SELF-ESTEEM AND TRAUMATIC STRESS SEVERITY IN INDIVIDUALS FROM INDIVIDUALISTS AND COLLECTIVISTS' PERSPECTIVES

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SELF-ESTEEM AND TRAUMATIC STRESS SEVERITY IN INDIVIDUALS FROM INDIVIDUALISTS AND COLLECTIVISTS' PERSPECTIVES

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DECLARATION: In accordance with Rule G4.6.3, I hereby declare that the above-mentioned treatise is my own work and that it has not previously been submitted for assessment to another University or for another qualification.

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(Signature)   (Date)

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List of Abbreviations

ANCOVA: Analysis of Covariance

HTQ: Harvard Trauma Questionnaire

INDCOL: Individualism and Collectivism

RSES: Rosenberg Self-Esteem Scale

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Abstract

It is evident that traumatic stress influences cultures differently but how this happens is still unclear. It may be assumed that the differences in PTSD severity between independent and interdependent cultures may exist due to the differential influence of individual self-esteem. Although some international research is prevalent, none address the issue of self-esteem and the cultural element of independent vs interdependent specifically and to the knowledge of the researcher no similar South African research exists. To investigate whether independent or interdependent classification mediates the influence of individual self-esteem on traumatic stress severity, a quantitative correlational design is used. Based on a sample size of N=197, an independent sample *t*-test – with unequal group sizes - suggested that individuals from independent and interdependent cultures reportedly expressed post-traumatic symptomology similarly. Results from the ANCOVA have indicated that individual self-esteem does not influence traumatic stress severity and that independently classified White English speaking participants between the ages of 21-30 are more likely to experience higher levels of traumatic stress severity as opposed to interdependently classified Coloured Afrikaans speaking participants between the ages of 21-30. Finally, chi-square analysis indicated that ethnicity cannot be deemed as a variable that can predict culture classification. However, the varying home language preferences in cultures suggest a possibility of varying ethnic identities within each of the ethnic groups.

Keywords: traumatic stress, culture, individual self-esteem, schemas

Chapter 1: Overview of the study

Author Note

The following chapter is not intended for publication. The purpose of this chapter is to provide the reader with an overview of the study. It serves as an introduction to the articles that follow.

Chapter 1: Overview of Study

Chapter review

The following section aims to explicitly describe the key variables in this study. It further describes the theoretical framework, problem statement, aims of the study and overall research methodology. Finally, it provides the reader with an outline of the treatise to follow.

Literature Review

Posttraumatic Stress Disorder (PTSD) symptomology

In PTSD a traumatic event is believed to cause a pathological memory that is the centre of the characteristic clinical symptoms associated with the disorder (Goodman, Leong, & Packard, 2012; Hinton & Lewis-Fernández, 2011; Vasterling & Brewin, 2005). The American Psychiatric Association (2013) classifies PTSD as an anxiety disorder that may develop after experiencing a traumatic event.

The DSM-V (American Psychiatric Association, 2013) gives attention to the symptoms of PTSD in four diagnostic clusters, namely: intrusion, avoidance, negative changes in cognitions and mood, and arousal, as well as reactivity (Hinton & Lewis-Fernández, 2011). Recurrent re-experiencing of the traumatic event (Hinton & Lewis-Fernández, 2011; Spitzer, First, & Wakefield, 2007) includes symptoms such as frequently having upsetting thoughts or memories about a traumatic event and having recurrent nightmares (Hinton & Lewis-Fernández, 2011; Spitzer et al., 2007). Avoidance (Hinton & Lewis-Fernández, 2011; Spitzer et al., 2007) includes making an effort to avoid thoughts, feelings, or conversations about the traumatic event and making an effort to avoid places or people that remind you of the traumatic event (Hinton, & Lewis-Fernández, 2011; Spitzer et al., 2007). Negative cognitions and mood include feelings from a persistent and inaccurate sense of blame of self or others, to estrangement from others or diminished interest in activities, to an inability to remember key aspects of the event (American Psychiatric Association, 2013). Hyper-Arousal (Hinton & Lewis-Fernández, 2011; Spitzer et al., 2007) includes having a difficult time falling or staying asleep, feeling irritable or having outbursts of anger and having concentration problems (Hinton & Lewis-Fernández, 2011; Spitzer et al., 2007).

Culture

Culture is not a simple concept to define. The continuously evolving state of this concept, along with many other elements, contributes towards its complexity. In addition to this

complexity, over the last decade, cultural comparison studies have broadened their focus from the initial North American and East Asian contexts to include comparisons across a variety of other significant social distinctions (Markus & Kitayama, 2010). Taking into account all these possible variations can make operationalising such a concept difficult and complex.

Van Rooyen and Nqweni (2012) state that one of the major problems in explaining cultural influence on disorders such as PTSD is the level of consistency of the usage of terms such as 'culture', 'race' and 'ethnicity', as these words are commonly used in a contradictory manner. McKenzie and Crowcroft (1994) and Williams and Deutsch (2016) similarly indicate that usages of these terms are inconsistent and that individuals are often allocated to racial or ethnic groups arbitrarily. They emphasise that race is inappropriately used interchangeably with ethnicity or culture, a statement supported by Van Rooyen and Nqweni (2012). McKenzie and Crowcroft (1994) and Van Rooyen and Nqweni (2012), emphasise that the term race is thought to be biologically determined and ethnicity and culture are ideas derived from social theory (Williams & Deutsch, 2016). Rather, ethnicity is distinct from race as it refers to one's group affiliation that is frequently associated with culture (Williams & Deutsch, 2016). However, Williams and Deutsch (2016) state that the use of ethnicity as a proxy for culture is erroneous because although people share an ethnic label, they may have distinctive life experiences that conceive disparate cultural beliefs and norms. Rather, ethnicity is an element of culture and can be described as a social categorization based on an individual's membership of or identification with a particular group of people (VandenBos, 2006; Willis, 2012). This concept is discussed in more detail below.

Culture is a social construct and has various definitions (Hudson, Walker, Simpson, & Hinch, 2013; Stamm & Friedman, 2000). Dogra (2010) defines culture as the characteristic attributes and behaviours of a particular group within society. Chemtob (1996) views culture as a set of regulatory functions that are performed by a population in order to improve adaptive and reproductive capacity in the environment. Somech (2000) and Hickling (2012) define culture as the behaviours and beliefs characteristic of a particular social, ethnic or age grouping. Although these three definitions of culture are similar, they are not the same. As a departure point, they include characteristic attributes, behaviours, rule sets and even evolutionary purpose. These kinds of divergent definitions render it difficult to operationalise 'culture' for research purposes. One way of dealing with the nebulous nature of a term such as 'culture' is to define and operationalise more specific variables that are used to distinguish between cultures.

One such variable is the individualism and collectivism dichotomy (Schwartz, Zamboanga, Weisskirch, & Wang, 2010; Stamm & Friedman, 2000). Individualism and collectivism are central themes of culture around which various social and psychological processes are organised (Schwartz et al., 2010; Willis, 2012). For this reason, this dimension affords an examination of a wide range of social psychological processes of significant importance (Schwartz et al., 2010; Willis, 2012). Also, for this reason, individualism–collectivism has received more attention than other dimensions of culture that past research has introduced (Schwartz et al., 2010; Willis, 2012).

According to Tafarodi and Swann (1996) and Willis (2012), collectivist cultures are defined as those that emphasise social interdependence and connectedness; whereas independence, autonomy in choice, action and social assertiveness are seen to be characteristics that define an individualistic culture. Individuals from a traditional culture are often categorised as collectivists who perceive the self as part of a larger system (family, tribe or community) (Schwartz et al., 2010; Stamm & Friedman, 2000). These individuals are concerned with the effects of their decisions on other individuals in the system. Sharing resources and dealing with issues as a whole seem to be attributes of the interdependent category (Schwartz et al., 2010; Stamm & Friedman, 2000). The individualists, or the independent category, is motivated by personal needs, rights and preferences (Agishtein & Brumbaugh, 2013; Hickling, 2012; Sharabi, 2014; Stamm & Friedman, 2000). The individualist normally gives priority to personal achievements and goals rather than those of the system they belong to (Agishtein & Brumbaugh, 2013; Hickling, 2012; Sharabi, 2014; Stamm & Friedman, 2000). Kim (2001), states that an independent self is reflected in individualism, while an interdependent self coincides with collectivist tendencies (Agishtein & Brumbaugh, 2013; Hickling, 2012; Sharabi, 2014; Stamm & Friedman, 2000). Stamm and Friedman (2000) as well as Saad, Cleveland and Ho (2015) emphasise that an individual's position on the independent-interdependent spectrum appears to have major implications for the assessment and treatment of posttraumatic stress and it is used as a cultural variable in the proposed study.

While reactions to trauma seem to be common throughout all cultures (possibly because they are partly based on the physiology of human beings) (Van Rooyen & Nqweni, 2012), manifestations of responses may differ considerably (Goelitz & Stewart-Kahn, 2013). Culture forms a context through which the traumatised individuals experience traumatic stress. Therefore, in order to fully understand culture's effect on traumatic stress, it is necessary to understand the specific dynamics. Specifically, the focus of the current study is not on 'what'

the differences between cultures are but rather on 'how' differences may occur with specific reference to the individualism-collectivism dichotomy and self-esteem.

Ethnicity and Ethnic Identity

Several definitions of ethnicity have emerged over time (Hickling, 2012). Although ethnicity can be defined specifically based on one's identification of one's country, of birth and of lineage, the element of self-affiliation makes this concept subjective (Hickling, 2012). This subjective nature has contributed towards the complexity and challenge of defining it.

Hickling (2012) defines ethnicity as a concept that is recognised for its practicality and subjective application and as a concept that provides an enhancing method of identifying cultural heritage. He further adds that ethnicity as a concept is commonly grounded in the cultural characteristics of a particular group; such as the norms, values and actions that are characteristic of an ethnic group that stems from a common culture (Hickling, 2012). Williams and Deutsch (2016) define ethnicity as an element that serves to significantly predict cultural attitudes to an extent that varies across geographical regions. Khan and Khan (2015) describe ethnicity as a relational, dynamic and social process that serves as a means of interpreting, categorising and understanding experiences. McGoldrick, Giordano and Garcia-Preto (2005) view ethnicity as a common ancestry through which individuals have evolved, shared values and customs.

The consciousness of an ethnic identity varies greatly within groups and one of the factors that influence this variability is culture (McGoldrick et al., 2005; Saad et al., 2015). These and other definitions, although mostly similar, are founded on specific principles such as meaning, cohesion, solidarity, belonging and identity. In essence, ethnicity encompasses the awareness of differences attributed to a group as well as the subjective prominence of those differences that result in self-affiliation (Saad et al., 2015).

Ethnic identity can be described as an affiliative construct, where an individual is viewed by others and themselves as belonging to a particular ethnic or cultural group (Barth, 1998; Trimble & Dickson, 2005; Vertovec, 2014). This affiliation can be influenced by racial and cultural factors (Barth, 1998; Trimble & Dickson, 2005; Vertovec, 2014). Ethnic identity appears to be an essential determinant of cultural norms (Desmet, Ortuno-Ortin, & Wacziarg, 2016). Symbolic ethnic identity usually implies that individuals choose their identities (Barth, 1998; Trimble & Dickson, 2005; Vertovec, 2014). However, the cultural elements of the ethnic or racial group have, to some extent, a modest influence on the individual's behaviour (Barth, 1998; Trimble & Dickson, 2005; Vertovec, 2014). One's ethnic identity is described as being

contextual and situational because it derives from social negotiations where ethnic identity is declared and demonstrated to acknowledge acceptable group markers to others (Barth, 1998; Trimble & Dickson, 2005; Vertovec, 2014). These ethnic declarations embody an ethnic consciousness that is closely aligned with the cultural elements of the ethnic group which they self-affiliate with (Barth, 1998; Trimble & Dickson, 2005; Vertovec, 2014).

The South African context. South Africa comprises four major ethnic groups, namely: African, Coloured, Indian/Asian and White (Adams et al., 2014). The African population, which consists of 80.2% of the total population according to StatsSA (2014), is composed of the nine indigenous Bantu-speaking groups (Adams et al., 2014). The Coloured population, consisting of 8.8% of the total population (StatsSA, 2014), comprises people of mixed descent (primarily African, Malay, Khoisan, Indian, and European) that mainly speak Afrikaans (Adams et al., 2014). The Indian population, consisting of 2.5% of the total population (StatsSA, 2014), consists of the descendants of indentured labourers and traders who came to South Africa in the latter part of the 1800s from the Indian subcontinent with the prospect of building a better life. They have retained much of their South Asian sub-continental culture, and speak mainly English (Adams et al., 2014). The White population, consisting of 8.4% of the total population (StatsSA, 2014), consists of Afrikaans and English speaking individuals who are descendants of the Dutch settlers who migrated to South Africa in the mid-1600s, as well as English settlers from the early 1800s. This group also includes immigrants from a variety of other European countries who have settled in South Africa over the last 200 years (Adams et al., 2014). In South Africa, the White population is traditionally regarded as independent, and the African, Coloured, and Indian populations are regarded as interdependent (Adams et al., 2014; Seekings, 2008).

The cultural context of ethnicity in South Africa is therefore diverse. In such multi-cultural contexts, individuals need to make sense of their ethnic group within the larger context (Adams et al., 2014). Through the process of exploring and committing to one's ethnic identity, individuals in multi-cultural contexts, such as South Africa, develop a sense of who they are and how their group fits into the larger context (Adams et al., 2014).

It is quite evident that the interconnectedness between culture and ethnicity significantly contributes to one's social identity. It can, therefore, be assumed that ethnicity provides a gateway to uncovering culture. However, its ability to predict culture classification is yet to be explored.

The Self

Experience is socio-culturally patterned, and the self reflects the individual's engagement with the world that is the source of this patterning. But what exactly constitutes 'a self' and what does a self do? Markus and Kitayama (2010) suggest that a self is a continually developing sense of awareness and agency that guides action and takes shape as the individual, both brain and body, becomes attuned to the various environments in inhabits; thus, implying that selves are psychological realities that are biologically and socio-culturally rooted (Markus & Kitayama, 2010). Furthermore, it is suggested that the self develops as individuals attune themselves to contexts that provide different solutions to the universal questions of 'Who am I?'; 'What should I be doing?' and 'How do I relate to others?' (Markus & Kitayama, 2010).

Selves are implicitly and explicitly at work in all aspects of behaviour such as attention, perception, cognition, emotion, motivation, relationships, and group processes (Markus & Kitayama, 2010). It is an individual's continuous sense of self that functions as an underlying schema that organises and recruits more specific self-regulatory schemas, including behavioural, cognitive, motivational, emotional and somatic schemas (Markus & Kitayama, 2010). Evidence suggests that people from different contexts display different ontological understandings of what a person is (Markus & Kitayama, 2010).

The Self and Culture

Culture is not a stable set of beliefs or values that reside within people. Rather, it is located in the world, in patterns of ideas, practices, institutions, products, and artefacts (Markus & Kitayama, 2010). With this definition, the emphasis and focus in the study of culture and self is not on culture as collections of people, such as the Japanese or the Americans. Rather, it is on how psychological processes may be implicitly and explicitly shaped by the worlds, contexts, or sociocultural systems that people inhabit (Markus & Kitayama, 2010).

The self and the sociocultural content continually constitute one another. As cultural content changes, the mediating self and psychological functioning change in turn (Markus & Kitayama, 2010). Culture is not separate from the person. Rather, it is a product of human activity which includes the thoughts, feelings, and actions of those individuals who have come before that person (Markus & Kitayama, 2010).

Independence and Interdependence Self-construal

Social relations comprises of two distinct types that can be linked to divergent modes of an individual's sense of self (Markus & Kitayama, 2010; Sparks, Cunningham, & Kritikos, 2016).

The first distinct type assumes that social relations are formed on the basis of instrumental interests and goals of participating individuals. Such social relations can be labelled as independent and individualist (Markus & Kitayama, 2010; Sparks et al., 2016). The second type assumes that individuals are inherently connected and made meaningful through others (Markus & Kitayama, 2010; Sparks et al., 2016). Such social relations can be labelled as interdependent and collectivist (Markus & Kitayama, 2010; Sparks et al., 2016).

The origins of these forms have been continuously contested. Some theorists believe that the origins of these forms have been generated in economic and ecological contexts, whereas others emphasise the powerful role of philosophy, religion, and historically specific narratives (Markus & Kitayama, 2010; Sparks et al., 2016). Notably, the ideas, values, and practices of independence and interdependence are universally available (Markus & Kitayama, 2010; Sparks et al., 2016).

Every individual self carries elements of independence and interdependence to varying degrees (Markus & Kitayama, 2010; Sparks et al., 2016). However, cultures vary systematically in how these two schemas are developed, utilised, balanced, and considered dominant or foundational (Markus & Kitayama, 2010; Sparks et al., 2016). It has been proposed that if one of these schemas become prevalent, the nature and functioning of the self and psychological processes that are rooted within the prevalent schema become more evident (Markus & Kitayama, 2010; Sparks et al., 2016). When an independent schema of self organises behaviour, the primary referent is the individual's own thoughts, feelings, and actions (Markus & Kitayama, 2010; Sparks et al., 2016). Alternatively, when an interdependent schema of self organises behaviour, the primary referents are the thoughts, feelings, and actions of the individual's collective (Markus & Kitayama, 2010; Sparks et al., 2016).

With an independent self (i.e., an independent method of adapting to the social environment or independent mode of being), interaction with others produces a sense of self as separate, distinct, or independent from others (Markus & Kitayama, 2010; Sparks et al., 2016). These interactions are guided by culturally prescribed tasks that require and encourage the development of individual preferences, goals, beliefs, and abilities and the use of these attributes as referents and guides for action (Markus & Kitayama, 2010; Sparks et al., 2016). Whereas, independence entails a particular form of sociality or of interdependence itself, one in which relationships are understood as voluntary and as a matter of choice (Markus & Kitayama, 2010; Sparks et al., 2016). Likewise, interdependence can also encourage certain types of independence in which the personal sense of self is defined by the identification with or rebellion against significant others in a relationship (Markus & Kitayama, 2010; Sparks et

al., 2016). Although interdependence ensures that individuals are expected to be responsive to others within their collective, this does not imply harmony or affection among the people engaged in such interdependent relationships (Markus & Kitayama, 2010; Sparks et al., 2016).

Shaping psychological functioning through social relations

The difference between independence and interdependence as underlying schemas for the self has proved to be a prevalent heuristic for indicating how differing sociocultural contexts can shape psychological and self functioning (Markus & Kitayama, 2010). When an independent self schema is prevalent, individuals are likely to see themselves as separate or distinct from others (Markus & Kitayama, 2010). Furthermore, these individuals are more likely to focus on reference of self and express their own thoughts, feeling, and goals (Markus & Kitayama, 2010).

In contrast, when the schema for self is interdependent with others and this schema organises action, individuals see themselves as being part of an encompassing social relationships (Markus & Kitayama, 2010). Such individuals are more likely to reference others and to understand their personal actions as reliant on or organised by the actions of and relations with others (Markus & Kitayama, 2010). The actions that are rooted in this schema will have different meanings and consequences from the actions rooted in an independent schema (Markus & Kitayama, 2010). This demonstrates that independence and interdependence have significant psychological consequences for cognition, emotion, motivation, morality, relationships, intergroup processes, health, as well as well-being (Markus & Kitayama, 2010).

Self-schemas and Self-esteem

According to Banai, Mikulincer and Shaver (2005) as well as Sowislo and Orth (2013), the self is composed of cognitive and affective components that distinguish one's identity. This section explores how different facets of the self may be interlinked.

According to Brown and Marshall (2001) and Sowislo and Orth (2013), self-esteem has been linked to a diverse array of positive and negative affective states. The concept of self-esteem can be viewed in terms of personal or individual self-esteem and collective self-esteem (Lopez, 2012). An individual's personal characteristics such as unique attributes, abilities, traits, values, group memberships, religious affiliations, sexual orientation, race and political affiliations, shape an individual's self-esteem (Lopez, 2012; Sharma & Agarwala, 2014). Lopez (2012) defines personal self-esteem as the feelings of self-worth an individual obtains

from one's personal characteristics and collective self-esteem as the feelings of self-worth an individual derives from one's group memberships.

It is important to distinguish *self-esteem* from the more general term *self-concept* because the two terms are often used interchangeably (Heatherton & Wyland, 2002; Sowislo & Orth, 2013). Self-concept refers to the totality of cognitive beliefs that individuals have about themselves (Heatherton & Wyland, 2002; Sim, Goyle, Mckedy, Eidelman, & Correll, 2014). It is everything that is known about the self, and includes things such as name, race, likes, dislikes, beliefs, values, and appearance descriptions (Heatherton & Wyland, 2002; Sim et al., 2014). In contrast, self-esteem is the emotional response that people experience as they contemplate and evaluate different things about themselves (Heatherton & Wyland, 2002; Sowislo, & Orth, 2013). Although self-esteem is related to the self-concept, it is possible for people to believe objectively positive things, but continue not liking themselves (Heatherton & Wyland, 2002; Sowislo, & Orth, 2013). Conversely, it is possible for individuals to like themselves and hold a high self-esteem, even though they lack any objective indicators that support such positive self-views (Heatherton & Wyland, 2002; Sim et al., 2014).

The concept of schemas provides a link between the affective and cognitive components of self and also becomes a potential explanatory mechanism for the influence of self-esteem (affective) on traumatic stress as schema disruption has been implicated in the PTSD aetiology (Van Rooyen & Nqweni, 2012). Schemas are the cognitive structures that guide information processing (Dattilio, 2010; Ghosh & Gilboa, 2014; Isbell, Tyler, & Burns, 2007; Karatzias, Jowett, Begley, & Deas, 2016; Ramírez-Esparza, Chung, Sierra-Otero, & Pennebaker, 2012). A schema is defined as a collection of basic knowledge about a concept or entity that serves as a guide to perception, interpretation and problem solving (Behr, 2009; Ghosh & Gilboa, 2014; Karatzias et al., 2016). More specifically, a self-schema is a belief or idea about oneself. It could consist of a particular role in society or a generalisation based on social stereotypes (VandenBos, 2006). Schemas are generally thought of as primarily cognitive, but they also entail of an affective component (Karatzias et al., 2016). According to Young, Klosko and Weishaar (2003) and Karatzias et al. (2016), schema functioning includes an affective component when a schema mode is activated. Schema modes are described as emotional states (i.e. may involve affective elements such as self-esteem) and ways of coping (adaptive and maladaptive). If individual self-esteem (an emotional component of self-schemas) is impacted upon, it may cause schema disruption which on its part has been implicated in the traumatic stress aetiology (Van Rooyen & Nqweni, 2012).

Theoretical Framework

Intrusive Memories

According to Van Rooyen and Nqweni (2012), the current conceptualization of PTSD describes the disorder as one of memory rather than of anxiety. They continue to state that initial memory intrusion is vital, but not sufficient due to the fact that not every individual exposed to a traumatic stressor (even with initial intrusion) develops PTSD (Van Rooyen & Nqweni, 2012). Therefore, in order to effectively understand traumatic stress, we need to look at how memories become and remain intrusive to an individual that has been exposed to a traumatic stressor.

One way of explaining how memories become intrusive would be through the theory of dual representation (Bomyea, Risbrough, & Lang, 2012; Goodman, Leong, & Packard, 2012). According to Brewin and Holmes (2003) as well as Goodman et al. (2012), there are two memory systems that continue to operate in parallel, namely verbally accessible memory (VAM) and situationally accessible memory (SAM).

VAM reflects a process where the trauma memory is integrated with other autobiographical memories and the fact that it can be deliberately retrieved as and when required (Brewin & Holmes, 2003; Goodman et al., 2012). VAM memories of trauma are therefore represented within a complete personal context comprising the past, present, and future (Brewin & Holmes, 2003; Bomyea et al., 2012; Goodman et al., 2012). They contain information that the individual has attended to before, during, and after the traumatic event, and that has received sufficient conscious processing to be transferred to a long-term memory store in a form that can later be deliberately retrieved (Brewin & Holmes, 2003; Goodman et al., 2012).

In contrast, intrusive memories are thought to reflect the operation of a SAM system (Brewin & Holmes, 2003; Goodman et al., 2012). SAM reflects a process where intrusions are only ever triggered involuntarily by situational reminders of the trauma that is encountered either in the external environment or in the internal environment of an individual's mental processes (Brewin & Holmes, 2003; Goodman et al., 2012). The SAM system contains information that has been obtained from extensive, lower level perceptual processing of the traumatic scene, such as sights and sounds that were too briefly apprehended to receive much conscious attention and hence did not become recorded in the VAM system (Brewin & Holmes, 2003; Goodman et al., 2012). The SAM system also stores information about the person's bodily response to the trauma, such as changes in heart rate, flushing, temperature changes, and pain (Brewin & Holmes, 2003; Goodman et al., 2012). This results in intrusions being

more perceptually detailed and emotion-laden than ordinary memories (Brewin & Holmes, 2003; Goodman et al., 2012).

Intrusive memories can also be understood by using the concept of schemas. Edwards (2005) believes that for individuals to incorporate new life experiences into their fundamental schemas (and therefore memory), it requires that they are elaborated and integrated into the context of the individuals' preceding and subsequent experiences (Edwards, 2005; Karatzias et al., 2016). This integration depends on processes of memory, reflection and social conversation through which individuals develop a personal understanding of the meaning of those events, and of their own identity in relation to those events (Edwards, 2005; Karatzias et al., 2016). According to Edwards (2005) and Karatzias et al. (2016), individuals interpret events in terms of existing models or schemas that have been gained from past experiences. Edwards (2005) continues to add that in the case of a traumatic event, individuals are faced with information which they cannot understand in terms of their existing models and schemas and due to this manifestation; disequilibrium occurs (Brühl, Rufer, Kaffenberger, Baur, & Herwig, 2014). This disequilibrium manifests in intrusion mainly due to the incompatible nature of the memory that results in its not being able to be stored with other experiences of the same schema. Self-esteem problems, as indicated previously, may also be seen as a sign of such schema disequilibrium, in that it constitutes an affective component of self-schemas.

Negative Appraisals of the Self

Memory intrusion is an important starting point, but Ehlers and Clark (2000) state that persistent PTSD occurs only if the individual experiences the traumatic event in a way which creates a sense of a serious current threat (Parry & O'Kearney, 2014). They continue by stating that there are two key processes leading to a sense of current threat and these are: the nature of the memory of the event and its link to other autobiographical memories (i.e. its intrusive nature) and secondly, negative appraisals of the trauma and/or its sequelae (Ehlers & Clark, 2000; Parry & O'Kearney, 2014).

One of these potential negative appraisals about the sequelae of the traumatic event is about the self. Individuals may experience themselves as damaged (Wilson & Keane, 2005; Karatzias et al., 2016) and this may lead to a lowering of individual self-esteem (Ursano, McCaughey, & Fullerton, 1994; Usborne & Taylor, 2010). However, we need to consider the potential impact of such a lowering in the context of how self-schemas may be differently constructed as a function of culture.

It is assumed that when considering self-esteem within the independent–interdependent dichotomy, the schemas and feelings of worth of individuals would differ depending on the schema construction of specific cultural groups. In an independent culture, an individual's self-schema may be constructed with individual self-esteem as a prominent component. A negative (or lower) individual self-esteem would, therefore, cause greater schema disequilibrium (and a continued sense of internal threat) and more severe symptoms than in the case of an individual from an interdependent culture (where collective rather than individual self-esteem would be more prominent in self-schemas). This potential dynamic is presented in Figure 1 below.
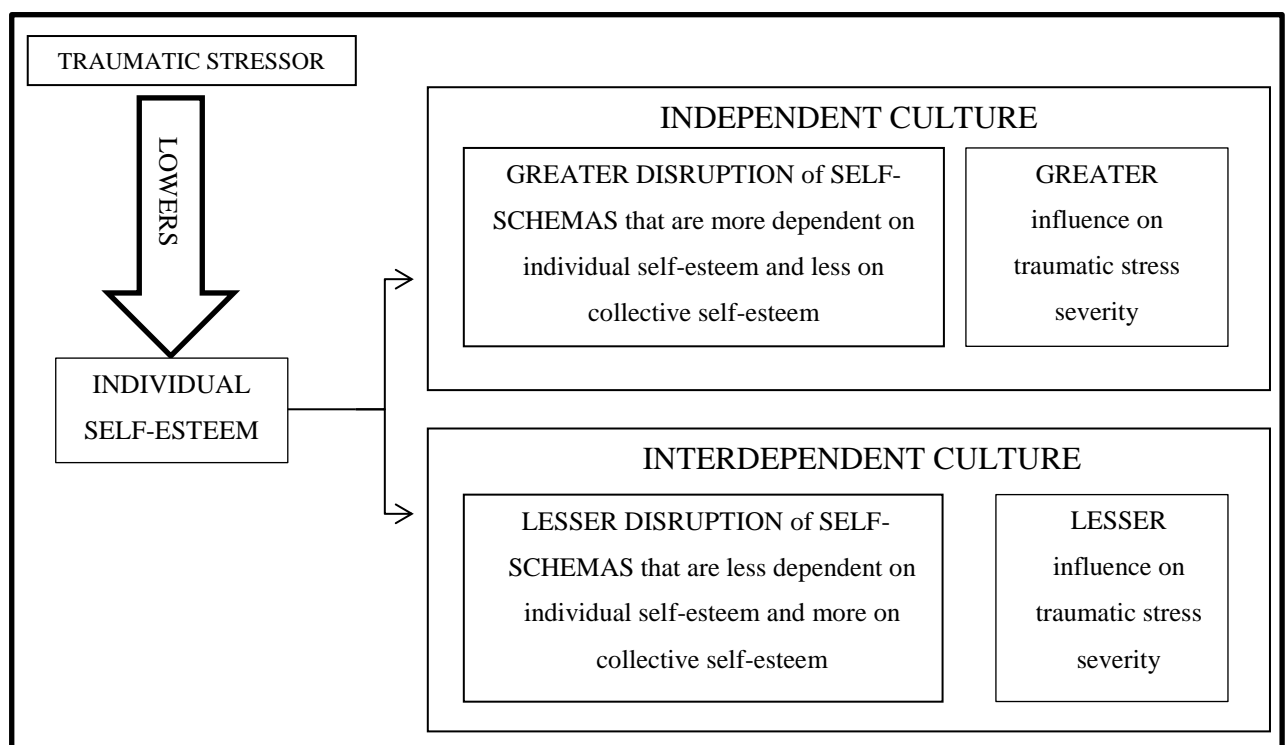
Figure 1.1: Influence on schema disruption in interdependent and independent cultures by lowered individual self-esteem

Problem Statement

It is accepted that culture influences the symptom expression of PTSD, but the dynamics of how this happens is unclear. It has been postulated in the previous section that differences in PTSD severity between independent and interdependent cultures may exist because of the differential influence of individual self-esteem. While some international research exists in this regard (Jobson & O'Kearney, 2008), none really address the issue of self-esteem and the

cultural element of independent vs interdependent specifically and to the knowledge of the researcher, no similar South African research exists.

Although self-esteem and culture are the primary focus of the study, an additional aspect of this primary problem has been alluded to previously in this chapter. 'Ethnicity' is sometimes used interchangeably with 'culture' and often race (African, White, Coloured and Indian) becomes the only measured construct supposedly referring to 'culture' because African people are often classified as interdependent and White as independent. In the current proposed study, individuals will be classified as independent and interdependent based on their responses to a measure and not on the basis of their racial or ethnic self-identification. To fully explore the phenomenon of cultural influences, it is important to explore whether individuals group into independent or interdependent as a function of ethnicity.

Aims

The primary aim of this study is to explore whether individual self-esteem influences traumatic stress severity differently in independent and interdependent cultures.

The objectives form the context within which the primary aim is illuminated. The objectives are:

a) To compare interdependent and independent cultural groups on traumatic stress severity (independent sample *t*-test shall be used to illustrate this);

b) To explore and describe the relative influence of ethnicity, cultural classification, self-esteem and demographic variables on traumatic stress severity (ANCOVA shall be used to explore these extraneous and control variables);

c) To explore and describe whether ethnicity is a variable that predicts classification into interdependent and independent cultural groups according to the Individualism Collectivism Scale (INDCOL) (Chi-square shall be used to illustrate this).

Research Methodology

The necessary approval has been obtained from the Health Sciences Faculty Research, Faculty Research, Technology and Innovation Committee and the Nelson Mandela University Ethics Committee (Human). The ethics clearance reference number for this study is H14-HEA-PSY-008.

Research Design

In order to achieve the listed aims, a quantitative correlational research design was utilised.

Quantitative research aims at determining the relationship between an independent variable (classification as independent and interdependent and individual self-esteem) and the dependent variable (traumatic stress severity). The major advantage of using a quantitative approach in this study is that it allows the researcher to study the relationship between the variables extensively and in a more objective manner (Bernard, 2012; Neuman, 2006). However, the greatest drawback of using this approach would be that research is often carried out in an unnatural, artificial manner in that individuals' experiences are reduced to numbers. There is often, therefore, not an in-depth phenomenological understanding of their experiences. Answers will not necessarily reflect how people truly experience their own cultural identity and how it is related to their symptom severity.

The research also incorporates exploratory and descriptive features (especially when addressing the supportive aims). Exploratory research is research in which the main aim is to examine or gain insight into a situation or phenomenon where little is known (Bernard, 2012; Neuman, 2006). In descriptive research, the primary purpose is to provide a detailed and highly accurate picture of a situation (Bernard, 2012; Neuman, 2006). Exploratory research must happen first for descriptive research to be effective. The latter organises the data and hypotheses found during the exploratory process. Both exploratory and descriptive research have their place in forming a better understanding of a problem or an issue (as is the case in the current research where an in-depth understanding of the sample will illuminate the main aim).

The core focus of the study is aimed at understanding the relationship between cultural elements (independent vs interdependent), individual self-esteem and traumatic stress severity. Therefore correlational methods will be utilised. Correlational research measures the strength of a relationship between variables (De Vos, Strydom, Fouché, & Delport, 2011). There are three possible results of a correlational study: a positive correlation, a negative correlation or no correlation (De Vos et al., 2011). The advantage of the correlation method is that we can make predictions about variables when we know correlations exist between them (Bernard, 2012; Neuman, 2006). If two variables are correlated, we can predict one based on the other. The disadvantages of using the correlational method are notably that it cannot capture change over time and that a relationship between two variables does not imply causation (Bernard, 2012; Neuman, 2006). In the proposed study, if correlations between individual self-esteem and traumatic stress severity are different between independent and interdependent individuals; it will show that there may be differences that can be attributed to culture.

Sampling

According to De Vos et al. (2011), a sampling method is a process of selecting from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest. The intended sample for the study includes adults, 18 and older, that have experienced a traumatic event. The overwhelming effect of a traumatic experience creates a sense of disillusionment and disarray in an individual (Margolies, 2010). Therefore, the event would have taken place at least 14 days prior to the commencement of the data collection phase. The 14-day period is a criteria requisite set by the researcher to avoid subjecting participants, to research procedure, during the initial intense distress period just after experiencing a traumatic event.

The proposed study had initially identified non-random purposive convenience sampling as its sampling method. Theoretically, this method seemed to be the ultimate way to collect a sample size of N=300, in an allocated time frame of 3-4 months. For this sampling procedure to have worked, it required the compliance of local NGOs and their clientele. The NGOs were approached well in advance, prior to the commencement of data collecting, and were willing to participate in the study. However, when such compliances and willingness to participate failed to materialise, the researcher was forced to adopt a new sampling method. Thus the sampling method changed to snowball purposive convenience sampling.

This method yields a study sample through referrals made among people who share or know of others who possess some characteristics that comply with the research study, in this case individuals who belonged to a African, Coloured or White racial/ethnic group, 18 years of age or older and who have experienced a traumatic event (Atkinson & Flint, 2001; Babbie, 2014; Cohen & Arieli, 2011). The method is well suited for a number of research purposes and is particularly applicable when the focus of the study is a sensitive issue; in this case a traumatic experience (Cohen & Arieli, 2011; Wegner, 2008). Other advantages of using this method include its effectiveness and efficiency in helping the researcher locate the appropriate sample within a limited time frame, without requiring vast amounts of funding and effort (Atkinson & Flint, 2001; Babbie, 2014; Cohen & Arieli, 2011; Wegner, 2008).

Although literature states that this method is highly prone to sampling bias (Babbie, 2014; Wegner, 2008), Atkinson and Flint (2001) as well as Cohen and Arieli (2011), explain that the problem of selection bias may be addressed, firstly through the generation of a large enough sample and secondly by the repetition of results to strengthen any generalizations.

Measures

The administration procedure of the questionnaires is as follows: The questionnaire pack comprises four components: a biographical questionnaire, the Harvard Trauma Questionnaire (HTQ), the Individualism Collectivism Scale (INDCOL) and the Rosenberg Self-Esteem Scale (RSES). The biographical questionnaire and the HTQ were verbally administered to the participant. The remaining two questionnaires are self-report and require that the participants complete them on their own. The questionnaire pack was conducted in environments that ensured confidentiality and anonymity.

The purpose of the biographical questionnaire is to gather information about the individual relating to their age, gender, ethnicity and home language. These variables are particularly required to achieve the third supportive aim (c).

The HTQ was created by the Harvard Program in Refugee Trauma for two reasons, firstly, to obtain information about the actual events that have occurred and secondly, to assess DSM-IV symptoms and presumably culture-specific symptoms associated with PTSD (Shoeb, Weinstein, & Mollica, 2007). As this study focuses on symptom severity of posttraumatic stress, only section IV of the measure has been used. According to Hansen, Andersen, Armour, Elklit, Palic and Mackrill (2010), Section IV of this measure assesses both DSM-IV symptoms and culture-specific symptoms associated with PTSD.

HTQ has been adapted for a South African context. It comprises questions pertaining to exposure to violence which are more relevant to the South African context (Klopper, 2010). The interrater reliability of the HTQ is between 0.93-0.98 and the test/retest reliability of the HTQ is between 0.89-0.82 (Kagee, 2005). Halvorsen and Kagee (2010) reported an internal consistency of .95 using a South African sample. The use of the HTQ measure in this study achieved an alpha-reliability of .90.

The INDCOL was created by Hui (1988) based on the assumption that an individual's collective value is target specific (Getachew, 2011). This study uses the shortened version of the measure that was refined by Triandis (1995).

The scale consists of attitude items conceptualising individualism in terms of an individual's emphasis on self-reliance, competition, independence and emotional distance from in-groups; whereas collectivism is seen as emphasising family integrity, sociability and interdependence (Berry, Segall, & Kagitcibasi, 1997). For the purposes of this study, INDCOL is used to culturally classify the sample. Internationally, Uleman, Bardoliwalla, Semin and Toyama

(2000) reported an alpha-reliability of 0.90. While Jansen, van Baal and Bouwmans (2006) reported an alpha coefficient of .79 with a South African sample. In this study, the 16 items that focused on individualism achieved a Cronbach alpha of .68 and the 16 items that focused on collectivism achieved a Cronbach alpha was .83.

The RSES was created by Dr Morris Rosenberg to measure self-esteem based on reflections of respondent's current feelings of worth (Greenberger, Chen, Dmitrieva, & Farruggia, 2003). The measure was originally designed to measure the self-esteem of high school students; since its development, the scale has been used with a variety of groups including adults, with norms available for many of those groups (Greenberger et al., 2003).

Among the many measures for assessing self-esteem, the Rosenberg Self-Esteem Scale (RSES) remains the most widely used measure (Schmitt & Allik, 2005). Robins et al. (2001) reported a Cronbach alpha that ranges between 0.88-0.90 and Boduszek, Hyland, Dhingra and Mallett (2013) reported an alpha coefficient of .79. However, not all studies have reported a high Cronbach alpha. The study by Oladipo and Kalule-Sabihi (2014) reported a Cronbach alpha of .24. This measure has been previously used in a South African context where Westaway, Jordaan and Tsai (2015) have reported high levels of internal consistency ranging between .93 and .94. A reliability of .60 for this study, post the exclusion of item 2, 3,4,6,8 and 10.

Even though the RSES is classified as a measure of GLOBAL self-esteem, it contains items that mainly reflect the view of the individual towards the personal self as opposed to the view of the self in relation to others (collective self).

Among the many self-esteem measures, it has been noted that a measure which specifically focuses on measuring individual self-esteem does not exist. After further examination of items on the self-esteem measures, the RSES seemed to be the best fit for the study. Therefore the purpose of the RSES in the proposed study is to measure the INDIVIDUAL self-esteem of the participants in an interdependent and independent culture.

Classifying participants

Participants were classified as either independent or interdependent through the use of the INDCOL Scale. The 32-item measure dedicates 16 items to each of these categories, namely independent and interdependent. Thus, each individual's response towards each of these categories was calculated and the higher scored between the two categories classified them into a group.

Descriptive statistics

A total of 197 (37% male and 63% female) participants including 98 African, 51 Coloured and 48 White individuals participated in this study. Of the participants 39 were English speaking, 62 were Afrikaans speaking and 96 reported Xhosa as their home language.

All the individuals were above the age of 18 and had experienced a traumatic event. The types of traumatic events included robbery (27%), accidents (18%), illness (15%), rape (10%) sudden death of a loved one (18%) and abuse (12%). All these events occurred within a period of 2014 (45%) and 2015/16 (55%).

Ages of these participants varied with 24 of them being between the age group of 18-20, 52 between 21-30, 50 between 31-40, 43 between 41-50 and 28 individuals fell within the 51 and above range. Of the participants, 93 of them classified as independent and 104 classified as interdependent.

Procedure

Post ethical clearance participants were recruited and questionnaire packs were administered by the researcher. The assessment session commenced with an explanation about the research and obtaining written informed consent. The participant was given the opportunity to ask questions and seek clarity on any concerns. The participant was presented with the questionnaire pack and the administration procedure was explained. After which, the HTQ and demographical questionnaire was administered by the researcher before the participant's completion of the two self-report measures namely, INDCOL and RSES. To protect the privacy of the participants and ensure anonymity, each questionnaire pack was assigned a code (e.g. 005) and all informed consent forms were detached from the questionnaire pack and stored separately.

Upon completion of data collection, all questionnaire packs were scored and captured by the researcher into a computerised database. All the data was made available to a statistician for analysis. Data was analysed based on both descriptive and inferential statistics. The following methods were used to reach the various aims, such as independent group *t*-tests, ANCOVA and chi-square. Excel was the primary tool used to analyse the data.

Data Analysis

The first of the objectives uses independent group t-tests to illustrate the comparison between cultural influences on self-esteem and traumatic stress severity (Gravetter & Wallnau,

2013). Independent group t-tests are used to test for a difference between two independent groups. In the case of this study, those two groups would be independent culture and interdependent culture.

The second objective includes the exploration of extraneous and control variables (such as ethnicity, cultural classification, self-esteem and demographical information) on traumatic stress severity; therefore ANCOVA will be used. ANCOVA is used to achieve statistical control of error when experimental control of error is not possible. ANCOVA adjusts the analysis in two ways: reducing the estimates of experimental error and adjusting treatment effects with respect to the covariate (Boslaugh, 2012). In the intended study, the researcher would aim at making predictions about traumatic stress severity levels of the individual based on the individual's ethnicity, demographics, self-esteem and cultural classifications.

The third objective requires the use of chi-square as a statistical method to illustrate whether ethnicity/race predicts classification into interdependent and independent cultural groups. Chi-square is used to assess two types of comparisons, namely, tests of goodness of fit and tests of independence. Due to the nature of the intended study, tests of independence shall be utilised (Gravetter & Wallnau, 2013). Tests of independence assess whether paired observations on two variables are independent of each other, for example, in the intended study, assessing whether personal self-esteem influences traumatic stress severity more in independent cultures than in interdependent cultures.

Outline of Study

The following treatise follows an article format. Chapter 1 and Chapter 5 are not intended for publication. These chapters serve as an introduction and conclusion to the overall study, respectively.

Chapter 2, Article 1, addresses the first of the listed objectives. Chapter 3, Article 2, addresses the second objective. Chapter 4, Article 3, addresses the third listed objective. These articles are intended for publication. To avoid having to refer the reader to specific sections continuously, each article has been structured to represent a stand-alone article. However, the integration of all the results, across all the articles, will be discussed in Chapter 5.

The outline of the study is as follows:

Chapter	Article	Topic
1	-	Introduction to the study
2	1	A comparison between interdependent and independent cultural groups on traumatic stress severity
3	2	Assessing the relative influence of variables on traumatic stress severity
4	3	Assessing the impact of ethnicity on culture classification in a multi-cultural context
5	-	Conclusion, limitations and recommendations
		References
		Appendices

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Chapter 2: A comparison between interdependent and independent cultural groups on traumatic stress severity

Author Note

Chapter 2, Article 1, is intended for publication. It addresses the first objective of the study: To compare interdependent and independent cultural groups on traumatic stress severity.

Chapter 2: A comparison between interdependent and independent cultural groups on traumatic stress severity

In order to compare independent and interdependent groups on traumatic stress severity, an independent *t*-test was computed with a significant p-value of .05. A total of n= 197 individuals across African, Coloured and White ethnic groups agreed to participate in this study by answering a questionnaire pack consisting of a biographical questionnaire, Harvard Trauma Questionnaire and the Individualism Collectivism Scale. The findings of the study suggest that individuals from independent and interdependent cultures expressed post-traumatic symptomology similarly. It further indicated a lack of a predominant self-construal in independent and interdependent participants, respectively. This could imply that South Africans adopt schemata of an overlaying culture that differ from their inherited ethnic lineage. However, factors such as social desirability, acquiescence bias and the prevalence of unequal group sizes may have been contributing factors to this result.

Keywords: culture, independent, interdependent, traumatic stress, self-construal

Traumatic stress is not only a consequence of large scale events but also a common occurrence in domestic life (Wright, Collinsworth, & Fritzgerald, 2010). Despite the human capacity to survive and adapt, experiencing a traumatic event can alter one's psychological, biological and social equilibrium (Van der Kolk & McFarlane, 2012). Traumatic events vary widely in terms of nature of the threat, duration and among other factors, the broader collective meaning and social response (Kirmayer, Kienzler, Afana, & Pedersen, 2010).

Therefore, what constitutes a trauma is not entirely dependent on the nature of the event but also on the personal and social interpretation of the event (Kirmayer et al., 2010; Van der Kolk & McFarlane, 2012). This social interpretation, which is derived from culture, influences the experience of trauma and gives meaning to the traumatic event itself (Kirmayer et al., 2010). People living in multicultural environments often encounter situations which require them to acquire different cultural schemas and to switch between these cultural schemas depending on their immediate sociocultural context (Chiao, Harada, Komeda, Li, Mano, Saito, & Iidaka, 2010).

Culture is a continuously evolving concept that responds to exchanging environmental demands (Hamamura & Septarini, 2017; Schnyder, Bryant, Ehlers, Foa, Hasan, Mwiti, Kristensen, Neuner, Oe, & Yule, 2016). It is specific for each individual and therefore considered to be more important than ethnicity and race (Schnyder et al., 2016). Culture is not considered to be a stable set of beliefs or values that reside within people (Markus & Kitayama, 2010). Rather, it is viewed as a broader concept that is located in the world, practices, institutions and in patterns of ideas (Markus & Kitayama, 2010). Culture can either be seen as one's affiliation to a collection of people (ethnic group) or in the sense of how sociocultural systems shape the psychological processes of the people that inhabit it (Markus & Kitayama, 2010).

It has been postulated that culture affects the perceptions of cultural mindsets in individuals (Kastanakis & Voyer, 2013). People from different cultures have unique schema- driven expectations that are ideally derived from the cultural self (Jobson, 2011). Research suggests that there are two primary cultural schemas: individualism and collectivism (Chiao et al., 2010; Cross, Hardin, & Gercek, 2011; Sharma & Sharma, 2010). People from individualistic cultures tend to exercise schema-driven expectations that are of higher levels of autonomous orientation as opposed to individuals from collectivistic cultures (Jobson, 2011).

Although there has been much debate surrounding the dimensionality of individualism and collectivism as being uni-dimensional versus distinct constructs, research by Hui and Triandis (1986, 1998) suggests that individualism and collectivism are two distinct cultural patterns that consist of multiple variations within them. For instance: the individualistic culture of America would differ from the individualistic culture of Sweden; likewise, the collectivist culture of Israel would differ from the collective culture of Korea (Cozma, 2011). These cultural variations can suggest that sociocultural systems are adaptive and that this process in turn impacts on the cultural content, the psychological functioning and mediating self (Markus & Kitayama, 2010).

One of the main divides between individualistic and collectivistic culture is the way in which people view the self in relation to others (Ramírez-Esparza, Chung, Sierra-Otero & Pennebaker, 2012). Cross et al. (2011) indicate that although there are multiple views of the self, that are empirically distinct (independent, collective, and relational), there are only two possible self-construals, namely independent and interdependent (Chiao et al., 2010; Hofmann & Hinton, 2014; Su, Lee, & Oishi, 2013). Cross et al. (2011) suggest that this is possible because individuals create and mould the view of self in terms of their existing self-construal. This further suggests that people who individuate from their families and social groups to

achieve personal goals for the purpose of verifying and confirming their sense of self as autonomous and unique reflect an independent self-construal, therefore assuming an independent view of self (Su et al., 2013). While people who define themselves according to their social roles and their need for interpersonal harmony, reflect an interdependent self-construal, therefore assuming a collective or relational view of self (Su et al., 2013).

Although research indicates that individuals demonstrate both self-construals and that these may vary between and as well as within cultures (Kafetsios & Hess, 2013; Hofmann & Hinton, 2014), Hofmann and Hinton (2014) suggest that individuals generally lean towards displaying behaviours from their affiliated culture. This is prevalent because an individual's predominant self-construal is largely determined by his or her interpersonal experiences and social cultural setting (Hofmann & Hinton, 2014). Therefore, it is assumed that people from an individualistic culture will predominantly display independent characteristics and people from a collectivistic culture will predominantly display interdependent characteristics (Cross et al, 2011; Hofmann & Hinton, 2014; Pilarska, 2014; Su et al., 2013).

Much remains to be learned about the impact of culturally induced ideologies on traumatic stress severity. The lack of such studies makes it difficult to effectively delineate how cultural affiliation may influence an individual's response towards experiencing a traumatic event. To address this issue, the focus would need to shift towards understanding how these distinct cultures mould the emotional responses in the self, as well as how cultural affiliation influences trauma.

Cultural beliefs may influence an individual's personal meaning of trauma and one's attempt to come to terms with such experiences in helpful and unhelpful ways (Schnyder et al., 2016). Cultural variations depict differences in appraisals of the self when dealing with trauma (Schnyder et al., 2016). Individualistic cultures demonstrate vulnerability and inadequacy towards the personal self, whereas collectivist cultures reflect appraisals about social functioning and evolution by others (Schnyder et al., 2016). Furthermore, it is suggested that cultural beliefs may also influence the reactions of significant others and their community (Schnyder et al., 2016). Thus, this could ideally facilitate or impede an individual's recovery from a traumatic event (Schnyder et al., 2016). This could suggest that individual's experience dissimilar levels of traumatic stress severity because of their affiliation with a culture.

Although the occurrences of traumatic events are common to both cultural dimensions, the emotional expression towards such events varies across cultures (Perera-Diltz, Laux, & Toman, 2012). It is postulated that such variations may be a result of differing self-construals (Cross et al., 2011; Kafetsios & Hess, 2013; Lee, Oyserman, & Bond, 2010; Su et al., 2013).

Studies suggest that people with a dominant independent self-construal place significant emphasis on the expression of emotion because it is considered to be a way of asserting one's individuality as well as fulfilling the need for self-consistency (Cross et al., 2011; Hofmann & Hinton, 2014). This could suggest that when faced with a traumatic stressor, independent individuals are more likely to exhibit lower levels of traumatic stress severity.

In interdependent societies, expressing emotions and maintaining consistency between inner experiences and outer expressions are less significant (Su, Lee & Oishi, 2013). Individuals with a dominant interdependent self-construal ideally place emphasis on suppressing the expression of emotion because such displays and perceptions of emotion are discouraged within such societies (Cross et al., 2011; Kafetsios & Hess, 2013; Lee et al., 2010; Su et al., 2013). Therefore, it can be assumed that this suppression of emotion, induced by cultural norms, could possibly depict higher levels of traumatic stress severity in such individuals.

Based on what has been postulated above, it can be assumed that cultural affiliation's influence on the self-construal and view of self does influence how individuals express emotion towards life occurrences, such as experiencing trauma. Although it is yet to be seen how these distinct cultures influence the traumatic stress severity levels of individuals belonging to these cultures, it can be assumed that collectivistic cultures may exhibit higher levels of severity as opposed to individualistic cultures that may exhibit lower levels.

This has been graphically represented in Figure 1 below. The aim of this article is to compare how affiliation to a collectivistic culture or an individualistic culture may influence an individual's level of severity after experiencing a traumatic event.
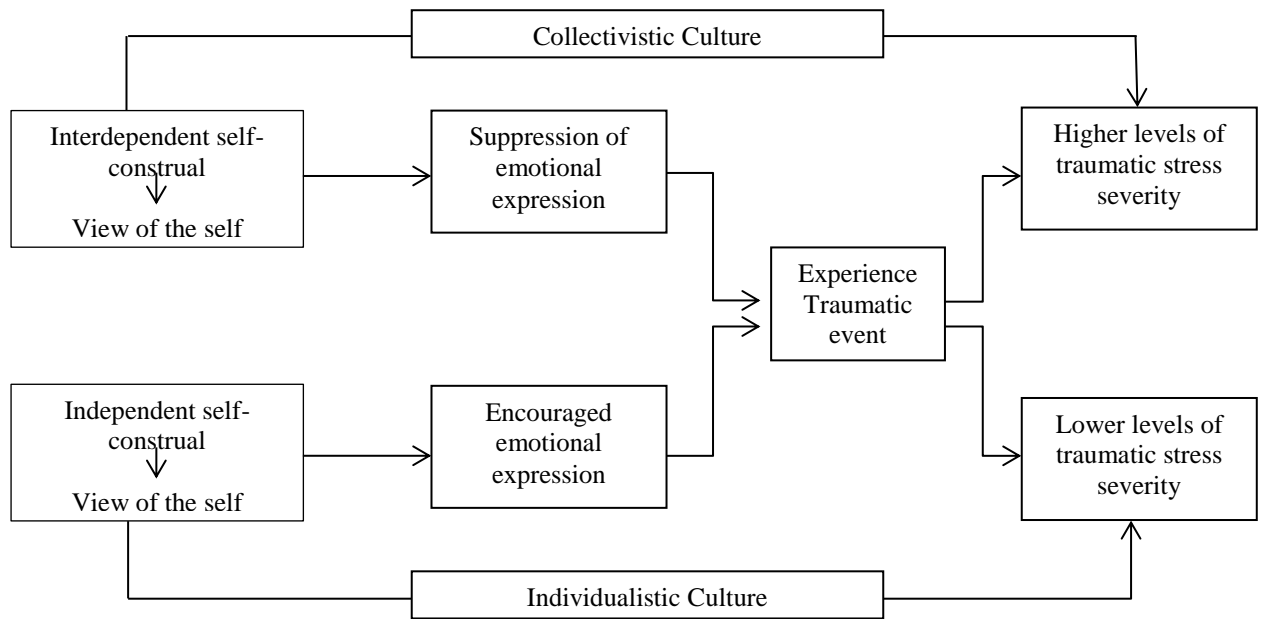
Figure 2.1: The impact of cultural affiliation on traumatic stress severity

Method

Participants

A total of n= 197 participants participated in this study. All the individuals were above the age of 18 and had experienced a traumatic event. Table 1 below provides a description of the sample used.

Table 2.1

Descriptive Statistics (n=197)

Factor	Level	n	Percentage
Classification	Interdependent	104	53%
	Independent	93	47%
Gender	Male	73	37%
	Female	124	63%
Age	18-20	24	12%
	21-30	52	27%
	31-40	50	25%
	41-50	43	22%
	Above 50	28	14%
Home Language	English	39	20%
	Afrikaans	62	31%
	Xhosa	96	49%
Race	White	48	24%
	African	98	50%
	Coloured	51	26%

Instruments

A biographical questionnaire was used to gather information about the individual relating to their age, gender, ethnicity and home language.

The HTQ was created by the Harvard Program in Refugee Trauma for two reasons, firstly, to obtain information about the actual events that have occurred and secondly, to assess DSM-IV symptoms and presumably culture-specific symptoms associated with Posttraumatic Stress Disorder (PTSD) (Shoeb, Weinstein, & Mollica, 2007). As this study has focused on symptom severity of posttraumatic stress, only section IV of the measure has been used. According to Hansen, Andersen, Armour, Elklit, Palic and Mackrill (2010), Section IV of this measure assesses both DSM-IV symptoms and culture-specific symptoms associated with PTSD. HTQ has been adapted for a South African context. It comprises questions pertaining to exposure to violence which are more relevant to the South African context (Klopper, 2010). The use of the HTQ measure in this study achieved an alpha-reliability of .90.

The INDCOL was created by Hui (1988) based on the assumption that individuals' collective value is target specific (Getachew, 2011). This study uses the shortened version of the measure that was refined by Triandis (1995).

The scale consists of attitude items conceptualising individualism in terms of an individual's emphasis on self-reliance, competition, independence and emotional distance from in-groups; whereas collectivism is seen as emphasising family integrity, sociability and interdependence (Berry, Segall, & Kagitcibasi, 1997). For the purposes of this study, INDCOL is used to culturally classify the sample. In this study, the 16 items that focused on individualism achieved a Cronbach alpha of .68 and the 16 items that focused on collectivism achieved a Cronbach alpha was .83.

Procedure

After receiving ethical clearance from the university's ethical committee, participants were recruited and questionnaire packs were administered by the researcher. The researcher commenced the assessment session with an explanation about the research and obtaining written informed consent. All participants were given the opportunity to ask questions and seek clarity on presenting concerns. After an explanation of the administration procedure, the HTQ and demographical questionnaire were administered by the researcher. This was followed by the participants' completion of the INDCOL scale. To protect the privacy of participants and ensure their anonymity, each questionnaire pack was assigned a code (e.g. 010) and all informed consent forms were detached from the questionnaire pack and stored separately.

Upon completion of data collection, all questionnaire packs were scored and captured by the researcher into a computerised database. All the data was made available to the statistician for analysis. Excel was the primary tool used to analyse the data.

Classifying participants

Participants were classified as either independent or interdependent through the use of the INDCOL Scale. The 32-item measure dedicates 16 items to each of these categories, namely independent and interdependent. Thus, each individual's response towards each of these categories was summed and the higher scored between the two categories classified them into a group. To avoid any form of bias and labelling that could resemble stereotyping, individuals assigned themselves to an ethnic/racial classification.

Results

To determine how independent and interdependent cultures compare on traumatic stress severity an independent sample *t*-test, with unequal group sizes, was conducted. The *t*-test was computed with a significant p-value of .05 and n=197.

Although Table 2 does indicate a difference between the interdependent participants (M= 35.89, SD= 9.892) and the independent participants (M= 37.45, SD= 8.681) that could support the theory depicted above in Figure 1, the test was found to be statistically not significant, *t*(195) = 1.168, p< .05. Furthermore, it can be assumed that the minimal difference noted between the cultures could have been a result of the unequal group sizes.

Table 2.2

Cultural comparison on HTQ

Variable	Classification	n	Mean	S.D	Difference	*t*-value	d.f.	p
HTQ	Interdependent	104	35.89	9.892	-1.557	-1.168	195	0.244
	Independent	93	37.45	8.681				

Thus, this result suggests that individuals from independent and interdependent cultures reportedly expressed post-traumatic symptomology similarly. Furthermore, it indicates a lack of demonstration of a culturally predominant self-construal in participants within both cultures respectively.

Discussion

The objective of this article was to compare interdependent and independent cultural groups on traumatic stress severity.

Most studies that focus on cross-cultural research attest to culture's dominance in the construction and promotion of one's self-construal (Cross et al, 2011; Hofmann & Hinton, 2014; Pilarska, 2014; Su et al., 2013). These studies further assert that this dominance creates a mindset that results in one's dominant self-construal being associated with a specific cultural dimension (Cross et al, 2011; Hofmann, Asnaani, & Hinton, 2010; Hofmann & Hinton, 2014; Pilarska, 2014; Su et al., 2013). However, that was not the case for this study.

The results stated above suggest that participants from both independent and interdependent cultures responded similarly when faced with a traumatic stressor and this was apparent regardless of the presence of their predominant self-construal.

This suggests that by displaying similar perspectives towards traumatic stress rather than the differing stance that was initially expected, these participants failed to display behaviours that are coherent to their designated cultural groups. There are various factors that could have contributed to this result.

Firstly, the unequal group sizes need to be taken into account as this has contributed to the difference that has been noted in Table 2. The difference shown in Table 2 indicated the potential direction, between the variables, that was initially expected. However, due to the non-significant result achieved statistically it can be assumed that the unequal group sizes may have impacted on the results.

Secondly, it is evident that most cross-cultural studies compare the perspectives of participants from different countries as these countries are seen to exhibit specific aspects that are indigenous to them thus, making it a culture (Cross et al, 2011; Hofmann & Hinton, 2014; Pilarska, 2014; Su et al., 2013).. It could be a possibility that these participants are displaying schemata from the overlaying culture of their residing country as opposed to the culture-specific schemata from their inherited ethnic lineage. Ramírez-Esparza et al. (2012), state that although constructs such as independence and interdependence are known to exist simultaneously within a culture, researchers have noted the existence of culture-specific schemas. This could possibly explain why participants, who clearly display contrasting dominant self-construals, responded so similarly to the experience of traumatic stress.

Alternatively, because culture shapes the beliefs, emotions and behaviours of people, temporal changes in the cultural environment exert an influence on psychological processes (Hamamura & Septarini, 2017). Culture is not separate from the individual; rather it is a product of human activity (Markus & Kitayama, 2010). As cultural content changes, the mediating self and psychological functioning change in turn (Markus & Kitayama, 2010). Therefore, it could be assumed that these cultures have adapted their psychological processes to accommodate the changes exerted on them by this overlaying cultural environment.

Wagoner (2013), states that social groups possess the ability to encompass any foreign element of culture into their existing cultural patterns. This implies that the malleable nature of cultural patterns enables them to adapt and respond to presenting stimuli in their environment (Wagoner, 2013). The problem with this analogy is that although the schemas of independence and interdependence are universal and shared across cultures, these cultures differ in their manner of perceiving presenting cues (Markus & Kitayama, 2010).

Therefore it seems incoherent to assume that the culture specific schemas of independent and interdependent cultures have perceived a presenting cue similarly. The occurrence of such

adaption would imply that these cultures are evolving and merging into a single culture. If this was apparent, the classification of participants would have been an arduous process.

In order to address this result holistically, factors such as social desirability and acquiescence bias need to be considered as influencing factors. According to Grullon (2012), socially desirable responding is defined as reporting information that depicts oneself in a more favourable manner. Grullon (2012) further suggests that individuals who are from ethnic groups which value harmony and conformity are more likely to demonstrate socially desirable responding than are individuals from ethnic groups which value independence and autonomy; therefore implying that individuals from an interdependent ethnic group were more likely to respond to PTSD questionnaires in a socially desirable manner when compared to individuals from an independent ethnic group (Grullon, 2012).

Acquiescence bias may also affect the results. Defined as agreeing or disagreeing with the majority of statements, may account for differences between ethnic groups such that individuals who identify with certain ethnic groups may also be more likely to over- or under-endorse certain items (Grullon, 2012).

Conclusion

South Africa is a vibrant country that encompasses an array of cultures all living together, interacting with one another and learning from each other. It would be plausible to imply that as these cultures interact, they evolve. While most studies divert attention to cross-country comparisons, this study focuses on comparing how South Africans, classified as individualists and collectivists respectively, compare when exposed to a traumatic stressor.

It would be assumed that the continuous state of evolution impacts on the cultural patterns and behaviours of individuals. However, attention must be drawn towards the unique qualities of each self-construal that enables individuals to identify how they see themselves in relation to others. This unique perspective serves as the driving force behind behaviours, thought processes and perceptions. However, this study has noted that when faced with a traumatic stressor South Africans, regardless of their predominant self-construal, respond similarly. This could imply that South Africans adopt schemata of an overlaying culture that are different from their inherited ethnic lineage. This enables them to respectively deal with the presence of such an event similarly, regardless of the underlying dominant self-construal. This result gives way to assume the possibility of the existence of a South African culture that comprises a unique cultural schema.

It is also necessary to acknowledge the extraneous factors, such as social desirability and acquiescence bias. These factors have the potential to sway results, as well as the prevalence of unequal group sizes.

Furthermore, although cross-cultural studies have been prevalent for many years, studies that address cultural perspectives on trauma and traumatic stress are exiguous. Thus, it is important to acknowledge that this is a new perspective into the study of culture and trauma. Stating that this finding is an accurate representation of the South African population would be considered as being precipitous. Therefore, it would be suggested that further research is conducted to explore these relationships in more detail before such statements are proclaimed.

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Chapter 3: Assessing the relative influence of variables on traumatic stress severity

Author note

Chapter 3 is intended for publication. This chapter represents Article 2 and addresses the second objective of the overall study: To explore and describe the relative influence of ethnicity, cultural classification, self-esteem and demographic variables on traumatic stress severity.

Chapter 3: Assessing the relative influence of variables on traumatic stress severity

In South Africa, research on traumatic stress severity is limited. It is evident that there are factors that influence traumatic stress severity; however, the specific nature of these factors and the extent of influence may only be speculated. Thus, the aim of this article is to assess whether factors such as culture classification, self-esteem, ethnicity and demographic variables influence traumatic stress severity levels in individuals who have experienced a traumatic event.

Results from the ANCOVA (n=197) indicated statistically significant effects among age, race and home language on traumatic stress severity, as well as a potential significant effect of culture classification on traumatic stress severity. Thus, these findings have suggested that White, English speaking participants, with a predominantly interdependent self-construal and between the ages of 21-30, were more likely to experience higher levels of traumatic stress severity than any other groups.

Keywords: age, culture classification, gender, home language, race, self-esteem

The experience of a traumatic event can alter the core beliefs and assumptions that individuals hold about the self (Scoglio, Rudat, Garvert, Jarmolowski, Jackson, & Herman, 2015). Traumatic stress has been a topic of considerable interest in psychology for over half a century. The refinement of knowledge, in traumatic stress, over the years has led to the exponential growth in the literature that is available today (Kaminer & Eagle, 2015; McGowan & Kagee, 2013). Although there is a noted growth in the research of this topic, it is still unclear what factors impact on and influence traumatic stress severity in individuals who experienced a traumatic event.

In South Africa, research on traumatic stress, leave alone traumatic stress severity, in itself is limited. Research that does exist focuses closely on relationships between traumatic stress and frequency of recurring traumatic events (Kaminer, Eagle, & Crawford-Browne 2016; McGowan & Kagee, 2013); symptoms of traumatic stress (Bantjes, Kagee, McGowan, & Steel, 2016; Scoglio et al., 2015) and the prevalence of posttraumatic stress in lay counsellors (Peltzer, 2012).

Therefore, it would seem that the influence of factors such as culture and culture classification, ethnicity, self-esteem and the potential influence of demographical variables on traumatic stress or traumatic stress severity has yet to be researched within a South African context. Thus, the aim of this article is to assess whether such factors influence or impact on the severity levels of traumatic stress symptomology in individuals who have experienced a traumatic event.

It is evident that there are factors that impact on traumatic stress severity but what they are and the extent to which they can influence the severity of stress can only be speculated. Tang (2009) suggests that the interaction and relationship between individual and environment/community is seen as a significant catalyst in the healing and coping process of an individual. Therefore, it can be assumed that culture impacts differently on the severity levels experienced by individuals in different culture classifications.

Pusaksrikit and Kang (2016) suggest that perceptions and views of the self in relation to others are seen as prominent aspects that categorises individuals in cultures. They continue to suggest that people in divergent cultures have notably different construals of the self (Pusaksrikit & Kang, 2016). These construals have an influence on the nature of an individual's experience including cognition, emotion and motivation (Pusaksrikit & Kang, 2016).

The views on the self differ from autonomous and unique in individualist cultures to being inextricably embedded with an intimate social network in the collectivist cultures (Pusaksrikit & Kang, 2016). While these self-construals are culturally encouraged, Pusaksrikit & Kang (2016) suggest that individuals display different tendencies towards the view of self in a culture. In many circumstances it is anticipated that people successfully negotiate through these experiences and overcome them adaptably (Pusaksrikit & Kang, 2016). However, in other circumstances, this process is hindered (Pusaksrikit & Kang, 2016). These hindered circumstances may result in the development of maladaptive coping mechanisms, various trauma related disorders and negative views on the self (Pusaksrikit & Kang, 2016).

A temporal meta-analysis of the Rosenberg Self-esteem scale found that the self-esteem levels of the American population (individualistic culture) have increased in recent years as opposed to Chinese and Japanese populations (collectivistic culture) which noted lower levels of self-esteem (Hamamura & Septarini, 2017). It is still unclear whether these trends reflect a shift in social ecology towards urbanisation or cultural history with regards to the norms of personal identity and self-esteem (Hamamura & Septarini, 2017).

Usborne and Taylor (2010) denote that knowing oneself and experiencing oneself as being clearly defined is commonly associated with positive self-esteem and psychological well-being. Thus, personal identity can be expressed as the extent to which one's self-beliefs are clearly and confidently defined, internally consistent and stable (Usborne & Taylor, 2010). It has been noted that low personal identity is associated with poor psychology adjustment. Therefore, it can be assumed that individual self-esteem could be a potential influencer to traumatic stress severity.

South Africa is culturally, linguistically, and ethnically diverse, embracing many cultures, customs, and eleven official languages (Johnston, 2015). However, the history of South Africa has been punctuated by the widespread racial political violence of apartheid, exposing a large proportion of citizens to primary and secondary traumatic experiences, such as physical and sexual assault (Atwoli, Stein, Williams, Mclaughlin, Petukhova, Kessler & Koenen, 2013). In the post-apartheid era, similar rates of violence have persisted, perpetuated by social inequity and economic disparity and a legacy of underinvestment in education and ethnicity impart such a significant role of the self on an individual (Atwoli et al., 2013). It can be assumed that they play a role in influencing severity levels in individuals.

The racial classification system adopted in South Africa has generated much discussion (Jackson, Williams, Stein, Herman, Williams & Redmond, 2010). Historically, the fluidity of racial identity is as evident in South Africa as the rest of the populated world (Jackson et al., 2010). Apartheid represented an era in which all South Africans were assigned at birth to a racial category; segregation in all areas of everyday life was formally institutionalised, and the legal and political rights of each citizen were directly tied to racial status (Jackson et al., 2010). As a result, a caste system emerged based on these clearly designated rankings (Jackson et al., 2010). Those classified as African were the worst affected by the Apartheid government's urban policy (Jackson et al., 2010). Not only were they settled in the most poorly serviced and peripheral townships in the urban areas, but they were subject to a systematic endeavour to prevent their urbanisation (Jackson et al., 2010). Although Apartheid officially ended in 1994, its legacy is evident in the marked racial stratification in South African occupational and educational systems (Jackson et al., 2010). Therefore, it can be assumed that race and ethnicity impart a role in influencing traumatic stress severity levels in South Africans, especially those who self classified themselves as African.

In a study by McGowan and Kagee (2013), in a South African sample ranging from ages 18-50, it was noted that young adults (21-30) of both genders and females (18-60) were prone to experiencing traumatic stress as they were more likely to experience more than one traumatic

event than any other group. However, previous research denotes mixed results when analysing data between younger adults and older adults (Mroczek & Almeida, 2004). Some perspectives suggest that older adults are less reactive when faced with stressors due to their greater impulse control and the experience gained with age that enables them to cope more effectively than younger adults (Mroczek & Almeida, 2004). However, the alternative perspective suggests that older adults are less equipped with the ability to cope with stressors and are more likely to suffer from anxiety, when faced with a stressor, than younger adults (Mroczek & Almeida, 2004).

Tang (2009) suggests that across countries, socioeconomic status and cultures research indicates that the prevalence of posttraumatic stress is higher in women than in men. According to Tang (2009), men report traumas less frequently than women. It may be assumed that men do not experience fear and helplessness as frequently as women do; however, it could be possible that men are more reluctant to admit to experiencing such emotions in adherence to the masculine stereotypes (Tang, 2009). In cultures where women have less power than men, one would expect to find women having higher rates of traumatic stress severity than in cultures which are more egalitarian (Tang, 2009).

Cultural norms negatively influence an individual's decision to report an incident, especially women (Tang, 2009). This may occur because of the concept of 'loss of face' that is prevalent in many collective cultures (Tang, 2009). In many collectivist cultures women are viewed as a beacon of honour and pride; they are viewed as the 'face' of the community (Tang, 2009). It can be assumed that women have been socialised to deal with any presenting adverse circumstances. Alternatively, it could be assumed that the reporting of such events is frowned upon as this could result in loss of face within the community. This would imply that demographic variables do influence and impact on traumatic stress severity levels.

Although it is evident that there are prevalent factors that influence the response to traumatic stress, the aim of this article is to explore and describe the relative influences of demographic variables, culture classification and individual self-esteem on traumatic stress severity.

Method

Participants

A total of n= 197 participants participated in this study. All the individuals were above the age of 18 and had experienced a traumatic event. Table 1 below provides a description of the sample used.

Table 3.1

Descriptive Statistics

Factor	Level	n	Percentage
Classification	Interdependent	104	53%
	Independent	93	47%
Gender	Male	73	37%
	Female	124	63%
Age	18-20	24	12%
	21-30	52	27%
	31-40	50	25%
	41-50	43	22%
	Above 50	28	14%
Home Language	English	39	20%
	Afrikaans	62	31%
	Xhosa	96	49%
Race	White	48	24%
	African	98	50%
	Coloured	51	26%

Instruments

A biographical questionnaire was administered to gather information about the individual relating to their age, gender, ethnicity and home language.

The HTQ has been adapted for a South African context. It was created by the Harvard Program in Refugee Trauma for two reasons: firstly, to obtain information about the actual events that have occurred and secondly, to assess DSM-IV symptoms and presumably culture-specific symptoms associated with PTSD (Shoeb, Weinstein, & Mollica, 2007). As this study focuses on symptom severity of posttraumatic stress, only section IV of the measure has been used. According to Hansen, Andersen, Armour, Elklit, Palic and Mackrill (2010), Section IV of this measure assesses both DSM-IV symptoms and culture-specific symptoms associated with PTSD. The use of the HTQ measure in this study achieved an alpha-reliability of .90.

The INDCOL was created by Hui (1988) based on the assumption that an individual's collective value is target specific (Getachew, 2011). This study uses the shortened version of the measure that was refined by Triandis (1995).

The scale consists of attitude items conceptualising individualism in terms of an individual's emphasis on self-reliance, competition, independence and emotional distance from in-groups; whereas collectivism is seen as emphasising family integrity, sociability and interdependence (Berry, Segall, & Kagitcibasi, 1997). For the purposes of this study, INDCOL is used to culturally classify the sample. In this study, the 16 items that focused on individualism achieved a Cronbach alpha of .68 and the 16 items that focused on collectivism achieved a Cronbach alpha was .83.

The RSES was created by Dr Morris Rosenberg to measure self-esteem based on reflections of respondents' current feelings of worth (Greenberger, Chen, Dmitrieva, & Farruggia, 2003). The measure was initially designed to measure the self-esteem of high school students (Greenberger et al., 2003). Since its development, the scale has been used with a variety of groups including adults, with norms available for many of those groups (Greenberger et al., 2003).

Among the many measures for assessing self-esteem, the Rosenberg Self-Esteem Scale (RSES) remains the most widely used measure (Schmitt & Allik, 2005). This measure has been previously used in a South African context. Westaway, Jordaan and Tsai (2015) have reported high levels of internal consistency ranging between .93 and .94. However, this study yielded a reliability of .60, post the exclusion of item 2, 3,4,6,8 and 10.

Procedure

After ethical clearance from the university's ethical committee had been received, participants were recruited and questionnaire packs were administered by the researcher. The researcher commenced each assessment session with an explanation about the research and obtaining written informed consent from each participant. All participants were given the opportunity to ask questions and seek clarity on concerns. After an explanation of the administration procedure, the HTQ and demographical questionnaire were administered by the researcher. This was followed by the participants' completion of the two self-report measures, namely, INDCOL and RSES. To protect the privacy of participants and ensure their anonymity, each questionnaire pack was assigned a code (e.g. 025) and all informed consent forms were detached from the questionnaire pack and stored separately.

Upon completion of data collection, all questionnaire packs were scored and captured by the researcher into a computerised database. All the data was made available to the statistician for analysis. Excel was the primary tool used to analyse the data.

Classifying participants

Participants were classified as either independent or interdependent through the use of the INDCOL Scale. The 32-item measure dedicates 16 items to each of these categories, namely independent and interdependent. Thus, each individual's response towards each of these categories was calculated and the higher scored between the two categories classified them into a group. To avoid any form of bias and labelling that could resemble stereotyping, individuals assigned themselves to an ethnic classification.

Results

The aim to explore and describe the relative influence of race, culture classification, individual self-esteem and demographic variables on traumatic stress severity was achieved by conducting a one-way ANCOVA. The p significance was computed at $p < .05$.

The one-way ANCOVA, computed in Excel, selected female as a base variable for gender, independent for culture classification, above 50 for age, coloured for race and Xhosa for home language. Furthermore, individual self-esteem was selected as the covariate. Self-esteem is the covariate because it is measured on the continuous scale; also, the reaction to traumatic events may vary based on an individual's personal self-esteem.

The ANCOVA results (tabulated above in Table 2) indicate that age and race have a relative influence on traumatic stress severity when controlling for individual self-esteem. While culture classification indicates the likelihood of influence, gender and home language failed to show an influence on traumatic stress severity at $p < .05$.

The results indicated that age, specifically the 21-30 group, has a statistically significant influence on traumatic stress severity when controlling for individual self-esteem, $p = 0.009$. This indicates that individuals between the ages of 21-30 are more likely to experience higher levels of traumatic stress severity as opposed to any of the other age groups and individual self-esteem may be a contributing factor towards finding.

Race, specifically White, shows a statistically significant influence on traumatic stress severity after individual self-esteem is taken into account, $p = 0.003$. This finding indicates that participants who identified themselves as being White are more likely to experience higher levels of traumatic stress severity as opposed to any other racial group. Furthermore, the results show that individual self-esteem may be a contributing factor to this finding.

Table 3.2

ANCOVA Results

Effect	Level of Effect	Coeff.	Std.Error	t	p
Intercept		33.374	7.328	4.554	0.000
Classification	Interdependent	-2.256	1.252	-1.801	0.073
Gender	Male	-0.922	1.320	-0.699	0.486
Age	18-20	-3.080	2.508	-1.228	0.221
	21-30	-5.616	2.118	-2.651	0.009
	31-40	-1.588	2.120	-0.749	0.455
	41-50	-1.126	2.179	-0.517	0.606
Race	White	-5.435	1.776	-3.060	0.003
	African	7.242	6.500	1.114	0.267
Home Language	English	2.254	6.340	0.355	0.723
	Afrikaans	7.526	6.596	1.141	0.255
Self Esteem	RSE.SUM	0.267	0.265	1.007	0.315

Home language and gender indicated no statistically significant influence on traumatic stress severity when controlling for individual self-esteem at $p < .05$. Thus, this denotes that home language preferences and gender classification do not influence traumatic stress severity when taking self-esteem into account.

Although culture classification denoted a non-significant p value, it does, however, hint at a potential influence at $p = .07$ when controlling for self-esteem. This potential influence indicates that there may be a possibility that culture classification may influence traumatic stress severity when controlling for individual self-esteem. These findings suggest that individual self-esteem may be a contributing factor for interdependent participants experiencing higher levels of traumatic stress severity.

The Scheffe's method was utilised as the post-hoc test. The post-hoc results (tabulated above in Table 3) revealed some variations to the ANCOVA results in Table 2.

Table 3.3

Post-hoc Results

Effect	Level 1	Level 2	M1	M2	p	Cohen's d
Intercept	-	-	35.567	-	0	
Classification	Independent	Interdependent	36.69	34.44	0.073324	0.24
Gender	Male	Female	35.11	36.03	0.485698	0.10
Age	18-20	21-30	34.77	32.23	1	0.28
	18-20	31-40	34.77	36.26	1	0.17
	18-20	41-50	34.77	36.72	1	0.21
	18-20	Above 50	34.77	37.85	1	0.34
	21-30	31-40	32.23	36.26	0.212423	0.45
	21-30	41-50	32.23	36.72	0.147858	0.49
	21-30	Above 50	32.23	37.85	0.087171	0.62
	31-40	41-50	36.26	36.72	1	0.05
	31-40	Above 50	36.26	37.85	1	0.18
	41-50	Above 50	36.72	37.85	1	0.12
Race	White	African	29.53	42.21	0.152836	0.35
	White	Coloured	29.53	34.96	0.007627	0.31
	African	Coloured	42.21	34.96	0.800053	0.20
Home Language	English	Afrikaans	34.56	39.83	0.013044	0.30
	English	Xhosa	34.56	32.31	1	0.06
	Afrikaans	Xhosa	39.83	32.31	0.766049	0.2116555

Age group 21-30, which was previously noted as statistically significant at p< .05, now shows a p-value of p= .0087 when compared to the above 50 group. Although it is not statistically significant, it still shows a hint of probability that age influences traumatic stress severity.

The post hoc results indicate that home language, which was previously non-significant, has a statistically significant influence on traumatic stress severity. This indicates that when compared to Afrikaans, English speaking participants are more likely to experience higher levels of severity, p= .013. This finding is further support by the Cohen's d that reported a medium size effect of d= .30. The occurrence of such a variance between the ANCOVA and

post hoc results for home language stems from the computing allocation of a home language base in the ANCOVA. Because Excel does not allow for self-selection of base variables, Xhosa was selected. Thus, the result showed a non-significant influence. However, if either Afrikaans or English were selected, the ANCOVA and post hoc results would have depicted similarly.

In terms of race, Table 3 reiterated the findings from the ANCOVA, with a medium size effect noted from the Cohen's d, d= .30. Thus, indicating that when compared to the coloured group, participants that identified as being White are more likely to experience higher levels of traumatic stress severity than any of the other racial groups in the study.

While gender still indicated no significant relationship, the post hoc results for culture classification reiterated findings from the ANCOVA, with a p-value of .007 and a small effect size of d= .24. This indicates that culture classification may have an influence on traumatic stress severity.

Table 3.4

Univariate Results

Effect	df	F	Sig.
Intercept	1	212.782	0.000
Classification	1	3.244	0.073
Gender	1	0.488	0.486
Age	4	2.552	0.041
Race	2	6.021	0.003
Home Language	2	4.233	0.016
Self-esteem	1	1.014	0.315

The Univariate results, tabulated above in Table 4, depict the prior analyses conducted at $p < 0.5$. Table 4 indicates that age, race and home language are statistically significant at $p < .05$. However, it also denotes that self-esteem is not statistically significant, p= .315. These findings, when compared with the other results, indicate that age, race and home language have a significant influence on traumatic stress severity. Although there is a hint of a possibility that self-esteem may have an impact on the severity levels among 21-30 year old, it is noted that these variables depict similarly across the ANCOVA and post hoc. Therefore, self-esteem is not a significant covariate of traumatic stress severity as there was no significant variation in the results. This implies that individual self-esteem does not impact on the severity levels post the exposure to traumatic stress.

To summarise the findings above, results from the ANCOVA have indicated that individual self-esteem does not influence traumatic stress severity and that independently classified White English speaking participants between the ages of 21-30 are more likely to experience higher

levels of traumatic stress severity as opposed to interdependently classified Coloured Afrikaans speaking participants between the ages of 21-30.

Discussion

When addressing the concept of trauma from a South African perspective, it is essential that the lens encompasses the historical perspective apart from the current circumstances. South Africa is a developing country with a history that is characterised by past constitutional racial segregation and exploitation in the form of apartheid that gave way to a non-racial democracy only in 1994 (Atwoli et al., 2013). This transition was achieved by a protracted liberation struggle, characterised by political violence and state-sponsored oppression (Atwoli et al., 2013). After apartheid, high levels of often criminal interpersonal violence continued, fuelled by rapid urbanization and ongoing socio-economic disparities, that resulted in a high level of trauma exposure (Atwoli et al., 2013).

The present study goes beyond previous South African work. Not only does it address the relationship of demographical variables on traumatic stress severity but it also explores and describes the relative influence that culture classification and individual self-esteem may have on traumatic stress severity.

An article by McGowan and Kagee (2013) denoted that among other variables, age, gender and race were significant predictors of posttraumatic stress severity, specifically young adults, gender, African and Coloured race among university students ranging between the age group of 18-50 years old. Although the current study yielded similarities to McGowan and Kagee's findings in some areas, it depicted vast variations in others.

Gender, a variable that reports significant findings in international studies (Tang, 2009) conducted on trauma and culture, including McGowan and Kagee (2013) in a South African sample, yielded no significant result in this study. Females generally exhibit stronger reactions to physical events than males (Tang, 2009). In most modern cultures women who identify with more traditional gender roles may perceive themselves as being more vulnerable (Tang, 2009). In addition to this, most perpetrators of physical abuse on women are men and violence against women can be a daily occurrence for many (Tang, 2009). It would, therefore, be assumed that this vulnerability would result in individuals subjected to such events, refraining from reporting the incident to others. This could explain why gender had no significant influence on traumatic stress severity. Another explanation for the non-significant impact could be gender socialisation. In traditional gender roles, aggression is often equated with masculinity and

therefore it is socially acceptable for a male to act out the pain of trauma; whereas women, on the other hand, are conditioned to be sensitive, passive and compliant (Tang, 2009). In cultures that would associate talking about traumatic events as weak, it would be assumed that men are conditioned to act out their aggression that has resulted from incidences instead of acknowledging it to others.

The ANCOVA analysis, in Table 2, indicated that age, specifically 21-30 years, significantly influences traumatic stress severity. Although beyond the scope of this article, McGowan and Kagee (2013) noted that young adults were more exposed to trauma. Thus, they were more likely to experience more than one traumatic event. This occurrence could have contributed towards the symptom severity reported.

Race, another independent variable that yielded significant results in this study, varied from McGowan and Kagee (2013) findings. This study indicated that the White racial group experienced higher levels of traumatic stress severity when compared to the African and Coloured racial groups. The difference in the two studies is a result of the racial sample selected as McGowan and Kagee chose a sample of African, Coloured and Asian as opposed to this study excluding the Asian sample and including the White sample. Furthermore, Sharma and Sharma (2010) stated that race-minority categorisation has been observed to affect individuals' perceptions of stress and ability to cope. This could also possibly explain why the White racial group computed significantly as opposed to a race-majority such as African.

Language is seen as the initial source of ethnic identity that is taken from a demographic perspective (Fishman & Garcia, 2010). Home language data plays a crucial role in the definition and identification of population groups in a multicultural society (Fishman & Garcia, 2010). With there being eleven official languages in South Africa and three prominent languages in the Eastern Cape, namely English, Afrikaans and Xhosa, it would seem evident that language would have an impact on the findings. Although a statistical significance was yielded for English, it is important to note that only 19.8% of the sample indicated English as their home language; as opposed to 31.5% that indicated Afrikaans and 48.7% that indicated Xhosa as their home language. Therefore, it can be assumed that a measure administered in English could have led to different results. It could further explain why only the English language depicted an influence on traumatic stress severity in this study.

Smith and Silva (2011) alluded to the existence of culture specific schemas that form the basis of how individuals shape the self across different cultures. These schemas reflect how individuals organise their behaviours, preferences, thoughts, feelings and personality in various ways. These schemas allow cultures to differentiate from others and portray unique attributes.

Although the existence of cultural schemas is clearly seen in the distinct culture classification in this study, the findings did not return a statistical significance when culture classification was compared on traumatic stress severity.

This can be construed in two ways depending on how these results are interpreted. If this result is seen as not significant, then it can be assumed that these cultures have overlapping schemas for experiencing a traumatic event or as a country South Africans, having a history of trauma, have developed and adopted a culture for dealing with traumatic events psychologically. However, if this result is noted for the potential towards being statistically significant at p=.07, it can be assumed that there are other factors that could have impacted on this result. One such factor could be language, Elmes (2013) states that language and culture are intertwined as they represent the social assemblage of practices and beliefs that determine the texture of life; it, in a sense, symbolises a key to the cultural past of a society. Thus, it can be assumed that the language limitation mentioned above could have possibly influenced the outcome of these results.

Group memberships and social identities become salient in traumatic circumstances (Tang, 2009). Studies have shown that appraisal of traumatic events is fundamentally related to group membership (Grullon, 2012). Furthermore, Grullon (2012) states that the subsequent categorisation and identification of the self and others as a group member results in the formation of a social identity. This process of identification indicates that people develop a degree of buy-in into groups that belong to and that this buy-in can be motivated by self-esteem concerns (Grullon, 2012). Because it provides a basis from which group members can access and benefit from social support, social identity can play a major role in protecting group members from adverse reactions to trauma (Grullon, 2012). This could explain the non-significant effect between individual self-esteem and traumatic stress severity. However, there are other perspectives that could explain this result, taking into account South Africa's violent history; it could be assumed that the concept of devalued social identity could be prevalent. Sharma and Sharma (2010) mention that the membership in a socially devalued group signifies a vulnerable or threatened social identity which may provoke adverse psychological and social responses. Alternatively, it could be assumed that the multicultural interaction in South Africa could have resulted in a non-congruent self-structure in individuals. It could allude to the possibility of conflict between the actual-self and the ideal self or even the actual-self and the ought-self which results in self-discrepancies (Sharma & Sharma, 2010). Such discrepancies were visible in the scoring of the RSES. The RSES was selected as the self-esteem measure due to its ability to measure individual self-esteem. This measure has been popular and reliable

in many international studies (Oladipo & Kalule-Sabihi, 2014; Robins, Hendin, & Trzeshiewski, 2001; Schmitt & Allik, 2005) and recently used in South Africa (Westaway, Jordaan, & Tsai, 2015). However, it has been noted that there were several incongruences with the results of this measure. To place this into perspective, if we focus on item 1 (I feel that I am a person of worth, at least on an equal plane with others) and item 5 (I feel I do not have much to be proud of) from the RSES, one would concur that item 1 would reflect positively and item 5 would reflect negatively. However, this study yielded different results with 44% of individuals reflecting positively on item 1 and 49% reflecting positively on item 5 as well. Therefore, one could assume that many individuals lack the ability to effectively comment on their level of self-esteem and this could have contributed to the outcome.

In order to address this result holistically, factors such as social desirability and acquiescence bias need to be considered as influencing factors. According to Grullon, (2012), social desirability is defined as reporting information that represents oneself in a more favourable manner. It can be assumed that the self-discrepancies between actual and ideal self have resulted in individuals answering the questionnaire pack that would reflect who they should be instead of who they are.

Acquiescence bias may also affect the results. Defined as agreeing or disagreeing with the majority of statements, may account for differences between ethnic groups such that individuals who identify with certain ethnic groups may also be more likely to over- or under-endorse certain items (Grullon, 2012).

Conclusion

Traumatic stress has been a topic of considerable interest in psychology for over half a century. Although there is a noted growth in the research of this topic, it is still unclear what factors impact and influence traumatic stress severity in individuals post experiencing a traumatic event.

In an attempt to provide some clarity to this uncharted terrain, this article aimed to explore and describe the relative influence of demographic variables, culture classification and individual self-esteem on traumatic stress severity, using a South African sample. To achieve this aim, ANCOVA was utilised to statistically analyse the data. Results from the ANCOVA indicated statistically significant effects among age, race and home language on traumatic stress severity; as well as a potential significance of culture classification on traumatic stress severity. Thus, these findings have suggested that White, English speaking participants, with

a predominant interdependent self-construal and between the ages of 21-30 were more likely to experience higher levels of traumatic stress severity than any other group.

Conceptualising the view of the self and understanding its relative influence on others, experiences and environments is never a simple task; this could explain the multiple variations in findings reported across numeral studies. Although cross-cultural studies have been prevalent for many years, studies that address cultural perspectives on trauma and traumatic stress are exiguous. Thus, it is important to acknowledge that this is a new perspective into the study of culture and trauma. Stating that this finding is an accurate representation of the South African population would be considered as being precipitous. Therefore, it would be suggested that further research be conducted to explore these relationships in more detail before such statements are proclaimed.

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Chapter 4: Assessing the impact of ethnicity on culture classification in a multi-cultural context

Author note

Chapter 4 is intended for publication. This chapter represents Article 3 and addresses the third objective of the overall study: To explore and describe whether ethnicity is a variable that predicts classification into interdependent and independent cultural groups according to the Individualism Collectivism Scale

Chapter 4: Assessing the impact of ethnicity on culture classification in a multi-cultural context

The relationship between ethnicity and culture has been debated continuously over time. It is evident that ethnicity and culture are variables that are commonly researched. However, their impact on each other is one that has been scarcely addressed. Thus, the aim of the article is to assess whether ethnicity is a variable that can predict culture classification into independent and interdependent cultural groups through the use of the INDCOL scale. A total of n= 197 individuals across African, Coloured and White ethnic groups agreed to participate in this study by answering a questionnaire pack consisting of a biographical questionnaire and the INDCOL scale. Although the INDCOL scale did classify participants into cultures, the chi-square results indicate that ethnic identity did not hold exclusively to one culture classification. However, the varying home language preferences in cultures hint at a possibility of varying ethnic identities within each of the ethnic groups.

Keywords: ethnicity, ethnic identity, culture

It is evident that natural and manmade disasters are an inescapable part of the human experience. These traumatic events accompanied by sufferings are part of the human experience. In many circumstances it is anticipated that people successfully negotiate through these experiences and overcome them (Pusaksrikit & Kang, 2016). However, in other circumstances, the ability to negotiate traumatic events successfully is hindered (Pusaksrikit & Kang, 2016). These circumstances may develop maladaptive coping mechanisms, various trauma related disorders and negative views on the self (Pusaksrikit & Kang, 2016).

It is more often postulated that a positive view of the self results in positive mental, physiological and psychological functioning. Individuals with a strong sense of ethnic identity tend to have higher levels of self-esteem (Umana-Taylor, Diversi, & Fine, 2002). Furthermore, those who display high levels of self-esteem are often believed to function better, in comparison with those with lower levels of self-esteem that project distress and at times, depression (Umana-Taylor et al., 2002).

The cultural environment in which the self develops has a substantial impact on the social behaviours of individuals (Willis, 2012). Perceptions and views of the self in relation to others are seen as prominent aspects that categorise individuals in cultures. People in divergent cultures have notably different construals of the self; these construals have an influence on the

nature of an individual's experience including cognition, emotion and motivation (Hudson, Walker, Simpson, & Hinch, 2013; Sung & Choi, 2010). The views of the self differ from autonomous and unique in individualist cultures to being inextricably embedded with an intimate social network in the collectivist cultures (Hudson et al., 2013; Sung & Choi, 2010). These self-construals encouraged individuals to display specific behaviours that are akin to the culture that they have self-affiliated with. One such measure of this affiliation is ethnicity (Hudson et al., 2013).

The relationship between ethnicity and culture has been debated over time. Both of these factors, although incorrectly utilised interchangeably, possess the ability to uniquely influence and shape the social identity of individuals that are akin to them (Hickling, 2012). Divergent ethnic backgrounds that exhibit an array of attitudes, values and norms, reflect the cultural heritage of those individuals that have self-affiliated towards it (Williams & Deutsch, 2016).

The meaning of ethnicity is commonly grounded in the cultural characteristics of a particular group (Hickling, 2012). The norms, values, attitudes and behaviours that are typical of an ethnic group are transmitted across generations (Hickling, 2012). While it has been commonly reported that ethnicity and culture are subjectively ascribed characteristics, race has been criticised for its biological grounding and arbitrary application as an externally assigned classification (Hickling, 2012). Ethnicity comprises three related components (Jimenez, 2010). The first of the three is noted as ancestry; it entails common descent or kinship (Jimenez, 2010). The second entails the culture, symbols and practices around which ethnicity unites and that epitomises group belonging (Jimenez, 2010). Thirdly, history is seen as a collection of events that form a narrative that is shared with others and passed down through generations (Jimenez, 2010). Because the line between history and culture is so thin, ethnicity relies on interpretations of history more than a verifiable historical record (Jimenez, 2010).

Ethnic identity can be described as an affiliative construct, where an individual is viewed by others and themselves as belonging to a particular ethnic or cultural group (Barth, 1998; Trimble & Dickson, 2005; Vertovec, 2014). Because the distinction between ethnic identity and racial identity are not intuitive, it warrants attention (Smith & Silva, 2011). Smith and Silva (2011) suggest that racial identity refers to the unique experience of a specific racial group, such as African American, while ethnic identity characterises one's sense of self in broader terms including culture, race, language, or kinship (Smith & Silva, 2011). Ethnic identity focuses on the notion of self-identification, whereas racial identity incorporates the influence of societal oppression illuminated through the paradigm of anti-racism (Smith & Silva, 2011).

Although ethnicity and culture are variables that have been researched (Hickling, 2012; Jimenez, 2010), their impact on each other is one that has been scarcely addressed. Minimal research exists, internationally and especially within a South African context, addressing ethnicity's ability as a variable to predict culture classification. Research that does exist states that, in a South African context the White racial group is traditionally regarded as individualistic therefore associating with the independent self-construal (Adams, van de Vijver, de Bruin and Bueno Torres, 2014). Whereas the African and Coloured groups traditionally are regarded as collectivistic, therefore associating with the interdependent self-construal (Adams et al., 2014). However, the degree of relevance of the individualism-collectivism framework within a South African context is debatable. Adams et al. (2014) suggest that groups may vary in terms of cultural, linguistic, social and religious aspects, implying that individuals are more likely to fall somewhere on the continuum in terms of relation orientation. However, a distinct classification of an entire group being designated as a single classification is debatable (Adams et al, 2014).

Therefore, the aim of this article is to explore and describe whether ethnicity is a variable that can predict the classification, of individuals that have experienced a traumatic event, into interdependent and independent cultural groups through the use of the Individualism Collectivism Scale (INDCOL).

Method

Participants

A total of n= 197 participants participated in this study. All the individuals were above the age of 18 and had experienced a traumatic event. Table 1 below provides a description of the sample used.

Table 4.1

Descriptive Statistics

Factor	Level	n	Percentage
Classification	Interdependent	104	53%
	Independent	93	47%
Gender	Male	73	37%
	Female	124	63%
Age	18-20	24	12%
	21-30	52	27%
	31-40	50	25%
	41-50	43	22%
	Above 50	28	14%
Home Language	English	39	20%
	Afrikaans	62	31%
	Xhosa	96	49%
Race	White	48	24%
	African	98	50%
	Coloured	51	26%

Instruments

A biographical questionnaire was administered to gather information about the individual relating to their age, gender, ethnicity and home language.

Developed by Hui (1988), the INDCOL scale is based on the assumption that individuals' values, specifically collectivistic values, are target-specific. The implication is that individuals' behaviours would vary depending on the target of interaction, in such a way that the closer the target is to the person, the more collectivistic the behaviours are.

According to Hui and Yee (1994), research into the factor structure of the INDCOL could not support or confirm the six-factor solution, but a five-factor solution emerged that comprised the following:

(a). Colleagues and friends/supportive exchange (CF) - Items relating to this factor referred to issues of intimacy, sharing, and interdependence among work colleagues and friends (Hui & Yee, 1994);

(b). Parents/consultation and sharing (PA) - Items pertaining to this factor focused on a person's readiness to discuss and consult with parents on personal issues, as well as the

willingness with which one share ideas, knowledge, and material resources with parents (Hui & Yee, 1994);

(c). Kin and neighbours/susceptibility to influence (KN) - Items relating to this factor focused on the influence exerted by relatives, kin and neighbours that influence an individual's attitudes (Hui & Yee, 1994);

(d). Parents and spouse/distinctiveness of personal identity (PS) - Items pertaining to this factor analyse the degree of differentiation between the individual and parents, with an emphasis on communal relationships and shared honours between the two (Hui & Yee, 1994);

(e). Neighbour/social isolation (NE) - Items relating to this factor describe the casual relationships (or lack thereof) an individual has with neighbours (Hui & Yee, 1994).

Therefore, this 32-item Likert scale consists of attitude items conceptualising individualism in terms of individuals' emphasis on self-reliance, competition, independence and emotional distance from in-groups (Berry, Segall & Kagitcibasi, 1997); whereas collectivism is seen as emphasising family integrity, sociability and interdependence (Berry, Segall & Kagitcibasi, 1997). For the 16 items that focused on individualism (e.g. I am a unique individual) the alpha coefficient was .68 and for the 16 items that focused on collectivism (e.g. I would sacrifice an activity that I enjoy very much if my family did not approve of it) the alpha coefficient was .83. Although designed to measure the four dimensions of individualism and collectivism, the intended purpose of use in this study, is to explore whether ethnic identity and association (ethnicity) can predict culture classification.

Procedure

After receiving ethical clearance from the university's ethical committee, participants were recruited and questionnaire packs were administered by the researcher. The researcher commenced each assessment session with an explanation about the research and obtaining written informed consent from each participant. All participants were given the opportunity to ask questions and seek clarity on concerns. After an explanation of the administration procedure, the demographical questionnaire was administered by the researcher. This was followed by the participant's completion of the INDCOL. To protect the privacy of participants and ensure their anonymity, each questionnaire pack was assigned a code (e.g. 105) and all informed consent forms were detached from the questionnaire pack and stored separately.

Upon completion of data collection, all questionnaire packs were scored and captured by the researcher into a computerised database. All the data was made available to the statistician for analysis. Excel was the primary tool used to analyse the data.

Classifying participants

To avoid any form of bias and labelling that could resemble stereotyping, individuals assigned themselves to an ethnic classification. Participants were classified as either independent or interdependent through the use of the INDCOL Scale. The 32-item measure dedicates 16 items to each of these categories, namely independent and interdependent. Thus, each individual's response towards each of these categories was calculated and the higher scored between the two categories classified them into a group.

<div align="center">

Results

</div>

The aim to explore and describe whether ethnicity is a variable that can predict the classification, of individuals that have experienced a traumatic event, into interdependent and independent cultural groups through the use of the INDCOL Scale was achieved by conducting a chi-square analysis. The p significance was computed at p< .05.

Table 4.2

Ethnicity and Culture classification

		Classification		
		Interdependent	Independent	Total
Ethnicity	White	23	25	48
	African	57	41	98
	Coloured	24	27	51
Total		104	93	197
Chi²(d.f. = 2, n = 197) = 2,265; p = .322				

Table 2 depicts the results between ethnicity and culture classification. No statistically significant association was noted at p<.05 in Table 2. This indicates that ethnicity cannot be deemed as a variable that can predict culture classification. Furthermore, although through the use of the INDCOL scale ethnicity did predict classification, the non-significant result suggests that ethnicity as an independent variable could not classify an ethnic group into a single culture. This is clearly noted in Table 2. While White and Coloured show minimal inclination to a

culture, African shows signs of inclining towards the interdependent classification. However, the vast number of participants that have classified as independent need to be accounted for.

Home language is considered to play such a pivotal role in ethnicity as it reflects the mode of communication that is harnessed by a particular ethnic group (Elmes, 2013). Thus, a chi-square analysis was conducted to analyse whether it could have been a contributing factor.

Table 4.3

Home Language and Culture Classification

| | | Classification | | |
		Interdependent	Independent	Total
Home Language	English	19	20	39
	Afrikaans	29	33	62
	Xhosa	56	40	96
Total		104	93	197

Chi²(d.f. = 2, n = 197) = 2,343; p = .310

The results depicting the association between home language (a key aspect of ethnicity) and culture classification are tabulated in Table 3. Although Table 3 has depicted a non-statistically significant association, at p<.05, between home language and culture, it has indicated that language is not indigenous to a specific culture classification or ethnic group.

Table 4 tabulates a summary of the association between ethnicity and culture and further illuminates the non-specific nature of home language preferences. Although the INDCOL did classify participants into cultures, these results indicate that ethnic identity did not hold exclusively to one culture classification –as seen in Table 4. However, the different home language preferences in cultures hint at a possibility of varying ethnic identities within each of the ethnic groups. These varying ethnic identities may have contributed to the split classification.

Table 4.4

Summary Table

Race			Classification		Total
			Interdependent	Independent	
White	Home Language	English	8	12	20
		Afrikaans	15	13	28
	Total		23	25	48
African	Home Language	English	1	1	2
		Xhosa	56	40	96
	Total		57	41	98
Coloured	Home Language	English	10	7	17
		Afrikaans	14	20	34
	Total		24	27	51
Total	Home Language	English	19	20	39
		Afrikaans	29	33	62
		Xhosa	56	40	96
	Total		104	93	197

Discussion

The aim of this article was to explore and describe whether ethnicity is a variable that can classify participants into either a collectivistic or individualist culture using the INDCOL scale.

Before discussing the possible contributing factors towards these results, it would be essential to provide an understanding of the 'traditional' classifications. Ideally, such studies display findings that tend to focus on groups or nationalities that share a single language, culture and similar racial dispositions. Furthermore, these groups of people are likely to be indigenous to that country and thus harness the vast majority of the population. Ultimately, these studies focus on countries that cannot be deemed as multicultural in any given context. Therefore, Asian Japanese-speaking individuals would most likely fit the traditional culture classification of collectivism. Similarly, the European English-speaking individual is more

likely to classify as an individualist. However, what these studies fail to take into account is the difference that could possibly exist between the Asian Japanese-speaking, Asian Chinese-speaking and the Asian Korean-speaking individual. Although these countries share similar racial dispositions, the element of language is one that has not been accounted for within ethnic and cross-cultural studies.

Thus, it would be deemed fitting for South Africa to deviate from the traditional classifications considering the cultural and ethnic diversity that constitutes this multicultural context. This population consisting of Whites, Africans, Coloureds and Indians is what makes South Africa so diverse. The African population alone, in this country, consists of four major ethnic groups that speak nine of the official eleven languages (Adams et al., 2014). It is therefore evident that individuals of these diverse cultures and ethnicities come into contact more frequently than they would per say in a cross-border study. Barth (1998) indicates that when different cultures interact, they tend to alter their norms, values and patterns in order to reduce the differences in cultures and promote interaction among cultures. Furthermore, it is assumed that language variations are known to create a substantiate ethnicity which then reflects on the self (Noels, 2014). Therefore, to assume that a White English speaking individual would classify as independent or an African Xhosa as interdependent would be impetuous.

It is evident that the results found in this study deviate from what is traditionally expected. One way to explain this would be to consider the possibility of South Africans having an affiliative ethnic identity. An affiliative ethnic identity develops from an elastic connection between culture and ancestry (Jimenez, 2010). It is defined as an identity that does not depend on the claims of ancestry, rather on knowledge, consumption and deployment of ethnically linked symbols and practices or ethnic culture (Jimenez, 2010). An affiliative ethnic identity suggests that individuals are no longer confined to their own ethnic ancestry when forming an ethnic identity (Jimenez, 2010). This implies that South Africans, not being confined to their own ethnic ancestry, can build an ethnic identity by learning from other cultures and ancestries that they come into contact with. So for instance, African Xhosa- speaking individuals can adapt their ethnic identity to encompass traditional aspects of a White culture.

Although adopting an affiliative identity seems to be a fitting analogy of such a diverse country like South Africa, ethnic processes such as assimilation and ethnicity hybridity should be considered as well.

Assimilation may appear to be multi-directional affiliative ethnicity on a larger scale (Jimenez, 2010). However, while affiliative ethnic identity depends on recognisable ethnic

distinctions, assimilation essentially takes place when two or more groups (such as White, Coloured and African) become more alike until ethnic distinctions are unnoticeable (Jimenez, 2010). It is postulated that affiliative ethnic identity is possible only because there are symbols and practices widely recognised to be associated with particular ethnic groups (Jimenez, 2010). In contrast to this, assimilation occurs when aspects of culture that were once 'marked' as distinct ethnic features transcend towards becoming 'unmarked' features of the mainstream (Jimenez, 2010). To place this into perspective Jimenez (2010), states that assimilation enables individuals to become more similar to a mainstream and as a result they are able to change the mainstream in the process. Whereas, within an affiliative ethnic identity, individuals distinguish themselves from a mainstream by drawing on a culture linked to marked ethnic categories (Jimenez, 2010). Assimilation is hinting at the possibility that the key ethnic properties within each of the ethnic groups have become so similar that it has resulted in ethnic groups sharing key elements. In a sense, it is suggesting that South Africans have merged ethnic properties in order to appear similar to each other; this is why they do not classify into a single culture classification.

Jimenez (2010) states that ethnic hybridity is an ethnic process that involves the mixing of different ethnic cultures. Recent research on immigrant assimilation in urban centres has identified the hybridisation of ethnic culture among second generation youth, who combine elements from their own ethnic ancestry with the multiple ethnic cultures that are vibrant in the milieus that they navigate through (Jimenez, 2010). The resulting hybrid or 'cosmopolitan' culture allows the second generation to remain ethnically authentic while projecting the qualities that garner them respect from peers (Jimenez, 2010). While hybridity involves combining cultures to create something new, affiliative ethnic identity relies on the enactment of culture associated with another ethnic ancestry (Jimenez, 2010). Any alteration would make such an identity no longer affiliative, but something altogether different (Jimenez, 2010). Hybridity suggests that as South Africans we may have combined all of the ethnic cultures that are prevalent in South Africa to create a new one, alleviating all sense of previous ancestry or history. This analogy may be far-fetched for a South African context.

Taking into account the rich history and ancestry that South Africans have and also acknowledging the growth of South Africa as a country, it is the opinion of the researcher that it seems more likely that South Africans have adapted affiliative ethnic identities rather than assimilated or hybrid ones.

Conclusion

The aim of this article was to explore whether ethnicity is a variable that can predict culture classification into individualistic and collectivistic cultural groups. Through the use of chi-square analysis, it was determined that South Africa did not imitate the traditional representation of culture classification. The findings indicated that there was no statistically significant association between ethnicity and culture classification, therefore suggesting that ethnicity is not a variable that can classify individuals into cultural groups. Furthermore, a chi-square analysis indicated that language was not an element that was exclusive to a particular ethnic group as Whites and Coloureds shared home language preferences. This further implies that ethnicity alone cannot predict culture classification is South Africa. However, what these findings did indicate was that ethnic groups did not incline towards a single cultural group, as they would traditionally in other countries. Instead, they are shown to classify within both; that is, each ethnic group comprised a percentage of people that classified as an individualist and a percentage that classified as a collectivist. This gives reason to believe that there may be a possibility that South Africans have adapted towards having an affiliative ethnic identity rather than a traditionally ethnic one based purely on their own ancestry. Furthermore, this implies that the concept of an ethnic group may differ in a South African context.

Furthermore, what is important to take note of, is that ethnicity's impact on culture classification is a fairly un-ventured topic in South Africa. Although this study did uncover some perspectives about the ethnic identity and cultural links of South Africans, stating that these findings are an accurate representation of the South African population would be considered as being precipitous. Therefore, it would be suggested that further research be conducted to explore these relationships in more detail before such statements are proclaimed.

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Chapter 5: Conclusion, Limitations and Recommendations

Author note

The following chapter is not intended for publication. This chapter provides the reader with a summary of the findings from the quantitative study where n=197 participants who have experienced a traumatic event were administered a questionnaire pack containing a biographical questionnaire, HTQ, INDCOL and RSES. This section also includes the limitations experienced and future recommendations for research.

Chapter 5: Conclusion, Limitations and Recommendations

Chapter review

This treatise follows an article format; therefore each article has addressed an aim of the overall study. However, because this is still a treatise it is essential that the relationship among all these findings is acknowledged. Thus, the aim of this chapter is to provide an overview of the findings of all three articles and to amalgamate these findings to provide an understanding of the impact and relationship among them. To follow will be a brief reiteration of the findings in all three articles, followed by how they impact on an association among each other. This will be followed by the limitations experienced and recommendations for further research.

Findings from the articles

It is accepted that culture influences the symptom expression of PTSD, but the dynamics of how this happens was unclear. It has been postulated that differences in PTSD severity between independent and interdependent cultures may exist because of the differential influence of individual self-esteem. While minimal international research exists in this regard, none addressed the issue of self-esteem and the cultural element of independent vs interdependent specifically and to the knowledge of the researcher, no similar South African research exists.

Ethnicity is a term that is occasionally used interchangeably with culture and often race (Black, White, Coloured and Indian) becomes the only measured construct supposedly referring to culture. In this study, individuals were classified as independent and interdependent based on their responses to a measure and not on the basis of their racial or ethnic self-identification. To fully explore the phenomenon of cultural influences, it was important to explore whether individuals group into independent or interdependent as a function of ethnicity.

Therefore this study aimed to explore whether individual self-esteem influenced traumatic stress severity differently in Individualistic and Collectivistic cultures. Three objectives, each represented in their own article, formed the context within which this primary aim was illuminated. Below are the findings from each of these articles:

Article one utilised independent t-tests to compare independent and interdependent cultural groups on traumatic stress severity. A returned p-value of .244 indicated that there was no statistically significant difference between the cultural group's severity levels towards traumatic stress.

Article two utilised ANCOVA to analyse the influence of individual self-esteem, culture classification and demographic variables on traumatic stress severity. The findings indicated that age, race and home language are statistically significant a p<.05. Although not noted as a statistically significant finding, culture classification did show probability of possibly being a factor that influences traumatic stress severity. Furthermore, the results from the ANCOVA have indicated that individual self-esteem does not influence traumatic stress severity and that independently classified White English-speaking participants between the ages of 21-30 are more likely to experience higher levels of traumatic stress severity as opposed to interdependently classified Coloured Afrikaans-speaking participants between the ages of 21-30.

Article three utilised chi-square to analyse whether ethnicity is a variable that can predict classification into independent and interdependent cultural groups. The results for this article indicated no statistically significant association at p<.05 between culture classification and ethnicity/race. This indicates that ethnicity cannot be deemed as a variable that can predict culture classification. Furthermore, although through the use of the INDCOL scale, ethnicity did predict classification, the non-significant result suggests that ethnicity as an independent variable could not classify an ethnic group into a single culture, namely independent or interdependent. Because home language is considered to play such an essential role in ethnicity, a chi-square analysis was conducted to analyse whether it could have been a contributing factor. Although the findings have depicted a non-statistically significant association at p<.05 between home language and culture, these findings indicated that home language is not indigenous or exclusive to a specific culture classification or ethnic group in South Africa.

Integrating the findings

Culture classification

Culture is a prominent variable that features throughout all three articles as it plays a key role in providing cognitive and affective components that ultimately contribute towards the structuring of the self. Article three indicated that South Africans can be classified into cultural groups. However, the interesting find from this article is that cultural groups are not exclusively reserved for a particular ethnic group. This could imply that cultural schemas are viewed differently in ethnic groups.

Traumatic stress severity

Traumatic stress severity can be considered, along with culture, as a key variable in the overall study. Traumatic stress severity is not a common variable that is used in international and national studies, focusing on psychological trauma. Thus, very little is known about the contributing factors towards symptom severity levels of individuals who have experienced a traumatic stressor. Therefore, article two plays a pivotal role in identifying independent variables that are likely and unlikely to influence symptom severity levels in South Africans.

While indicating that age (21-30), race (coloured) and home language (English) are statistically significant influencers, gender and individual self-esteem were noted as variables that were least likely to influence symptom severity levels. What is important to note is that although Article one has indicated that being classified as independent or interdependent has no statistical significance on symptom severity levels experienced, Article two noted that, with a p-value of .07, there could be a possibility that culture classification may have an influence on traumatic stress severity. Although these findings have noted a statistically non-significant association, it is worth mentioning the hint of possibility as this allows us to look at culture's impact through two lenses.

The view of self

Another key focus of the study, the view of the self, has presented some variations from trends that are commonly seen in international research. Assuming that a White English-speaking (ethnic group) individual would predominantly harness an independent self-construal, thus emulating the schemas of an individualistic culture may be fitting for a European country; and assuming that an African native-speaking individual would predominantly harness an interdependent self-construal, thus emulating collectivistic cultural schemas may be fitting for other African countries - as these countries share common ancestry, linguistics and similar racial dispositions.

The diverse presence of various interacting ethnicities and culture is what separates South African studies from all others. It is also a factor that explains why culture and ethnicity cannot be used as interchangeable concepts. Although individual self-esteem did not present as an independent variable which impacts on traumatic stress severity, the results from Article two noted a degree of uncertainty that was present during the self-reporting on the RSES. This was clearly shown in the scoring of the measure. To place this into perspective, if we focus on item 1 (I feel that I am a person of worth, at least on an equal plane with others) and item 5 (I feel I do not have much to be proud of) from the RSES, one would concur that item

1 would reflect positively and item 5 would reflect negatively; however, this study yielded different results with 44% of individuals reflecting positively on item 1 and 49% reflecting positively on item 5 as well; therefore, describing a sample that reflected uncertainty with regard to the way they see themselves.

Limitations

The lack of NGOs' participation was one of the major limitations experienced. It is further deemed as the contributing factor that led to the change in sampling technique utilised to acquire a sample for this study. This limitation further led to the administration of all the questionnaire packs being administered, by the researcher, in English; this factor could have contributed in any skewed findings. Secondly, the sensitivity of the topic deterred many from participating, regardless of the ethical measures utilised to ensure anonymity and privacy.

Recommendations

Although cross-cultural studies have been prevalent for many years, studies that address cultural perspectives on traumatic stress severity and self-esteem are exiguous. Thus, it is important to acknowledge that this is a new perspective into the study of culture, self-esteem and trauma. Stating that these findings are an accurate representation of the South African population would be considered as being precipitous. Therefore, it would be suggested that further research be conducted to explore these relationships in more detail using a larger sample size and different measures for the constructs, especially for individual self-esteem. Further studies could include an Indian sample in order to obtain a representative sample of this diverse country.

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Appendices

Appendix A: Informed Consent Form

Name	Contact number	Reference number
Romisha Singh	0765289826	H14-HEA-PSY-008

I _____ hereby give consent to participate in a study that is aimed at investigating whether individual self-esteem influences traumatic stress severity differently in cultures.

I understand that an interviewer will ask me questions about the symptoms that I may be experiencing after my traumatic event. I understand that I will be asked to answer questions about my self-esteem and my culture.

The following points have been explained to me:
1. My participation is entirely voluntary and I can choose to withdraw at any given time.
2. My identity will not be revealed under any circumstances to anyone.
3. Should any of the questions cause me distress, the researcher will refer me to a professional for assistance.
4. I understand that if I choose to withdraw from participation, or if I refuse to participate, my decision will have no influence on the treatment that I am receiving at the organization.
5. I understand that there are no tangible (physical) benefits for my participation.
6. I have been given an opportunity to ask questions.
7. If I am not comfortable with using my name on the consent form, I can use my initials.

NAME	DATE	SIGNATURE

WITNESS NAME	DATE	SIGNATURE

Appendix B: Written Information given to Participant and Organisation

Faculty of Health Sciences

Nelson Mandela Metropolitan University

Tel: +27 (0)41 504-2330

E-mail researcher: romisha.singh@nmmu.ac.za

Date :

Reference number: H14-HEA-PSY-008

Contact person: Romisha Singh

Dear Participant,

You have been asked to take part in my research that is aimed at gaining an understanding of how culture classification may affect the influence of individual self-esteem on traumatic stress.

If you agree to participate in this study, you will be asked to complete a questionnaire pack containing four (4) questionnaires namely: a biographical questionnaire: for general statistical purposes; Harvard Trauma Questionnaire (HTQ): Interview checklist that measures the severity of the traumatic stressor that the participant has experienced; Individualism Collectivism Scale (INDCOL): 32-item scale that determines the cultural classification (whether the participant falls within an individualist or a collective culture); Rosenberg Self-Esteem Scale (RSES): 10-item scale that is aimed at assessing the positive and negative feelings of the self.

The total estimated time needed to complete the questionnaire pack would be roughly between 15-20 minutes. If at any time you feel the questionnaires are becoming too stressful, you have the right to withdraw from participating in the study and in no way shall you be penalized. Participation is VOLUNTARY; this means that no-one may force you to take part in this study.

The information that you provide us with will remain confidential. The participants will in no way be identifiable in any written documentation.

If any questions arise about the questionnaire pack, please feel free to ask.

It is important to note that no individual feedback will be given to participants, a generalized copy of the findings will be made available for, on request at your Organization.

Yours sincerely,

Miss Romisha Singh   Mr Kempie van Rooyen

RESEARCHER   SUPERVISOR

Dr D. Elkonin

HEAD OF DEPARTMENT: PSYCHOLOGY

Appendix C: Questionnaire Pack

Interviewer:		Date:	D	D	M	M	Y	Y	Y	Y	Participant code

CHECKLIST				
Ethics	Study Explained		Consent form signed	
Done by tester	Demographic variables		Harvard Trauma Questionnaire (HTQ)	
Self-report	Individualism Collectivism Scale (INDCOL)		Rosenberg Self-esteem scale (RSES)	

Section A: Demographic Variables

Please place an X in the block that is most applicable to you.

1) GENDER

MALE	FEMALE

2) AGE IN YEARS   DATE OF BIRTH: [YYYY/MM/D]

18-20	21-30	31-40
41-50	51-60	ABOVE 60

3) RACE /ETHNICITY

WHITE	BLACK	COLOURED	INDIAN
Other:			

4) HOME LAGUAGE(s) (if more than one rate them from most frequently spoken to least)

ENGLISH	AFRIKAANS	XHOSA
OTHER:		

5) TRAUMA EXPERIENCED

The Traumatic event experienced: _____

When did it happen: _____

The HTQ measure has been removed from this document due to intellectual property rights.

Individualism Collectivism Scale (INDCOL)

Please respond to the statements using the following scale: Place a checkmark on the blank

next to your answer:

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	One should live one's life independently of others.					
2	If a relative where in financial difficulty, I would help within my means.					
3	Before taking a major trip, I consult with most members of my family and many friends.					
4	I enjoy being unique and different from others in many ways.					
5	Without competition, it is not possible to have a good society.					
6	Some people emphasize winning; I am not one of them.					
7	Children should be taught to place duty before pleasure.					
8	I like my privacy.					
9	Winning is everything.					
10	It is important to maintain harmony within my group.					
11	I would sacrifice an activity that I enjoy very much if my family did not approve of it.					
12	We should keep our aging parents with us at home.					
13	What happens to me is my own doing.					
14	When another person does better than I do, I get tense and aroused.					
15	I like sharing little things with my neighbours.					
16	I usually sacrifice my self-interest for the benefit of my group.					
17	My happiness depends very much on the happiness of those around me.					

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
18	I am a unique individual.					
19	It annoys me when other people perform better than I do.					
20	The well-being of my co-workers is important to me.					
21	I would do what would please my family even if I detested the activity.					
22	Children should feel honoured if their parents receive a distinguished award.					
23	I feel good when I cooperate with others.					
24	Competition is the law of nature.					
25	When I succeed, it is usually because of my abilities.					
26	I hate to disagree with others in my group.					
27	To me, pleasure is spending time with others.					
28	It is important that I do my job better than others.					
29	I prefer to be direct and forthright when discussing with people.					
30	I enjoy working in situations involving competition with others.					
31	I often "do my own thing."					
32	If a co-worker gets a prize, I would feel proud.					

Rosenberg's Self-Esteem Scale

Place an "X" on the option that is most appropriate to you

Please answer all the questions

	STATEMENT	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
1	I feel that I am a person of worth, at least on an equal plane with others.				
2	I feel that I have a number of good qualities..				
3	All in all, I am inclined to feel that I am a failure.				
4	I am able to do things as well as most other people.				
5	I feel I do not have much to be proud of.				
6	I take a positive attitude toward myself.				
7	On the whole, I am satisfied with myself.				
8	I wish I could have more respect for myself.				
9	I certainly feel useless at times.				
10	At times I think I am no good at all.				

Thank you for you participation and your time…..

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