trauma and autobiographical narrative construction. This is especially important given that narrative research indicates that variation in the available cultural 'scripts' for constructing narratives of rape can illuminate particular issues that hinder verbalising aspects of a sexual assault (Bletzer & Koss, 2004).

5.7 Conclusion

The narratives in this study were found to be influenced by a combination of individual and environmental factors, and dominant socio-cultural discourses, and this possibly contributed to PTSD and depression. The findings therefore suggest that it is important to extend an understanding of the linguistic features in trauma and autobiographical narratives beyond a

diagnostic trauma model. Further to this, the analysis of the narratives points to the socio-cultural meaning of rape impacting more negatively than a non-sexual assault on survivor's ability to construct a narrative of the experience and to convey an autobiography that reflects a continuous, integrated view of themselves. Finally, the results suggest that a contextualised framework for elucidating the meaning of linguistic features in trauma and autobiographical narratives is useful for shifting from a psychiatric framework for understanding the phenomena explored.

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APPENDICES

Appendix 1: Introduction to the women and summary of assaults

- All demographic details reflects information at the time of the last interview
- Relevant events following the assaults are included.

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<u>LIESL</u>

Liesl was a 20 year old bilingual speaker of English and Afrikaans with a high school diploma. She was unemployed and lived with her parents, two younger siblings and one-year old daughter.

Circumstances of the assault

Liesl was abducted by a taxi driver and his accomplices who gang raped her. At some point during the assault Liesl was forced to ingest a drug (possibly illicit) by her assailants. Liesl lost consciousness during the assault and at the time of her first interview ─ conducted by a research assistant to the longitudinal study ─ she had no recollection of any details of the rape. Immediately after she was released by her assailants, Liesl was taken to G.F Jooste Hospital by her family and a forensic examination confirmed that she had had been raped.

Events following the assault

During the course of her research participation fragments of memories returned and by the time of being interviewed for the qualitative component to the study, Liesl reported that she had an almost complete memory of the rape. However, a full trauma narrative was not elicited. She attributed the return of her memory for her trauma to being given an opportunity to talk about her problems in the context of the research interviews.

Liesl believed that the motivation for the sexual assault was to silence her from disclosing a serious crime she had witnessed her assailants committing. A month after the sexual assault she was abducted twice and physically assaulted by the same assailants because they wanted her to withdraw the rape charges against them. Daily telephonic threats of further harm were made against Liesl and her family in a further attempt to coerce her into withdrawing the rape charge. Although all incidents including the harassment were reported to the police, no arrests were made. In addition to this, both the rape docket and Liesl's forensic examination kit results were both lost. Liesl often worried that members of the community intuitively knew she had been raped and that they subsequently had a devalued view of her.

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<u>CHANTEL</u>

Chantel was a 24 year old first language Afrikaans speaker who lived with her parents in a one bed-roomed flat. The area they resided in is notorious for its high levels of daily gang violence. Chantel left school after Grade 7 and was unemployed. Chantel was soft-spoken and impressed as timid, and slightly childlike in demeanour. She sometimes had difficulty with comprehending the quantitative questionnaires, but coped well when the questions were paraphrased. Chantel also had a wide Afrikaans vocabulary range and was articulate. Although Chantel was not psychometrically assessed, it was suspected that she might have a mild intellectual disability. This was consistent with her family's claims that Chantel had always been forgetful, and struggled with daily living tasks, and independent functioning.

Circumstances of the assault
Chantel was raped by her half-brother while alone at home one night. She was asleep in bed when he attacked her. While holding Chantel down he forced her to drink alcohol and then raped her. Her half-brother had molested her on a previous occasion but Chantel's family reportedly did not believe her when she disclosed the incident to them.

Events following the assault
Shortly after her rape Chantel briefly experimented with crystal methamphetamine (commonly referred to as Tik in South Africa). She also ran away from home briefly. Similarly to Liesl, Chantel often worried that people in her local community knew that she had been raped and judged her negatively because of it.

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FAIZA
Faiza was an 18 year old bilingual speaker who lived with her parents. She left school in Grade 8 and was unemployed.

Circumstances of the assault
Faiza was raped early one morning on her way home from a friend who lived close to her. She described her assailant as a gang member and convicted criminal who was out on parole. He threatened her with knives before abducting her in his car; they drove a short distance and then he raped her. Faiza's assailant was arrested for the rape and several other criminal charges three months later.

Events following the assault
Faiza terminated her relationship with several friends because they questioned whether she had really been raped, and accused her of having consensual sex with her assailant. Faiza impressed as a confident and resilient young woman who was adamant not to be labelled a 'victim'.

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VERONICA
Veronica was an unemployed 22 year old first language Afrikaans speaker. She left school in Grade 8 because her family could not afford the fees. At the time of her last interview, Veronica lived with her parents on a farm where they worked. However, she had no fixed place of residence.

Circumstances of the assault
Veronica was raped by a shebeen owner because he claimed that her boyfriend owed him money for alcohol. Her assailant told Veronica that she would have to pay for the outstanding debt by having sex with him. When she refused he threatened to harm her if she resisted. Before raping her, Veronica's assailant asked her to sign a sheet of paper, which he claimed would clear her boyfriend of debt.

Events following the assault
Veronica was verbally abused and insulted by people on the farm where she lived because she was raped. She became particularly self-conscious of people staring at her because of the perception that rumours of her rape had circulated and that everyone thought less of her as a woman.

***

ADELE

Adele was a bilingual 42 year old woman who left school in Grade 8 to help support her family. She was employed as a contract worker preparing raw foods for a supermarket chain. Adele was divorced and lived with her three daughters.

Circumstances of the assault

Adele was raped early one morning while walking home alone after visiting a nightclub with friends. Along the way she met a man who offered to escort her home under the premise that he was a member of the neighbourhood watch. After talking amiably, he suddenly became aggressive and pushed her against a wall in a park. He held what she believes was a weapon against her torso while he raped her.

Events following the assault

Similarly to Faiza, Adele ended some of her friendships because they had expressed doubt that she had actually been raped. Adele also constantly worried that her colleagues who knew about it subsequently judged her negatively. In an attempt to numb against and dissociate from the trauma memories Adele began drinking heavily and also abused paracetamol tablets.

***

MELISSA

Melissa was a 23 year old first language English speaker who lived with her parents and five year old son. She had a high school diploma and worked as a secretary. During the course of her participation in the research Melissa revealed that she had been sexually abused as a child by her aunt's boyfriend. Her memories of the abuse re-surfaced when she turned 19, and this was preceded by the onset of depressive symptoms and panic attacks. She stated that it was very difficult for her to disclose this experience to me because she had not told anyone before. Melissa struggled to confront memories of the abuse because she found it too overwhelming and preferred to dissociate herself from it. For example, when she told me about the abuse for the first time she referred to herself in the third person. In follow-up interviews she indirectly stated that the sexual assault caused on-going psychological difficulties for her, but emphatically conveyed that she was not ready to talk about it any further.

Circumstances of the assault

Melissa was abducted by a taxi driver and his 'guard' (a term used on the Cape Flats for the person who collects the taxi fare) after work one Friday afternoon. She was severely physically assaulted by the 'guard', who kicked her repeatedly and hit her with a spanner across her knees. They held her captive for two hours and released her after they withdrew money from her bank account.

Events following the assault

Melissa had good support from family and her long-term boyfriend. Subsequent to her assault she became more religious.

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FATIMA

Fatima was a bilingual 32 year old who lived with her husband and two young children. She had completed her high school education and worked as a receptionist.

Circumstances of the assault

Fatima was held up at gun point early one morning while opening the business where she worked. Her assailant pressed the gun against her forehead and demanded all the money in the cash register and her wedding rings. Fatima was rushed to hospital on the afternoon after the assault because she suffered a severe panic attack. Subsequent to this, she was briefly treated by a psychiatrist at a community clinic.

Events following the assault

Fatima resigned from her work. For several weeks after the assault Fatima had no memory of any events that ensued in the three days following the assault. Similarly to Liesl, fragments of memories gradually returned and by the time of her last interview she had a complete memory of the three days. Fatima attributed the return of her memory to the good support she received from her husband and her family.

***

AMANDA

Amanda was a 24 year old first language English speaking woman who lived with her parents and three year old daughter. She had completed high school and worked in a factory as a packer. Amanda was initially slightly bemused by the qualitative interview and expressed her surprise that she was being asked to tell her life story.

Circumstances of the assault

Amanda was attacked and robbed of her cell phone, while walking home alone from a bus stop during the afternoon. Her assailant was arrested by the police on the same day and later sentenced to 18 months in prison.

Events following the assault

Amanda had very good support from her long-term boyfriend and friends. She was relieved that her assailant was arrested so soon.

***

SHARIEFA

Shariefa was a 42 year old bilingual speaker with a Grade 10 level of education. She did not complete her schooling because she needed to help support her family and was employed as a domestic worker. Shariefa's teenage son and daughter - who had a six month old baby - lived with her in a serviced shack. Shariefa impressed as a resilient woman. She had recently recovered from ovarian cancer, but rather than describing the experience as traumatic, Shariefa instead considered it as having been a journey of self-growth.

Circumstances of the assault

She was attacked one afternoon after leaving the house of one of her employers by two young men. They stole her cell phone, money and wedding rings. During the attack she was slapped and pushed to the ground. After the assailants left her, she decided to chase them in the hope that this would draw the attention of a security company which ran patrols in that road. Her assailants, however, ran away before she could summon any assistance.

Events following the assault

Following her assault, Shariefa became closer to her family, who were very supportive. She was assaulted a second time during the course of her research participation and succeeded in fighting off her assailant.

***

ZUBEIDA

Zubeida was a bilingual 50 year old, who left school in Grade 10 to assist with supporting her family financially. She worked as a general assistant at a school. Two days before her assault Zubeida witnessed a fellow commuter being knocked down by a motor vehicle as he was crossing the road and greeting her. He passed away a few days later. Zubeida disclosed in an interview that witnessing the accident was a more traumatic experience for her than the assault.

Circumstances of the assault

Zubeida's assault happened early one morning while she was walking from the taxi stop to her place of work. Her assailant held a knife to her throat and demanded her handbag and cell phone. Residents in the road where she was attacked heard her screams and contacted the police. The flying squad was sent to her workplace where they took a statement from her.

Events following the assault

Zubeida received very good emotional support from family, friends and colleagues. She continued to be more troubled by the accident she had witnessed than the assault.

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Appendix 2: Afrikaans version of the Multidimensional Trauma Resiliency and Recovery Interview (MTRRI)

Multidimesionele Trauma Herstelling en Veervermoë Onderhoud (MTHVO)

1. Ek wil graag begin deur ŉ paar vrae aan u te stel omtrent jou geskiedenis. Kan jy asseblief begin deur my van jou kinderdae te vertel. Begin so vroeg soos wat u kan onthou en baan die weg deur u tienerjare – amper asof u die verhaal van u lewe vertel of u eie outobiografie skryf.

Peil / Ondersoek een of twee spesifieke herinneringe as die persoon net oor die algemeen gesels.
Peil vir positiewe of negatiewe herinneringe as een of die ander afwesig is.

2. Nou as u kan, vertel my asseblief omtrent ŉ pynlike of traumatise ondervinding van die jare wanneer u grootgeword het.

Peil: Soos benodig vra: "Was daar ander gebeurtenisse in jou kinderdae of tienerjare wat pynlik of traumatise was?" En neem in ag die deelnemer se herrineringsvërmoe en vermoë om toegang tot traumatise gebeure van kinderdae en adolessensie te kry en oor te vertel.

Peil: Ervaar jy emosies of gevoelens wanneer jy voorvalle soos hierdie (bogenoemde) herroep? Byvoorbeeld, onthou jy wat jy op daardie tydstip gevoel het,of ervaar jy eintlik weer daardie gevoelens en emosies wanneer jy die gebeure herroep?

3. Nou, kan jy my omtrent jou volwasse lewe vertel –soos byvoorbeeld wat jy doen of gedoen het wat jou werk situasie betref, wie is en was die belangrike persone in jou lewe; en enige ander voorvalle wat besonder betekenisvol vir jou was, goed of sleg.

<u>Ondersoek die volgende domeine as toepaslik, laat toe dat die persoonlike vertelling die orde van ondersoek bepaal:</u>

Vërmoë om ʼn samehangende en deurlopende lewensverhaal te vertel.
Peil: Is daar enige gapings in jou geheue, enige lang periodes wat verlore of besonder vaag daar uitsien, vir selfs weke, maande of jare?
Peil: Kan jy oor die algemeen onthou wat gebeur van dag tot dag? Is jy geneig om onlangse gebeurtenisse maklik te vergeet?
Werk geskiedenis
Peil: Kan die persoon effektief gedurende spanningsvolle tye werk, gebruik sy haar werk om van beangstigende gevoelens te vlug of om verhoudings te vermy, ensovoorts. Is die persoon betrokke met betekenisvolle werk? Gebruik die persoon werk op ŉ positiewe wyse (bv, vir struktuur, roetine, finansiëel selfonderhoudend, selfrespek)?

Familie verhoudings
Peil: Het die persoon voortdurende verhoudings met familie van oorsprong/ herkoms? Het die persoon ŉ familie van haar eie gestig, of ŉ vriendskap netwerk wat funksioneer as ŉ familie (en onderskei van vriendskappe in die algemeen).

Aansporing: Is daar familielede – of vriende wat jy voel is soos familie op wie jy weet jy kan staatmaak? Is dit moontlik vir jou om oor intieme en belangrike dinge met lede van jou familie/gesin te gesels?

Romantiese en seksuele verhoudings
Peil: Maak seker om die kwaliteit van verhoudings te ondersoek – liefdevolle, mishandeling, ensovoorts. As die deelnemer erken dat sy seksueel aktief is, peil vir informasie oor haar vermoë om te onderhandel en veilige en konsensuele seksuele praktyke te beoefen, of neiging om deel te neem aan willekeurige en uitbuitende seksuele gedrag.

Peil: Is dit in orde as ek jou ondervra oor seks? Soos wat is seks vir jou? Is seks iets wat jy oor die algemeen geniet, of voel jy somtyds angstig of ongemaklik oor seks? Vrees of vermy jy somtyds seks?

Sosiale lewe en kwaliteit van vriendskap
Peil: Het die persoon durende en intieme vriendskappe?
Aansporing: Het jy vriende op wie jy kan staatmaak en weet hulle kan op jou staatmaak? Het jy vriende met wie jy intieme en belangrike dinge kan deel? Weet jou vriende van jou trauma geskiedenis?

Aansporing: Sluit jou vriende beide mans en vrouens in? Is jy ewe gemaklik met mans sowel as vrouens?
Aansporing: Sluit jou vriende, persone in wat dieselfde tipe ervarings ondervind het soos joune? Spandeer julle tyd deur met mekaar te praat oor hierdie ervarings? Praat julle ook oor ander dinge?

Verhoudings Oor Die Algemeen
Peil mag dinamika van verhoudings.
***Aansporing*:** Het jou verhoudings die neiging om gelykstandig te wees of het iemand gewoonlik die oorhand? Is jy bevoeg om te vra vir wat jy van ŉ verhouding verwag of benodig? Is jy gemaklik daarmee om "nee" te sê, wanneer nodig?

Aansporing: Het jy probleme om mense vertrou? Is jy ooit te betroubaar (vertrou anders te veel)?
Aansporing: Is daar wyses waar jy na ander mense omsien? Is daar wyses waar ander mense na jou omsien?
Aansporing: Was jy al ooit in ŉ verhouding met iemand wat jou mishandel het? Het ander mense al ooit bekommerd geraak oor jou persoonlike welsyn gedurende ŉ verhouding met iemand?
Aansporing: Bekommer jy jou ooit oor jou woede/boosheid in verhoudings? Was jy al ooit emosioneel, fisies, of seksueel beledigend (mishandel) teenoor enigeen?

4. Was daar enige verandering in die aard of kwaliteit van jou verhoudings oor ŉ tydperk?

Peil: Eksploreer veranderinge van die verskillende tipe verhoudings, byvoorbeeld, met vriende, romantiese maats, familie van afkoms, ensovoorts.

Vir tweede en ander opvolg onderhoude, vra ook: "Was dar enige verandering in die aard of kwaliteit van jou verhoudings sedert ek laas onderhoude met u gevoer het?

5. Nou wil ek graag hê u moet my vertel van, indien moontlik, van ’n pynvolle of traumatise ondervinding wat u ervaar het as ’n volwassene.

Aansporing: Wanneer jy pynvolle gebeurtenisse soos hierdie herroep, ervaar jy enige gevoelens? Byvoorbeeld **onthou** jy wat jy op daardie tydstip gevoel het, of ervaar jy werklik weer die gevoelens wanneer jy die gebeurtenisse herroep?

6. U het my van sommige baie pynvolle ervarings – [verwys na die pynvolle kinderdae en volwasse ondervindinge wat die persoon jou vertel het.] Spring herinneringe van bogenoemde/ hierdie of ander pynvolle gebeurtenisse ooit in jou gedagtes en verhoed dit jou daarvan om aan iets anders te dink of doen?
   (Indien ja, ondersoek hoe gereeld en hoe onlangs.)

Aansporing(indien geskik): Wanneer dit gebeur, is daar dinge wat jy doen om jou aandag te probeer af lei of om jou te help om van daardie herinneringe weg te kom? Werk dit?
Aansporings: Het jy verskillende gevoellens op die oomblik soos jy nou terugkyk op hierdie gebeure? Wanneer jy gebeure herroep wat jy eens op ’n tyd skrikwekkend gevind het, het jy ooit verrassende reaksies, soos om te lag?
Aansporing: Het jy ooit die sensasie gehad dat iets verskrikliks wat in die verlede met jou gebeur het besig was om weer te gebeur?
Aansporing: Raak jy ooit so ontsteld of oorweldig deur ’n herinnering dat jy nie rêrig kan funksioneer of werk toe gaan nie?

7. Het jy enige verandering oor wat jy onthou oor jou verlede of oor hoe jy dit onthou – soos hoe duidelik, of met hoeveel besonderheid / detail ervaar?
   (Weereens, as dit ’n tweede of ander opvolg onderhoud is, vra oor veranderinge sedert die laaste onderhoud.)

8. Is daar wyses wat jy dink die pynvolle of traumatiese gebeurtenisse wat jy ondervind het jou daaglikse lewe affekteer?

Aansporinge: Ervaar jy ooit ’n probleem met slaap? Het jy ooit nagmerries?
Aansporinge: Hoe sal jy jou eetgewoontes beskryf? (Peil beide depressief verwante aptyt hindernisse en eetsiektes)
Aansporinge: Word jy gou skrik op die lyf gejaag? Voel jy gereeld “op jou hoede” asof jy uitkyk vir moontlike gevare?
Aansporinge: Het jy enige traumatiese of rêrig skrikwekkende gebeurtenisse as ’n volwassene wat soortgelyk is aan dinge wat vroeër met jou gebeur het?
Aansporinge: Is daar dinge wat jy doelbewus vermy om te verhoed dat jy jouself ontstel? (Peil, indien ja, vra: Meng dit in met jou lewe?
Aansporing: Was alkohol of dwelms ooit ’n deel van jou lewe?

9. Watter tipe dinge doen jy om dinge te hanteer of beheer wanneer jy spanningsdruk ervaar of angstig raak?

Aansporing: Is daar enige aktiwiteite wat jy doen vir genot of ontspanning of om jou van spanningsdruk te verlig?

Aansporing: Is daar ander dinge wat jy doen, soos groepe waarvan jy deel is, wat jou help om beangstigende gedagtes en gevoelens te hanteer?

10. Het jy die manier waarop jy jou angstigheid beheer of jou probleme hanteer verander? **Ondersoek veranderinge sedert die laaste onderhoud.**

11. Nou wil ek graag vir jou/u ŉ paar vrae vra oor jou gevoelens/emosies en hoe jy/u dit hanteer. Wat is jou normale bui- dit wil sê hoe voel jy gewoonlik?

Aansporing: Is jy iemand wat baie verskillende gevoelens – soos gelukkigheid, droefheid, woede, vrees, opgewondenheid, en nuuskierigheid—of is daar emosies wat jy nie ervaar/voel nie?
Aansporing: Voel jy dikwels hartseer? Angstig of paniekerig? Beskaamd? Skuldig? Kwaad (Peil spesifieke emosies indien toepaslik). Is jy ŉ emosionele persoon? Het jou gevoelens ŉ neiging om intens te wees? (Peil vir ŉ spesifieke voorbeeld).
Aansporing: Is daar enige gevoelens wat veral moeilik is om te hanteer? Byvoorbeeld, is dit moeilik vir jou om kwaad te voel? Of om gelukkig of hoopvol te voel? (Peil hoe die persoon dié hanteer, vra vir spesifieke voorbeelde)
Aansporing: Ondervind jy ooit probleme om te weet wat jy voel? Byvoorbeeld is daar tye wat jy opgehits voel, maar nie presies weet wat die gevoel is nie?
Aansporing: Ondervind jy periodes wat jy nie veel voel nie of jy voel net dood? Sluit jy oënskynlik jou emosies somtyds net af?
Aansporing: Het jy ooit intense emosies of eienaardige liggaamlike sensasies wat net uit die bloute gebeur ervaar?

12. Was daar enige veranderinge in wat jy voel, hoe intens jy dinge voel, of jou vermoë om moeilike/ ingewikkelde emosies te hanteer? (Indien toepaslik, ondersoek wat het verander en wat die veranderinge veroorsaak het.) (Weereens vra oor veranderinge sedert die laaste onderhoud).

13. Nou wil ek graag vir u/ jou ŉ paar vrae vra oor hoe jy sien, voel oor, en na jouself omsien. Begin met gevoelens. Hoe voel jy in die algemeen oor jouself? Verander jou gevoelens oor jouself in ŉ groot mate (baie) van dag tot dag of van oomblik tot oomblik?

Aansporing: Beskou jy jouself as verskillend of spesiaal op enige wyse, of positief of negatief? (As die deelnemer lae selfbeeld het, peil vir ervarings van self as uitlander, euwel/bose of beskadig.)
Aansporing: Voel jy basies konstant of heel as ŉ persoon, of voel jy soms asof die verskillende dele van jou nie bymekaar pas nie? Het jy ooit ŉ ander naam gebruik of verskillende name aan verskillende dele van jouself gegee? Voel jy ooit asof jy meer as een persoon is? Het jy ŉ neiging om geheime te hou, of hard te werk om verskillende dele van jou lewe apart te hou?
Aansporing: Voel jy ooit asof jy jou liggaam verlaat of voel jou liggaam vreemd of onrealisties?
Aansporing: Bly jou verwagtings of doelwitte min of meer dieselfde van week tot week, of verander hulle dikwels?
Aansporing: Hoe voel jy oor jouself as ŉ man/vrou?
Aansporing: Hoe voel jy oor jou liggaam? Pas jy jouself en jou liggaam goed op, of is daar wyses wat jy dit nie doen nie?

Aansporing: Wat is die toestand van jou fisiese gesondheid? Ervaar jy gereeld hoofpyne, rugpyne, rêrig gespanne spiere, of maagpyne? Soek jy mediese hulp wanneer jy dit benodig? Wag jy ooit te lank voordat jy 'n dokter sien?
Aansporing: Het jy ooit 'n drang om jouself seer te maak, soos om jouself te sny of te brand? Het jy tattoëermerke, of het jy dele van jou liggaam behalwe jou ore laat deursteek? Neem jy ooit onnodige risiko's, soos om gevaarlik te ry en om alleen in gevaarlike areas van die stad te loop wanneer dit nie nodig is nie, of om huistoe te gaan met vreemdelinge wat jou seer kan maak. Bevind jy jouself somtyds in situasies wat verkleinerend of vernederend voel?
Het jou gevoelens oor jouself, die wyse wat jy jouself sien, of die wyse waarop jy jouself behandel of jou liggaam op enige manier verander?

14. Voel die lewe betekenisvol vir jou? Het dit ooit sonder mening gevoel?
 (Indien toepaslik, peil vir besonderhede oor intensiteit en deurdringendheid.)

Aansporing: Wat maak lewe betekenisvol vir jou?
Aansporing: Is daar mense of groepe wat mening tot jou lewe gee- mense met wie jy 'n sin van gemeenskaplike doelwitte en waardes deel? Voel jy asof jy deel is van 'n groter gemeenskap? Is jy betrokke by enige gemenskaplike groepe, aktiwiteite of goeie sake?
Aansporing: Beskou jy jouself as 'n godsdienstige of geestelike persoon? (Indien ja) Is godsdienstige of geestelike praktyke 'n belangrike deel van jou lewe?
Aansporing: Is jy betrokke by enige kreatiewe belange wat jou lewe 'n doel en mening gee?
Hoe jy verstaan jy die pynvolle en traumatiese ervaring/s van jou lewe?
Aansporing: Wie of wat dink jy is verantwoordelik vir wat gebeur het?
Aansporing: Tot watter mate draai jou lewe nou om hierdie ervarings?
Aansporing: Sien die wêreld nou 'n gevaarlike plek vir jou? Skei die manier waarop jy die wêreld sien jou ooit van ander mense of veroorsaak dit ooit dat jy alleen voel?

15. Het jou begrip van hierdie ervarings oor tyd verander? Sien die lewe meer of minder betekenisvol soos dit gewees het? (Weereens vra oor veranderinge sedert die laaste onderhoud.)
16. Hoe voel u omtrent die toekoms?

Aansporing: Is jy hoopvol oor hoe jou lewe sal verloop? Wat sien jy jouself doen oor die volgende paar jaar? Is jy hoopvol oor die wyse waarop jou lewe of die lewens van ander mense sal ontvou?

Aansporing: By hierdie punt in die onderhoud moet die persoon wat die onderhoud voer bronne van mening en hoop en hantering wat taamlik individueel kan wees. Ondersoek deur te vra byvoorbeeld omtrent die belangrikheid van geliefkoosde troeteldiere, die rol van rituele, die betekenis van ouerskap, die belangrikheid van mediteer, geestelike en/of godsdienstige praktyke en die deel wat humor mag speel in die persoon se pogings om sin te maak van die verlede en om vorentoe te beweeg tot 'n meer hoopvolle toekoms.

Afsluitings Vraag: Ek waardeer die tyd wat jy afgestaan het om hierdie vrae te beantwoord. Hoe voel jy/u oor die onderhoud, hoe was die ervaring? Is daar enige ander moeilike areas of sterk punte wat ons nog nie oor gesels het nie? Is daar enigiets wat jy/u wil byvoeg, of enigiets wat jy/u wil vra?

Sluit die onderhoud af deur die deelnemer te bedank, deur ’n geleentheid vir enige vrae in die toekoms aan te bied en vir haar/hom te verseker van die waarde van haar bydrag aan jou work, aan die veld van navorsing en ander persone wie ook traumatiese ondervindinge ervaar het.

Assesseer geestelike status en emosionele welstand van persoon wat ondervra word, bide ondersteuning aan en, indien nodig, voorsien toepaslike verwysings en nabehandel.

Appendix 3: Consent to join a research study (sexual assault)

Why is this study being done?
Ms Anastasia Maw and her research team are doing a study about rape. You are being asked to join this study because you were raped. We want to understand more about how people feel over time after a rape has happened.

What happens in the study?
If you join the study,

- On that day you will be asked to give your contact details and you will be asked questions about how you feel.
- At your follow-up visits at 1, 4, 12 and 24 weeks you will be asked questions about what happened to you, how you are feeling and about your life.

Other things you should know

- Each interview will last about 1 ½ hours. The interviews will take place at the Saartjie Baartman Centre.
- You will be given R20.00 for transport costs and a R50.00 Pick and Pay shopping voucher for each visit you make to the centre for the study.
- It will not cost you anything to be part of this study.
- The questions are personal and may make you feel sad or unhappy. Sometimes people find that talking about the rape helps them to feel better. If you feel very upset after the interview you can call the researcher and she will tell you where to go for help.
- You do not have to answer any questions that you think are too personal or make you feel uncomfortable.
- Some of your answers to questions will be written down and some will be taped. The researcher will keep information about you confidential. Your name will not be used in any reports or anything written about this study.
- If you decide to join this study you can leave it at any time.
- If you do not join in this study, you will still get the same care as someone who joins the study.
- If you have questions about the study you can call Ms Anastasia Maw at 6503420 on weekdays between 9.00am and 5.00pm.
- In the case of an emergency please contact Rape Crisis on the 24 hour emergency line at: 0832225158.

If you decide to join the study you should sign here:

_____________________ _________________________ _________
Participant's signature Printed name Date

_______________________ _________
Signature of person obtaining consent Date

You will be given a copy of this signed and dated consent.

Appendix 4: Consent to join a research study (non-sexual assault)

Why is this study being done?

Ms Anastasia Maw and her research team are doing a study about physical assault. You are being asked to join this study because you were assaulted. We want to understand more about how people feel over time after an assault has happened.

What happens in the study?

If you join the study,

- On that day you will be asked to give your contact details and you will be asked questions about how you feel.
- At your follow-up visits at 1, 4 and 12 weeks you will be asked questions about what happened to you, how you are feeling and about your life.

Other things you should know

- Each interview will last about 1 ½ hours. The interviews will take place at the Saartjie Baartman Centre.
- You will be given R20.00 for transport costs and a R50.00 Pick and Pay shopping voucher for each visit you make to the centre for the study.
- It will not cost you anything to be part of this study.
- The questions are personal and may make you feel sad or unhappy. Sometimes people find that talking about the assault helps them to feel better. If you feel very upset after the interview you can call the researcher and she will tell you where to go for help.
- You do not have to answer any questions that you think are too personal or make you feel uncomfortable.
- Some of your answers to questions will be written down and some will be taped. The researcher will keep information about you confidential. Your name will not be used in any reports or anything written about this study.
- If you decide to join this study you can leave it at any time.
- If you do not join in this study, you will still get the same care as someone who joins the study.
- If you have questions about the study you can call Ms Anastasia Maw at 6503420 on weekdays between 9.00am and 5.00pm.
- In the case of an emergency please contact Life Line on the 24 hour emergency line at: 0800 012322 or 083 2225158.

If you decide to join the study you should sign here:

____________________ ________________________ ________

Participant's signature Printed name Date

______________________ ________

Signature of person obtaining consent Date

You will be given a copy of this signed and dated consent.