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Stuck in the Trauma Story: The Construction and Consequences of Narrative Liminality in a Domestic Violence Center in Cape Town, South Africa

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"If you want to know me, then you must know my story, for my story defines who I am. And if I want to know myself, to gain insight into the meaning of my own life, then I too, must come to know my own story." (McAdams)

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Introduction

With tears streaming down her cheeks, Terry looked me in the eye and said *"In the groups people always talk about the abuse. I understand that women who are just getting here need to do that (tell their stories), but I can't anymore. I've been sad, I cried a lot. Now I need to move on. I don't want to talk about the abuse anymore."*

Her words illustrated a challenge I observed throughout the Sandra Bateman Center, a domestic violence shelter for women and children in Cape Town, South Africa. In this setting, many women described and embodied a sense of stuckness that emerged through the process of telling and retelling their trauma story. Storytelling is said to be healing. What conditions cause a person, community, or country to get stuck in the trauma story?

Background: *My interest in healing narrative*

During my freshman year of college, I became involved in a group called New Beginnings. The program brings women in a resettlement program, transitioning home from prison, together with a small group of college students to engage in weekly arts activities. Before participating in New Beginnings, I took a course that analyzed the U.S. prison system within a human rights framework, critically considering the social justice issues associated with incarceration.

The social issues discussed in class were brought to life by the women's stories shared in New Beginnings. The group employed a variety of art activities; song, dance, drawing, and writing. Regardless of the art form, the women repeatedly said that they wanted to be heard. Their personal stories revealed that this urge to be heard was rooted in past experiences of trauma. Although the women were perpetrators of crime, the majority were also victims of violence. Eighty percent of women in prison have experienced trauma, often in the form of

sexual, physical or emotional abuse (Covington, 2002). Trauma commonly results in a variety of internalizing and externalizing behaviors; depression, anger, isolation, and self-harm. Women often use coping mechanisms, for example drug use, to numb the symptoms of trauma. Illustrating the casual connection between trauma and incarceration, drug use is the leading cause of female incarceration. Therefore, trauma, drug use, and incarceration, are interconnected phenomenon for women in the US prison system.

As victims of trauma, women are again silenced by the prison system. In the current prison health system, survivors of trauma rarely have the opportunity to verbally process their history of abuse. Instead, medication is often used as quick fix, a cheap alternative to therapeutic services. The personal stories women shared in New Beginnings, detailing childhood abuse, abusive adult relationships, and debilitating drug abuse, illustrated this causal chain of events. For the students and women, New Beginnings became a safe community to share stories, feel validated in our life experiences, and envision dreams for a different future. For many, this was the first time they emerged from the social or institutionalized silence to share their story.

After facilitating and participating in New Beginnings for two years, I spent the spring of my junior year studying abroad in Cape Town, South Africa. Prior to my semester in South Africa, I was ignorant about much of the country's history and politics. I knew the well-known facts; the country's history of apartheid and recent Truth and Reconciliation Commission (TRC). During apartheid, South Africa was violently divided along colored lines for over forty years. In the 1990's, the TRC revolutionized the international community's concept of healing and forgiveness by encouraging public narrative as a means to reveal and mend the individual and national apartheid atrocities.

Upon arriving in Cape Town, I soon learned that South Africa was gaining a reputation as the capital of gender based violence. After the violent rape and murder of a sixteen year old girl in one of Cape Town's bordering townships, the University of Cape Town held a protest on campus. As a student for the semester at UCT, I was witness to the thousands of students, faculty and staff who gathered to protest the rising trend of violence against women in the country. The Vice-Chancellor, the main speaker at the protest, encouraged each person to look first to their right, and then to their left, and acknowledge that with the current statistics, one in three will be raped. I'd heard the statistic before, but as I looked at the young women standing on either side of me, the number became a reality. I felt sick to my stomach as the scope of the violence set in. I couldn't hide from the nauseating feeling that it could be any of us, and the odds show it would be at least one of us.

Living in Connecticut, and working with previously incarcerated women through New Beginnings, I knew that gender-based violence was prevalent. However, I had acknowledged the problem in relation to specific populations; previously incarcerated women, or the periodic story featured on the news. Looking at the women to my right and left, I could no longer ignore the true prevalence of violence against women in South Africa, Connecticut, and internationally.

Gender based violence is a problem that cuts across countries and cultures. However, in South Africa, the rate of violence against women is increasing. The co-existence of "reconciliation" and increasing rates of violence against women was perplexing. I grew interested in the way that storytelling continued to be used in present day South Africa, now in the context of increasing gender based violence. Were there organizations that worked with women to facilitate the process of narrative and healing? What were the important components to make narrative "healing" in the South African context? In the face of rising violence, did women

believe healing is possible? My experience with New Beginnings, taught me that story could be used as a tool to create community and initiate the healing process. In my early months as student in Cape Town, I held the hypothesis that storytelling could be used as a tool to empower survivors of trauma, specifically gender based violence, to engage in healing and educate the public.

Significance

The history of healing narrative in South Africa

Storytelling and personal testimony was the central method of the South African Truth and Reconciliation Commission (TRC). The TRC was initiated by parliament in 1995 under the Promotion of National Unity and Reconciliation Act (Ross, 2003). The Commission held the dual goals of healing and forgiveness, on the national and individual level. To achieve this goal, the TRC was divided into three committees; The Human Rights Violations Committee, The Reparation and Rehabilitation Committee, and the Amnesty Committee. Internationally the TRC is widely considered a success, often used as a model for implementing public hearings for restorative justice.

Individual storytelling was the core of South Africa's public hearing method. The healing power of story was said to be two fold; national and individual. Illustrating this drawn connection, the Truth and Reconciliation Report reads "By telling their stories, both victims and perpetrators gave meaning to the multilayered experiences of the South African story . . . In the (South) African context, where value continues to be attached to oral tradition, the process of storytelling was particularly important" (Report, Volume One: 112). The report emphasizes that stories told "gave meaning", but on an individual basis and personal scale, what does "meaning" connote in the context of the TRC? In it's purpose, title, and drawn conclusions, the political meaning of the TRC emphasized healing and forgiveness. In a personal reflection, Desmond

Tutu, the chairperson of the TRC, concluded "many who came to the commission attested afterwards to the fact that they had found relief, and experienced healing, just through the process of telling their story" (Tutu, 1999). Tutu not only states that the TRC achieved its outset goal, but draws a direct connection between the simple act of telling one's trauma story and healing.

These anecdotal accounts are questioned by multiple theorists, who challenge the relationship between storytelling and healing in the context of the South African Truth and Reconciliation Commission. Fiona Ross, author of *On Having Voice and Being Heard: Some after-Effects of Testifying Before the South African Truth and Reconciliation Commission* argues that as a political and public hearing, testimony for the TRC often became synonymous with recounting violence (Ross, 2003). This focus on violence emphasizes the role of the person telling their story as either a victim or perpetrator. For the victim, the value of their personal story rests on their ability to relive their trauma, and garner public and political sympathy. In this act of storytelling, the individual's identity is rooted in their experience of trauma, reifying their position as a victim.

In the context of public, political testimonies, as constructed by the TRC, the personal stories told raise two ethical questions. On an international level, stories of trauma are often commodified to render national and international support. In response, the truth of an individual's testimony is questioned due to the relationship between the trauma narrative and political goals. Christopher Colvin is a researcher who conducted fieldwork on healing during and after the TRC in South Africa in 1999 (Colvin, 2000). He identified the theme of the commodification of personal stories as portrayed by his interviewees. In his article, *Shifting Geographies of Suffering and Recovery: Traumatic Storytelling after Apartheid,* Colvin explains

that the commodification of the trauma narrative stems from national and international interests. The South African government demanded trauma narratives, a call which was underscored by political intent. The news repeatedly recounted these stories as the international community became fascinated with the personal accounts of suffering. Author Teresa Philips describes the dramatization of the personal narrative in the context of the TRC as "civic theatre", as individuals re-enact their trauma for public audiences (Philips, 2004). This pattern of commodifying individual's trauma story is mirrored in Erica James's article *Ruptures, Rights and Repair: The Political Economy of Trauma in Haiti*. James explains that, in Haiti, personal stories of trauma were used as performances of suffering in order to garner international aid. In Haiti and South Africa, trauma narratives, designed to promote healing, were commodified and used for complex purposes including international aid, and national politics.

In the context of political intent, people often question the "truth" of the personal narratives. In Haiti, women were accused of dramatizing and changing their story of suffering to gain sympathy and increased international aid (James, 2010). During South Africa's TRC, personal stories were used to bring public awareness and political justice to the apartheid atrocities. Therefore, those who told their stories of suffering for the TRC were called "victims," and were encouraged to frame their narratives according to this construct (Villa-Vicencio,1999). However, due to the experience of trauma, individual's memory of their experience is often not linear, and can both consciously and sub-consciously change over time. The burden of truth is placed on the "victim" sharing their trauma story. Additionally, women testifying for the TRC were only invited to share the stories of their male family members. Trauma suffered by women was not considered within the political scope of the TRC (Ross, 2003). The gendered nature of the TRC eliminated the possibility of portraying truth by eliminating half of the population's

experience. Additionally, without female testimony, only males were deemed worthy of healing. The political purpose, audience, and context of narrative influenced the stories told and "truthful" nature of public testimony, consequently shaping the potential for individual healing.

For many who testified, the TRC was the only forum to express their experience of trauma. Within the structure of the TRC, individuals were encouraged to share their trauma story, but there was no therapeutic follow-up or ongoing forum to process the personal testimonies that were shared. This lack of continuity and follow up is another component of the TRC that minimizes the possibility for individual healing through story. Debbie Kaminer, a prominent psychologist in Cape Town, wrote her doctoral dissertation on the fulfillment of the TRC's dual goals; psychological healing and national reconciliation. Within her research, Kaminer emphasized the role of continuity in the healing process. Testimony, with its inherent emphasis on memory, asks that individuals remember and recount their past trauma. Without the opportunity to further process the trauma narrative, this act of testimony could be harmful rather than healing (Kaminer, 2005).

Given the competing interests and short-term nature of the Truth and Reconciliation Commission, as discussed by Ross, Colvin and Kaminer, healing and forgiveness may have begun, but individuals and the nation continue to grapple with the project of healing.

Gender-based violence in South Africa

Rates of gender-based violence in South Africa illustrate that the country is still struggling with a culture of disparity, violence and patriarchy. The United Nations identified gender based violence as one of the most prominent problems in post-apartheid South Africa. (United Nations Division for the Advancement of Women, 2005) A recent article written by Michelle Faul of the Huffington Post, reports that South Africa has the highest rates of gender

based violence in the world, including domestic violence. Faul's data is drawn from the primary research of Rachael Jewkes, a member of the South African Medical Research Council (Faul, 2013). Domestic violence, also termed intimate partner violence (IPV), is defined by the World Health Organization as "any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in that relationship" (WHO, 2012). In 2010, a legal source stated that one in three women will be raped, and one in four will be assaulted by an intimate partner each week (http://divorceattorneys.wordpress.com/tag/domestic-violence-act/, 2012). The domestic violence murder rate in South Africa is approximately double that of the United States (Faul, 2013).

Many academics and individuals argue that there is a causal connection between South Africa's history of apartheid and the high rates of domestic violence seen there in the present day. Armstrong, author of *Rape in South Africa: An Invisible Part of Apartheid's Legacy,* reasons that, "the erosion was engineered by the authorities when they broke down communities and moved people, and tore them away from their roots" (Armstrong, 1994). Other theories include expressions of stress, anger, and loss of power related to the poverty, unemployment, and resource shortage instigated by the racial segregation of apartheid (Jewkes et al, 2002). The normalization of violence as a part of everyday life is another theory that draws a connection between apartheid and gender based violence (Jewkes et al, 2002).

In South Africa, domestic violence is an issue that affects families of all backgrounds. Helen Moffett, a psychologist based in Cape Town, explains "I received distress calls not only from women living in townships or ghettos, but from the wives of professional men living in Cape Town's exclusive suburbs: I listened to women who had been sexually assaulted or beaten not only by gangsters, illiterates alcoholics and unemployed men, but by ministers of religion,

teetotalers, university professors, doctors and lawyers" (Moffett,2006). Through her own professional experience, Moffett illustrates that gender based violence is an issue that transcends race, class, and economics in South Africa. So then what is the root cause of the problem? What is leading to rising rates of domestic violence in post-apartheid South Africa?

Internationally and within in South Africa, domestic violence is connected to the struggle for power and control. Hannah Ardent, a prominent writer, theorizes that violence is used in the perceived absence of power. Individuals initiate violence, in a variety of contexts, to regain power and control (Arendt, 1996). Based on qualitative and quantitative research conducted in multiple South African provinces, researchers Jewkes and Abrahams reason "Rape, like domestic violence, is both a manifestation of male dominance over women and an assertion of that position" (Jewkes et al, 2002). They also emphasize that domestic violence is a struggle for power and control.

Domestic violence was formally linked to the struggle for power and control in 1984 by the Domestic Abuse Intervention Project (DAIP), based in Duluth, Minnesota. DAIP interviewed survivors of DV/IPV and those still living in abuse (www.theduluthmodel.org, 2011). Recognizing common themes expressed in the testimonies, DAIP created the Power and Control Wheel as a model for illustrating and understanding the dynamics of IPV. The model illustrates how various methods of violence are used to achieve power and control. The tactics that contribute to power and control include using: coercion and threats, intimidation, emotional abuse, isolation, male privilege, economic abuse, children, and minimizing, denying and blaming (www.theduluthmodel.org, 2011). The core of the problem, power and control, support Jewkes and Abraham's discussion of patriarchy and dominance in South Africa.

South Africa has a long history of patriarchy, as reflected in the gendered nature of the TRC testimonies. However, in the aftermath of apartheid, South Africa developed one of the most progressive constitutions (Maitse, 1998). Attempting to ground the country in equality, the constitution placed an emphasis on the rights of women. The Domestic Violence Bill, passed in 1998, was the first time the South African government recognized domestic violence as an illegal act (Maitse, 1998). Also in 1998, the government passed the Domestic Violence Act 116, which obligated the police force and legal system to enforce women's rights (http://divorceattorneys.wordpress.com/tag/domestic-violence-act/, 2012). The attempt to improve conditions for women may have had the opposite effect. As power was redistributed through policy, the patriarchal state was challenged. When power is threatened, dominant groups often turn to violence as a tool to maintain power (Arendt, 1996).

The new constitution, in theory, created opportunities for women to participate in the public sphere including; access to education, employment opportunities, and equality in the home. However, many feel that the rights outlined in the constitution created a tension between the public and private sphere. Fearing a loss of power and changing social structure, men used violence to reestablish their superior status at home and in the public sphere. Moffett describes the cause and effect of power, control, and violence in South Africa as "a devil's bargain"; as women gain access to jobs and education they are experiencing increasing violence in the home as men work to maintain superiority (Moffett, 2006). This power dynamic is not unique to South Africa. Laura Zimmer-Tamakoshi writes about the relationship between development and domestic violence in Papa New Guinea. She argues that although domestic violence is prevalent in both developed and developing countries, developing countries reflect higher rates of domestic violence because women are often gaining economic and social independence

(Zimmer-Tamakoshi, 1999). In the case of Papa New Guinea, domestic violence is used to intimidate and terrify women, deterring them from increased independence. Zimmer-Tamakoshi explains that it is hard to fight for equal rights when women are busy preserving their basic rights. Illustrating this phenomenon in South Africa, Moffett provides the example of a senior male member of government who supported the committee on the Improvement of Quality of Life and Status of Women. Simultaneous to his involvement on the committee, he openly asserted "democracy stops at my front door" (Moffett, 2006). His actions in the private sphere do not reflect his public statement of support for women's rights. As seen in South Africa and Papa New Guinea, violence is used to reassert women's position as subversive.

Moffett's quote is emblematic of the lack of political support for the women's rights outlined in the constitution. Among the public there is minimal awareness about the Domestic Violence Act (Nasikye and Shackleton, 2010). There is debate about whether this "lack of awareness" is cultural, social or political. Are people unaware, uninformed, or in disagreement with the statement that domestic violence is illegal? Highlighting the political nature of inactivity, the Huffington Post released the statement, "There is evidence that victims reported cases of domestic violence to police or social workers, but their pleas for help fell on deaf ears or they were told to resolve the matter with their partners" (huffingtonpost.com, 2013). The United Nations similarly reported that interviews revealed multiple testimonies of women who sought out legal or healthcare support for experiences of domestic violence in South Africa and were denied. It is clear that on various levels, the domestic violence act is not being upheld.

In his article *We Are Still Struggling: Storytelling, Reparations and Reconciliation after the TRC*, Colvin explains that the TRC claimed to heal South Africa through public storytelling,

yet the country continues to battle socio-economic disparity, racism, domestic violence, and residual trauma. Colvin's point is evidenced by rising rates of domestic violence in South Africa.

Due to my experience with New Beginnings, I firmly believed in the healing nature of storytelling. Applying this same principal to the South African context, I chose to research how storytelling might be used as a healing intervention for survivors of domestic violence, particularly in light of South Africa's history of narrative in the TRC. Women were voiceless during the TRC, and further isolated by experiences of gender based violence in post-apartheid South Africa. I envisioned that storytelling could give voice to those who were socially and politically silenced, allowing women experiencing domestic violence to regain a sense of personal agency. I also hoped that, through hearing the women's stories, I would gain insight into the context and complexities of gender based violence in South Africa

Literature Review: Trauma and Narrative Healing

Domestic Violence as a form of Trauma

Given the complex nature of domestic violence, many professionals seek to understand how individuals experiencing an abusive relationship internalize and externalize the consequences of ongoing DV. Psychiatrist and researcher Judith Herman, author of *Trauma and Recovery: The Aftermath of Violence - from Domestic Abuse to Political Terror*, is a leading expert on trauma theory and pathways to recovery. In her research and writing, Herman discusses domestic violence as a form of trauma. Identifying similarities between war survivors and victims of domestic violence, she argues that both experiences often result in post traumatic stress disorder (PTSD) (Herman, 1997). In recent years, further research has been done to explore the casual connection between domestic violence and PTSD. A study done with battered women in domestic violence clinics in Los Angeles concluded that between 70 and 80% of women who endured domestic violence also displayed symptoms of PTSD (Houskamp and Foy, 371).

Domestic violence is studied as a form of trauma. As such when considering recovery, it is important to understand the emotional, psychological, and physical consequences of trauma.

The American Psychological Association defines trauma as an emotional response to a terrible event. Within the context of domestic violence, the "terrible event" is acts of violence between family members, as defined by the healthcare resource Futures Without Violence (futureswithoutviolence.org, 2014). The "event" of family violence causes the emotional response of trauma. The DSM IV diagnostic criteria further elaborates upon this definition of trauma, associating PTSD with recurrent recollections, and avoidance of stimuli associated with the trauma. This can include "efforts to avoid thoughts, feelings, or conversations associated with the trauma…feelings of detachment or estrangement from others…a sense of a foreshortened future" (DSMIV: appendix E).

Research reveals that domestic violence as a form of trauma is complicated in numerous ways. Highlighting two of these complexities, researchers Houskamp and Foy explain "Domestic violence against women, however, has been a more controversial area by virtue of the extended period of time over which such violence may occur and the complex family dynamics that may be less characteristic of other trauma victims' experience" (Houskamp and Foy, 373). Domestic violence is a form of complex trauma because women commonly experience domestic violence over the course of an extended period of time, the abuse can be multi-faceted, and the perpetrator is a relative or intimate partner.

The family dynamics associated with domestic violence are complex (Houskamp et al, 1991).Emotional, physical and psychological trauma is relational; inflicted through interpersonal interaction and consequently shapes an individual's relationship with self and others. Domestic violence is particularly devastating because the perpetrator is someone intimately known by the

victim. The human sense of self is rooted in relation to others. Herman further elaborates, "They (perpetrators of domestic violence) shatter the construction of the self that is formed and sustained in relation to others" (Herman, 51). As seen in the power and control wheel, this is done through controlling an individual's relationship with family and friends, ensuring isolation. Without outside relationships, the perpetrator can control their victim's sense of self, using isolation as a strategy to impose low self-esteem.

An individual's sense of self is closely associated with their self-esteem. Many victims of domestic violence are told by their perpetrator that they are not good enough, they deserve the abuse inflicted. This is another tactic to assert control and achieve emotional degradation and dependency. The aftermath of such trauma, as described by Herman, "Their self-esteem is assaulted by experiences of humiliation, guilt, and helplessness" (Herman, 56). Lacking trust in self and others, many victims of domestic violence pull inwards, withdrawing from social and personal relationships, achieving the goal of the perpetrator. This withdrawal often causes emotional and social isolation.

The emotional consequences of trauma can also often have physical manifestations. Shearer-Cremean and Winkelman author's of *Survivor Rhetoric: Negotiations and Narrativity in Abused Women's Language,* describe the physical expressions of trauma as a frozen state, involving a silencing of the senses. Each of these characteristics, emotional, psychological, and physical, reflect the outlined criteria of PTSD. Stemming from the self erosion, isolation, and silence of chronic trauma, many victims are unable to tolerate the emotional and physical consequences of domestic violence, and therefore mentally separate themselves from what is experienced as an unbearable reality.

Narrative healing

Various techniques have been used to initiate trauma recovery among survivors of domestic violence including: journal writing, music, performance, and storytelling. Storytelling, clinically termed narrative healing, is commonly used in trauma recovery as a method to reengage the senses, reconstruct self-esteem and identity, and establish communication and community. Considering the power of story as a healing intervention, many of the core components of narrative stand in direct opposition to the tactics of domestic violence that are outlined in the Power and Control Wheel. Storytelling allows an individual to connect with others, overcoming isolation. Through verbalization and connection, individuals are able to understand the gravity of their experience, dispelling minimization and self-blame. Story can be used to connect with one's children. Additionally, seen as a strengths based model, story can re-instill a sense of self that was eroded through emotional abuse.

The therapeutic benefits and importance of storytelling and narrative are widely researched. Susan Brison, a survivor of rape, published the book *Aftermath: Violence and the Remaking of a Self*. In discussing her own recovery process, Brison makes a connection to the literature on healing among Holocaust survivors. She references the work of Dori Laub, who argued "telling their story, narrating their experiences of traumatic events, has long been considered – atleast since Freud and Janet – to play a significant role in survivors' recovery from trauma" (Brison, 68). This focus on narrative in trauma recovery has permeated modern psychology. Shearer-Cremean and Winkelman, explain "Most trauma-focused psychotherapies centre on the importance of telling one's story" (Shearer-Cremean and Winkelman, 23).

The fields of anthropology and psychology explore the benefits of telling one's trauma story. In anthropology, data often comes in narrative form, opening a window into the life story of the population or person being studied (Mattingly and Garro, 2000). When working in a

therapeutic or medical setting, patient narratives provide the clinician with a better understanding of the events and circumstance that created the current psychological situation for that patient. Garro and Mattingly, anthropologists and authors of *Narrative and Cultural Construction of Illness and Healing*, write about "how narrative from healers and patients serve to illuminate aspects of practices and experiences that surround illness but might not otherwise be recognized" (Mattingly and Garro, 5). Narrative can be used as a tool to aid in diagnosis and understanding, but in recent years it has also been employed in various settings as a healing technique.

In the field of psychology, Freud was an early explorer of narrative, outlining the role story plays in the healing process. To understand how narrative, rooted in personal story, allows and encourages healing, it is important to define story, and the healing components and stages associated with narrative intervention. Story is the underlying event, which is recounted through narrative (Mattingly and Garro, 2000). Narrative is constructed as individuals actively choose the pieces of their story that they feel are important to share. In speaking the narrative to others, narrative becomes an act of sharing. Narrative is relational, allowing an individual to connect with themselves and their audience. Furthermore, narrative challenges the individual to explore the past, critically considering how it shapes the present and informs the future (Garro, 2000). The core components of narrative directly intercede with the erosion of memory, identity, self, and relationship caused by trauma, specifically domestic violence.

Remembering and Forgetting

For those who suffered trauma, memory manifests itself in various ways for different individuals. As discussed earlier, memory is often intrusive for people suffering from PTSD. Intrusive memory is often experienced as flashbacks and recurrent dreams. In an effort to escape such haunting recollections, others actively avoid trauma memory. In their book, *Narrating Our*

Healing: Perspectives on Working through Trauma, Van der Merwe and Gobodo-Madikizela explain "the pressure to avoid trauma is the single most pervasive individual and cultural response to traumatic circumstances" (Van der Merwe and Gobodo-Madikizela, 25). Similarly, Herman describes the human urge to banish trauma from consciousness (Herman, 1997). Forgetting is associated with denial, repression and dissociation, allowing the silencing of the senses. Additionally, there is often pressure from society to forget traumatic memories. Survivors are commonly encouraged to move on, leave the past in the past. Yet, many psychologists and survivors argue that it's difficult to move on if you haven't recovered or reintegrated the past into current memory.

The dynamic draw between remembering and forgetting is known as the double bind or dialectic of trauma (Herman, 1997). People are often torn internally and by society between these two divergent acts. Despite the urge and pressure to suppress memories and sensations of trauma, there is also a need to talk through the past. Van der Merwe and Gobodo-Madikizela explain, "Victims want to forget because remembering reopens the wound of trauma; at the same time, they want to remember because silence is unbearable" (Van der Merwe and Gobodo-Madikizela, 32). For those who have experienced domestic violence, silence and memory is further complicated. Many victims are intimated to keep silent by their perpetrator, concealing the abuse. Additionally, cultural definitions of domestic violence vary, making it difficult to identify in many communities.

Considering the process of healing from trauma, it is important to explore the role of memory as individuals recover from past traumas. Narrative is a disruption of silence, and is associated with memory. Telling one's story brings to consciousness experiences and events that may have been buried in the pursuit of forgetting. Intrusive memory and forgetting are passive,

often experienced as a loss of control. In a supportive context, narrative becomes an active decision. Narrative can be empowering when the individual decides how and where they are willing to share memories. From her own experience with the narrative act of remembering, Brison explains, "traumatic memories feel as though they are passively endured, narratives are the result of certain obvious choices" (Brison, 54).

Victims are taught by their perpetrators and or community to not acknowledge the abuse, forget their experience, or that their experience doesn't constitute abuse. This makes the act of remembering and retelling all the more important. Narrative can be seen as an active way of regaining control of one's memory, and recognizing the perpetrators actions as wrong. Through narrative, trauma survivors can transform their relationship with their trauma memory. Herman describes, "Remembering and telling the truth about terrible events are prerequisites both for the restoration of the social order and for the healing of individual victims" (Herman, 1). In theory, individuals are able to reclaim their own humanity, and establish a connection to and control over their own life story. As a conscious act of remembering, individuals are able to use narrative to integrate the experience of past trauma into a larger life story.

Community, audience, witness

Narrative provides an avenue for human connection. As discussed earlier, trauma is relational. Similarly, narrative is inherently relational. Narrative requires an audience, providing a witness or witnesses to the act of telling one's story. Brison explains "In order to construct self-narratives we need not only the words with which to tell our stories, but also an audience able and willing to hear us and to understand our words as we intend them" (Brison, 51). Yet, the audience or witness can take many different forms, influencing the questions that are asked, how the narrative is formed, and the way in which the story is heard. For example, for those who have

experienced trauma, the initial audience will often be medical professionals or lawyers. This setting, and the expectations and goals associated with the professional field, guide the narrative that is told. Medical professionals or lawyers often focus on the physical, visible manifestations of the trauma. The goals' of the audience creates a distinction between narrative and healing narrative.

Many theorists and professionals argue that healing narrative requires an empathetic listener (Brison, 2002). An empathetic audience is often constructed through group interventions. In such settings, the act of narrative can be healing for the both the teller and the audience. The experience of trauma, specifically domestic violence, is commonly associated with self-blame, guilt, and silence. Witnesses are able to discover self-empathy by hearing aspects of their own story told through another's narrative. In theory, survivors are able to become angry for themselves by first getting angry for others (Brison, 2002).

Through this process of group sharing, many survivors of trauma discover that they are bound by a common humanity. The healing nature of group narrative has been studied within many story based intervention programs. Discussing the relational benefits of narrative among trauma survivors, Christopher Colvin, author of *We Are Still Struggling: Storytelling, Reparations and Reconciliation After the TRC,* explored the way that narrative techniques allow for human connection in various therapeutic settings in post-apartheid South Africa. Colvin emphasizes "When explaining why they find it therapeutic, some describe the feeling of having a 'weight off my chest' after storytelling. Others say that storytelling gives them a chance to 'cough out' what has been bothering them. Most, however, explain that they appreciate the chance to tell their story to people who have shared similar experiences" (Colvin, 2000). The

acknowledgement of commonalities and the development of relationships are the core healing components of narrative in a group setting.

Focusing on one specific story based intervention program, Undine Kayser, an anthropology student in South Africa, studied narrative healing groups among trauma survivors at the Institute of Memories in South Africa. Kayser concluded that storytelling was a process of reopening wounds in order to allow for cleansing and healing. Discussing the group dynamics she observed, Kayser explains "the idea of framing the speaking of memories as storytelling is then directly aimed at the release of such emotions through a collective process of narrating life-experiences"(Kayser, 2011). As a collective process, narrative allows trauma survivors to discover that they are not alone, and that they are not at fault. This reduces the burden of self-blame and isolation. Uncovering similarities and overlap among the stories, trauma survivors are able to reconstruct their own identity in relation to others. Van der Merwe and Gobodo-Madikizela explain "When we come together to narrate our traumatic experiences, we invite others not only to listen to what we have to say but to journey with us as we "re-find" ourselves and re-find the language that has been lost" (Van der Merwe and Gobodo-Madikizela 27). This phenomenon points to the connection between narrative, community connection, and identity construction.

Identity and self-esteem

A sense of self and identity is constructed during childhood. An individual's identity is usually evolved and solidified by adulthood. Yet, as discussed in the literature on trauma, abuse causes a disruption in the sense of self (Shearer-Cremean, 2004). Given the connection between narrative and memory, the telling of a survivor's personal story can be employed to reconstruct the past, providing consideration and potential healing for the individuals current identity.

Considering the relationship between trauma, narrative and self, Van der Merwe and Gobodo-Madikizela explain "Narrating traumatic memory therefore can be understood as a piecing together of a dismembered self, an attempt at re-mastering traumatic memory" (Van der Merwe and Gobodo-Madikizela, 28). This process of piecing together a sense of self is intimately intertwined with memory and community connections.

A number of organizations and programs working to initiate healing and reconstruction of identity among women who have suffered domestic violence, have emphasized the role of narrative in re-establishing a sense of self, specifically in a group setting. The Power to Change Program, developed by the Daphne Project, details how to set up and run support groups for women who have survived domestic violence. An alumna of the program reflected, "I would recommend it (the Power to Change Program) to every survivor, because sometimes the others shared things that also happened to me in my relationship, but up to that point I did not realize that what I have experienced was also part of the abuse…If I were on my own, I would have not found out how many of my experiences could be related to domestic abuse" (the Daphne Project, 32). Through telling her story, and listening to others, this participant was able to identify the ways in which the abuse she endured has shaped her lived experiences.

Wozniack and Allen, two anthropologists using ritual performance to initiate healing among survivors of domestic violence, describe the phenomenon as "community of memory." Wozniack and Allen believe that narrative and performance "not only allow(s) women to tell and hear other's stories of healing and possibility but to participate with a community in co-creating life ways in which this healing is enacted" (Wozniack and Neuman-Allen, 96). As women hear the stories of others and retell their own narrative, they actively engage in the reconstruction of

their personal identity. This reconstruction of the past simultaneously allows women to consider who has shaped their experiences.

For survivors of domestic violence, narrative challenges the individual to consider their identity as a victim. While in an abusive relationship, many internalize feelings of guilt, inadequacy, and lack of personal agency. Narrative allows victims to reconstruct the ways in which their perpetrator structured their current financial, physical, emotional, and social situation. In examining and describing their experiences, victims change their relationship with the past. In claiming their histories, women are able to transform their own identity from victim, to survivor, and finally thriver. The words "victim", "survivor", "thriver" that Wozniack and Neuman-Allen use, illustrate the process of healing from domestic violence in three distinct stages. "Thriver" is the word they use to describe the final phase. A survivor becomes a "thriver" when she has integrated her experiences of domestic violence and trauma into a larger self-image. (Wozniack and Neuman-Allen, 2012). "Thrivers" see themselves as mothers, teachers, women, rather than as survivors of domestic violence. What steps are needed to move from victim to thriver?

Exploring the healing process: stages of change models

A growing body of literature on trauma explores various stages associated with the healing process. In the research on domestic violence, multiple academic fields; psychology, narrative practice and anthropology, identify similar stages of change and healing. By outlining the stages of change, researchers and health professionals are able to identify patterns in the recovery process; including points of relapse, repetition of certain stages, and turning points in the recovery process.

Psychology

In her work on trauma recovery among survivors of domestic and sexual abuse, psychologist Herman describes "the fundamental stages of recovery are establishing safety, reconstructing the trauma story, and restoring the connection between survivors and their community" (Herman, 3). Building upon this psychological framework of understanding, further research explores specific phases for individuals recovering from intimate partner violence. Through qualitative interviews with twenty people, Chang et al, authors of *Understanding Behavior Change for Women Experiencing Intimate Partner Violence: Mapping the Ups and Downs Using the Stages of Change,* studied how the stages of behavioral change outlined in the transtheoretical model: precontemplation, contemplation, preparation, action, and maintenance, apply to victims of intimate partner violence (Chang et al, 2006). Through their interviews, Chang et al. discovered that victims of intimate partner violence often repeat certain stages in the recovery process. In their discussion of these findings, Chang et al propose to use the stages of behavioral change as a guideline for informed intervention. They explain, "understanding what contributed to a woman's up and down movement in motivation and perceived ability to change her situation regarding IPV became more important in recognizing how to help women move toward greater safety and independence than simply identifying what stage she was in at any particular time" (Chang et al, 7). Therefore, they emphasize the consideration of how the various stages of recovery can be understood and interpreted in order to cater case specific services to women recovering from intimate partner violence

Narrative Practice

The stages of narrative healing mirror Herman's trauma recovery stages and the transtheoretical model. Within Chang et al's model, narrative represents an action step, moving from the internal dialogue of contemplation and preparation, to the verbal act of pursuing change

and telling one's story. In Herman's model, narrative is associated with reconstructing the trauma story, and restoring connections between survivors and their community. Through narrative, survivors piece together their past, and in this process connect with others. Separate from the psychological stages of change, narrative healing embodies its own parallel phases of recovery (Shearer-Cremean and Winkelman, 2004). In the narrative process, the individual telling their story moves from silence and isolation, to agency and lament with the final stage allowing for advocacy and social organizing.

Narrative healing is particularly important for victim/survivors of domestic violence due to the pattern of isolation and silence. Shearer-Cremean and Winkelman explore how silence is reinforced by the dominant culture, explaining "Centuries of male-dominated culture have silenced children's and women's experience of sexual abuse, thereby reinforcing victim's disinclination to discuss their experiences with others" (Shearer-Cremean and Winkelman, 25). Perpetrators often silence their victim to conceal the physical, mental and emotional violence they are imposing. This cultural and literal silencing commonly causes social and internal isolation. Due to the construction of shame, guilt and decreased self-esteem, many victims retreat to solitude, pushing away friends and family (the Daphne Project, 12). As a perpetrator tactic, "Isolation and lack of a clear plan for the future consistently undercut their (survivors of domestic violence) efforts to move forward by maintaining an identity steeped in debility" (Wozniack and Neuman-Allen, 84). Through the vocal, relational, and reconstructive nature of narrative, survivors challenge the silence and isolation instigated in intimate partner violence.

Transitioning to agency and lament, many survivors who engaged in narrative programs testified to the healing benefits of sharing their story in a safe and supportive community. Creating agency, narrative allows the individual to actively decide when, where and how they

reconstruct and convey the story of their past. In this active process, Herman conveys the testimony of one survivor to outline the healing benefits of lament, "I've broken through the isolation which had plagued me all my life. I have a group of six women from who I have no secrets. For the first time in my life I really belong to something. I feel accepted for what I really am, no more façade" (Herman, 215). Through this process, the survivor moved from silence and isolation to community sharing through the process of narrative.

In the final phase, advocacy and social organizing, personal stories are used to inspire others. This act of sharing is transformative both for the person who is telling their story, and the audience. Exploring the reciprocal healing relationship established, Herman explains, "we do know that the women who recover most successfully are those who discover some meaning in their experience that transcends the limits of personal tragedy. Most commonly, women find this meaning by joining with others in local action" (Herman, 73). Through local action and public sharing, women are able to use their own struggle for something greater, gaining a sense that their experience has a purpose. This act can allow for personal empowerment, as well as change in community power. One project, Taking Back the Tech, uses technology to publicly disperse the stories of survivors. Discussing the disruption of power relations, the program argues "If we pay attention to stories that are less easily heard, then we are contributing to changing who has power" (www.takebackthetech.net, 2012). Public narrative, whether on a large or small scale, allows women to express their own struggle and bring awareness to the commonalities that cut across stories affecting many women who have endured intimate partner violence.

Rites of Passage

Rites of passage are ritual processes that guide people through the stages of change. First theorized in 1909 by the French anthropologist Arnold van Gennep, rites accompany "change of

place, state, social position and age" (Turner, 47). Birth, puberty, marriage, and death are common life transitions when rites of passage occur (Turner, 46). There are three stages associated with rites of passage; separation, liminality and integration. In the first phase, "separation", an individual is removed from society. Liminality is the in-between phase, as the individual or community undergoes a process of change. This process is often guided by a mentor. Additionally, it is during this phase that "communitas" is formed. Communitas refers to the social solidarity and community of equality established through the ritual or cultural process of liminality (Turner, 1969). When the transformation is completed, the person undergoes integration, re-entering society transformed.

Rites of passage can be literal and metaphorical, traditional and invented (Grimes, 2002). Metaphorical rites of passage are employed in a change of a state. As described by Victor Turner, who is known for further exploring the phase of liminality, "The term state may also be applied to ecological conditions, or to the physical, mental, or emotional condition in which a person or group may be found at a particular time" (Turner, 46). As discussed early, domestic violence often causes the mental, emotional, and physical condition of victimization and trauma. In the book *Deeply into the Bone*, Ronald Grimes explains that rites of passage facilitate difficult changes in the human life course. (Grimes, 2002). Further exploring the connection between rites of passage and healing from domestic violence, "Effective rites depend on inheriting, discovering, or reinventing value-laden images that are driven deeply, by repeated practice and performance, into the marrow" (Grimes, 2002). Therefore, the process of re-invention is an important component of healing from domestic violence, reversing the reiteration of isolation, guilt, and disempowerment commonly experienced by victims.

Rites of passage can be used as a framework for healing, guiding victims of domestic violence from victim, survivor, to thriver. Combining the phases seen in stages of change, narrative healing, and rites of passage, narrative healing aligns with rites of passage to navigate this ritual process of conditional and emotional change.

The final stage of healing: integration

In the rites of passage framework, integration is the final stage of change. Wozniack and Allen, who outlined the movement from victim to thriver, also emphasize the importance of integration in their study on healing from domestic violence.

Within their curriculum of ritual transformation, a ten week program for survivors of domestic violence who already completed a shelter-based crisis intervention, Wozniack and Allen employed various artistic methods to facilitate group cohesion, identity formation, and self-expression. This foundation of group identity represents "communitas", as a community of solidarity is formed during the liminal phase of Wozniack and Allen's program. They explain, "These rituals included the creation of symbolic objects such as collages and future directed journals; performance, including letting go rituals; storytelling and the creation of new characters, chapters, and endings; and shared prayers and blessings which came to define the group's purpose and goals" (Wozniack and Neuman-Allen, 86). These techniques serve the dual goals of exploring self-identity and forming group cohesion. Wozniack and Allen stress the importance of focusing on the future. Through this program, participants are aided in the process of moving to integration, working to avoid the trap of liminality where individuals who have experienced domestic violence are "betwixt and between", neither a victim nor a thriver.

To solidify integration, Wozniack and Allen's program culminated in a final performance, which was termed a ritual re-birth. Participants presented their new self-image, and

shared their goals for the future, a testimony to their transformation to thriver. In Wozniak and Allen's program, narrative was one tool that contributed to an arts-based ritual process that guided victims through a ritual healing, ultimately moving through liminality to integration.

Two Case Studies of Integration

Other successful interventions for victims of domestic violence share an emphasis on integration. To understand the successful movement to integration for victims of domestic violence, these two case studies detail how narrative contributed to the healing process that occurs between the phases of victim and thriver.

Parson, an American anthropologist, conducted ethnographic research at Safe Spaces, a domestic violence program for women in Chile. After conducting eighteen life history interviews with women in Safe Spaces, Parson focused her description of the program on the story of one woman, Luz.

At the time of Parson's research, Chile was experiencing legal changes similar to South Africa. In 1994, the first Family Violence Law was enacted, and divorce was legalized in 2004 (Parson, 2010). Despite legal advances, Chile experienced extremely high rates of gender-based violence. In her testimony, Luz describes the healthcare and legal system as obstacles to resource attainment and recovery. Discussing a lifetime of abuse and isolation, Luz states that the Safe Space's Gender and Domestic Violence Program was the first time she engaged in "an excavation of herself, to find the roots of the violence and try to modify them" (Parson, 65). Parson describes a process of transformation that occurred through the group therapy program where "transformative ties" were forged through the "kinship of affliction." Emphasizing the role of community connection and story, Luz explains that in her experience, healing is not about forgetting but reshaping. Her personal testimony reveal the movement to integration; "it

(domestic violence) was one fact in my life. It's like I have isolated it and left it behind. Of course it marked my life. It has done a lot of harm. A lot of things happened that shouldn't have. But, basically I have recovered who I am" (Parson, 78). Utilizing the support of the Safe Space's program, Luz describes her personal transformation from survivor to thriver.

Maureen Hearns, director of Music Therapy at Utah State University, spent eight months observing the Finding Voice Project. Finding Voice was a music therapy program in Utah for survivors of domestic violence. The program provided supplemental support in addition to participants existing therapeutic resources. Similar to Parson's program depiction, Hearns focused on one participant, Lisa. Hearn's describes that prior to Finding Voice, Lisa did not acknowledge that she experienced domestic violence. She accessed services for her children, but saw her kids as the only victims. Through a group drumming activity, Lisa realized that her sexual relationship with her husband was rape. Hearns describes this process of conscious raising, "Through music, song, poetry, art and dance, Lisa and the other women of Finding Voice found a means to move through their abusive pasts, reclaim their lives, and move forward in their healing process" (Hearns, 123). Acknowledging their experiences of abuse, Hearns identified the next component of healing as community outreach. Turning their eight month journey into a public performance, the women in the program developed "Finding Voice: The Music of Utah Battered Women", a performance of song, dance and story that represented their experiences. Hearns explains "They had reclaimed their personal power, regained their voices, and stepped forward to break the silence – and, therefore, the cycle of abuse. They were no longer victims but survivors of domestic violence. They were becoming advocates and mentors for other women who were experiencing similar traumas" (Hearns, 125). Hearns describes the final stage of healing both in rites of passage and narrative healing; integration and advocacy.

Both interventions illustrate successful healing trajectories. The researchers describe how narrative is used as a tool for victims of domestic violence to reclaim their voice, solidify a community of commonality, and reflect on the past. As one step in the healing process, the stories of Luz and Lisa illustrate that healing occurs when survivors are able to move beyond the retelling of the trauma story, and focus on a future that incorporates multiple facets of their identity. What happens when a survivor is not able to transition to integration, and instead is caught in the lament or liminality of repetitively retelling the trauma story?

Consequences of Liminality

Acknowledging the healing benefits of integration, it is important to under the potential consequences of remaining in liminality, the intermediary phase. Turner, a leading theorist on the liminal phase, describes a person working through liminality as a transitional being (Turner, 1969). As the transitional phase, liminality is a time for self-exploration, connection and change. Acknowledging the ultimate goal of liminality, Grimes explains "when effective rites of passage are enacted, they carry us from here to there in such a way that we are unable to return to square one" (Grimes, 7). For those who are unable to transition, "Unattended passages become spiritual sinkholes around which hungry ghosts, those greedy person fictions of unfinished business, hover" (Grimes, 6).

People living with illness, particularly HIV and cancer, have been studied and described as caught in liminality, unable to move to integration. HIV and terminal cancer are both illnesses that will likely not be cured for the afflicted individual. The illness is not a phase, but a lifestyle. In a study of ten people with cancer and fourteen with chronic kidney disease, researchers concluded that many of the participants were experiencing a disruption of identity and personal narrative. The researchers termed this ongoing stuckness pervasive liminality (Bruce et al, 2012.

In their narrative interviews, the researchers found four different expressions of liminality; storying into fear, being alive but not living, the invisibility of disease, and the dichotomy of knowing and not knowing (Bruce et al, 2012). In the book *The Body Silent*, anthropologist Robert Murphy, discusses his spinal condition that caused parapalegia. He also describes his physical state as a form of lifelong liminality (Murphy, 2001). For these forms of illness, HIV, Parapalegia and terminal cancer, researchers claim indefinite liminality, where individuals are unable to move beyond their illness.

Domestic violence, an unwanted experience that requires a holistic process of healing, is also an illness. Different from HIV, terminal cancer or paraplegia, individual's suffering from the trauma of domestic violence can heal. There is potential for survivors of domestic violence to move beyond liminality. Currently, research discusses some of the tools that can be used to transition trauma survivors from liminality to integration. However, similar to the concept of indefinite liminality, it is important to understand how trauma survivors might get trapped in the liminal phase. And if this stuckness occurs, researchers must also explore the consequences of ongoing liminality. Blows et al emphasize "Research is needed to gain a greater understanding of what living a liminal life may mean in the context of survivors' daily lives, and their wider life course" (Blows et al, 2012).

For those in the liminal phase, story is studied as a core component of transformation and change. As stated by Herman, detailed recounting of the story of trauma or one's illness experience has the power to transform the traumatic memory, integrating the experience into a greater life story (Herman, 175). Agger and Jensen, researchers who study testimony as ritual healing for political refugees, furthered "Stories in a liminal situation may take on special therapeutic powers, and certain kinds of stories may have their special place as an integral part of

a healing process" (Agger and Jensen , 2). However, they argue, for story to be healing the personal narrative recounted must undergo a process of transformation. If the trauma story is simply repeated, there is the potential of embedding or maintaining an identity rooted in debility and suffering (Agger and Jensen, 1990). The connection between liminality and story reveals that reconstructing personal narrative is an important part of integration. However, for those struggling with terminal illness or chronic trauma, there is a risk of repeating the trauma story, consequently rooting one's self in the liminal phase.

Methods

I spent the spring of 2013 studying at the University of Cape Town in South Africa. During the six months I lived in Cape Town, gender based-violence was a topic of discussion in the news and on campus permeating every-day life in the city. I chose to extend my stay through the summer of 2013 to study how narrative techniques are used as a healing method for female trauma survivors. To select a location for my research and understand the healing methods utilized in Cape Town, I conducted site visits and interviews at local organizations that use storytelling or narrative based interventions in their healing approach.

Through this process, I visited SWEAT, the Institute of Memories, the Community Intervention Center, the Trauma Centre, the Rape Crisis Centre, and the Sandra Bateman Centre. I conducted interviews with the director or storytelling coordinator at each organization to understand their therapeutic approach. The various organizations used a range of narrative techniques. SWEAT, an education and advocacy organization for sex workers, gathers and formulates stories through a program called In Her Shoes. Stories developed through In Her Shoes are used to educate local officials and policy makers. The Institute of Memories offers weekend long storytelling intensive workshops for trauma survivors. The Community Intervention Center, the Trauma Centre, and the Rape Crisis Centre provide individual

counseling, referrals and supplemental support groups. The Sandra Bateman Centre (SBC) is a residential center that offers a storytelling support group in addition to individual counseling and seven other support groups.

I selected the SBC as the site for my case study site due to its location, population, and the structure of the storytelling support group. I gathered data at SBC over two months, June 2013 – July 2013, through interviews and participant observations.

Location

While living in Cape Town, I stayed in Observatory, a neighborhood located near the University of Cape Town. People often say that in Cape Town you can decipher the wealth of a location based on how close the area is to Table Mountain, one of Cape Town's Mecca's. Outside of the kitchen window of the youth hostel I was staying in, I could see Table Mountain looming in the backdrop. Each morning at eight am I walked twenty minutes towards the local bus stop. The bus stop is a point of convergence for the city's various modes of transportation. There are public government funded buses, privately owned taxis, and mini buses. The mini buses resemble VW buses, with three rows of bench seats that can be crammed with over twenty people at maximum capacity. As you walk down any main street in Cape Town, the mini buses dominate the road. The driver's right-hand man hangs out the side door calling out the direction of the bus, as the buses propel down the road.

The first morning, as I walked towards the bus station, I heard "Manenberg, Manenberg" called from one of the minibuses. Manenberg is the town where the SBC is located, so I flagged down the bus even though I had not yet reached the central bus station. I ran to meet the bus at the next red light and found a seat at the far end of the first bench. The bus was relatively empty, with a woman carrying two large bags of groceries sitting beside me, and a young boy staring out

the window in the back row. As I settled in my seat, the bus driver turned to me and asked "where you headed?" "The Sandra Bateman Centre please" I replied. "The Sandra Bateman, huh? What's a white girl like you doing in Manenberg? You know what happens to girls like you? They get raped." I watched in the rearview mirror as a small smile spread across his face, as he chuckled to himself. His smile revealed two missing front teeth, the Cape Flats gap. It is a common rite of passage among the Cape Coloured population to remove the two front teeth.

In South Africa, "Coloured" is a term used to define people of mixed descent and is a recognized ethnicity. As an American student, the word Coloured hangs in the air like a swear word, a nuance that wore off all too quickly as I settled into the routine in Cape Town. The cultural acceptance of the term Coloured dates back to the early 1900's when Dutch and British slavery was prevalent in South Africa. White slave masters often raped female slaves, creating a generation of children of mixed descent. Similar to slavery in the United States, South Africa practiced the one drop of blood rule. If a person had any black heritage, they remained a slave. The Coloured tradition of removing the front teeth dates back to these times. A slaves worth was determined by their dental health. By removing their front teeth, Cape Coloureds visibly resisted slavery (Barashenkov, 2013), Today, it persists as a symbol of fashion and identification for South Africa's Coloured population.


Cape Flats Gap

As the bus drove toward Manenberg passing through Mowbray, Rhondesbosh, and Athol, the image of Table Mountain seemed to shrink as we drove further into the Cape Flats. The driver's words repeated in my head. I wondered quietly to myself what I have gotten into. The Cape Flats, the region in Cape Town where Manenberg is located, is notorious for high rates of violence. The Coloured population is known for poverty, gang warfare, and domestic violence.

The culture of violence reported to exist in Manenberg, is present in people's daily life. On my first day to work, the bus driver joked about the likelihood of me getting raped. Rape is an everyday reality in Manenberg, however news reports reveal that the victims are most often local residents. Each morning, as I ate breakfast before catching the bus, I read the local newspaper. Headlines read "Bullets fly in Manenberg" and "Manenberg schools closed after gang related violence threats". The headlines become tangible when gunshots echo in the distance during my morning commute.

That first morning, the knot in my stomach eased as I arrived at the gate of the SBC. The front grate, directly off the main road, marks the opening of a fenced in compound with barbed wire rimming the top fencing. As I crossed the highway and approached the front gate, I didn't

see any sign identifying the compound as the Sandra Bateman Centre. A young man dressed in a security uniform came to meet me as I approached the front gate. "Is this the Sandra Bateman Centre?" I ask. "Yes, what is the purpose of your visit?" he responded. I explain that I am here to volunteer at the Center and will be coming for the next two months. He opened the gate without any further questions.

The gate appeared to be a symbol of protection, barring the women from the outside world and holding them within the confines of the compound. My own ease of access caused me to wonder whether I was able to enter relatively unquestioned because I am a young white woman, or whether security is merely a façade rather than reality. My experiences over the next two months revealed that the front gate neither prevents outsiders from entering, or residents from leaving.

During my first month at the center, I arrived one morning to find the women all bathing in their rooms with buckets of water. When asked, Carry informed me that over the weekend all of the pipes were stolen from the building. She went on to explain that it is common in Manenberg for teenagers to steal copper pipes that can then be sold for drugs. The lack of running water was an obstacle to the daily routine in the center, but for me indicated a greater concern. If teenagers could overcome the gate and security and manage to steal pipes from the building, what is to say that the residents' perpetrators could not do the same? The women at SBC have chosen to leave their abusive relationship; however, safety feels tentative within the walls of the center.

I walked beyond the ominous front gate, ribbed with barbed wire, toward the first building. I traverse the dirt parking lot filled with cars. No one else was outside. In front of me

stood a large unmarked concrete complex, which I assumed was SBC. As I approached the building, it became clear that there are four buildings. There was no sign, so I attempted to open the first door. It's locked. The fourth and final door opened. As I walked in, I first noticed a poem brightly painted on the left wall inside the building. The poem remarks the inner strength of every woman. It reads

"I am a Young African Woman
A unique individual with my own personal inspiration
Which is the golden key to build my future.
With a heart that's been destroyed,
I can still feel love and care others.
With a mind so confused,
I can still react politely to others.
With a pain that has cut deep down in me,

I can still feel sympathy for others.
With all that is in me,
I can be the person I am.
The one whose heart is filled with joy and passion.
I am me and that's what I'll always be."

Below reads "The Sandra Bateman Center 2010." I was in the right place.

To my right is the front desk. I walked up and greeted the woman sitting at a counter behind glass windows "I am here to meet with Dana, the residential manager please." After calling Dawn, the receptionist replied "Please have a seat, she will be with you now." In South African terms the time frame "now" could indicate anywhere from five to twenty minutes. To my right there was a ring of three couches. The couches beside me were filled with women old and young. Some looked like they should still be in primary school, not waiting to be seen at a domestic violence center.

Fifteen minutes later a tall Coloured woman, wearing fitted jeans and leather boots, walked into the room. Despite the circle of women sitting on the couches, she walked straight toward me. "You must be Annie" she said as she reached out her hand. I was the only white woman in the room, making my identity clear. She invited me up to the office situated on the second floor of the building. As we sat down in her office, she began with an apology. "I am sorry it took so long for anyone to respond to your emails back in March. Due to a series of budget cuts, we have had a large staff turn-over in the past two months. I started as the residential manager three weeks ago, so I myself am still learning the ropes." The SBC only receives 31% of their funding from the government. Therefore, operating funds fluctuate often, affecting the staff and the services at the center. Her simple statement clarified the lack of communication from the center since my initial contact in March, three months prior.

This lack of funding also explained the empty buildings I passed on my walk into the complex. SBC was initially founded in 1999 as a one-stop centre. The goal was for individuals and families experiencing domestic or sexual violence to be able to access all of the services they needed in one location. The three other buildings were home to the sixteen original partner organizations. Some of the original partners included; Khululeka which supported the mental health needs of children with HIV/AIDs, Gender DynamiX which supported transgender individuals and their families, and Lifeline/Childline which worked to prevent teen suicide. Since 2011, a lack of funding caused the collaboration to decrease to five partner organizations. The locked doors were the empty offices of previous collaborators.

Dana went on to explain her role at the SBC. Despite financial strain, SBC still offers twenty-four hour crisis services, and short and medium term residential services for women and their children. As the residential director she oversees everything that pertains to the daily life of the women living at the center. Formal offerings include individual counseling, daily support groups, legal assistance, and daycare services at an onsite crèche. Dana explained that women are referred to SBC through various avenues; the police, school staff, other organizations short on housing, family, friends or community members. Upon arriving at the center, women are screened by an SBC social worker. During the screening the social worker determines whether the woman should be admitted to the center or referred to other services. Due to minimal funds, and a shortage of space, those screening must often refer women to other shelters when SBC is full.

If a woman is admitted, she is assigned a room that she shares with one to three other women and their families. There are six bedrooms in the short term residential program, which is housed in the main SBC building. The bedrooms have a combination of single and bunk beds

and can accommodate twenty-two women and thirty-five children. Women and children in the short term program receive housing for up to three months, one free meal a day, child care, weekly individual counseling sessions, free legal counseling and seven support groups a week. After four months, women can apply to the transitional housing program. If eligible, they pay a stipend for independent living accommodations located behind the main SBC building, as well as continued services for an additional six months. For many who can't pay, they return to living with their abuser or seek a homeless shelter.

Dana also explained that there are a series of expectations women must meet to live at the center, and they must abide by certain rules to stay. All potential residents undergo a urine test before being eligible for residential services. To live at the center a woman must be drug and alcohol free. If a woman passes the initial test and becomes a resident, she can be randomly tested throughout her stay at the SBC. Living in close quarters and sharing bedrooms, the women are expected to respect each other's privacy and space. The women are allowed to leave the center for the day, but must notify staff and sign out, indicating the date and time before leaving the center. If the women are at the center, they are required to attend all support groups offered during the day.

After providing an overview of the set-up and history of the center, Dana gave me a tour. We started on the second floor, where Dana's office is located along with all of the short term resident bedrooms. The second floor is a long corridor with bare white walls, giving the hallway a sterile, institutional feel. The second floor is home to the six residential bedrooms and two bathrooms shared among the women. After knocking on the closed door, we walked into the first bedroom. The room is filled with four beds at each end of the room, and a kitchen table in the middle. I meet each of the three women in the room. Erica, a Xhosa woman who is married to a

Muslim man, is kneeling on the floor, bent over in prayer. Franny uses a hot water heater to cook grits for her three children, who are all in various stages of getting dressed for crèche, the childcare program provided for the women with young children. I soon discovered that it is not uncommon to see the women cooking in their bedrooms. There is a communal kitchen on the first floor, but many of the women prepare their food and tea using hot water heaters stored in their bedroom. Andrea was still in bed, but her two daughters sit at the end of the bed watching cartoons on a small square TV. Immersed in their own routines, the women display minimal interest as Dana introduced me as a new volunteer at the center. I soon came to learn that this apathy was a byproduct of the constant coming and going of new residents, staff, and volunteers.

We passed by the rest of the rooms, and walked down a set of stairs leading to the second floor. On the wall leading down the stairway, there is an abstract animal scene outlined, but only partially painted. Dana explained that four months ago a young man from the United States came to volunteer at the Crèche. His main project was to paint the stairwell wall with the kids. After two months at the center, he left with the wall unfinished. The painting stands as another symbol of the transitory nature of volunteers coming and going from the center.

We turned left at the bottom of the stairs. The first two rooms on the first floor are screening offices, where social work interns meet with women to decide whether they are eligible for residential services, or need to be referred to other organizations. I am introduced to the four social workers all of whom are women. Two were students from the Netherlands, one was an American student studying at the University of Michigan, and the last was a South African student at the University of Cape Town. The next room is the legal aid office, where Candace the legal counselor, works with residents at the center to advocate for child custody,

restraining orders, and other case specific legal rights. Office number four belongs to Delia, one of two full-time counselors who provide individual counseling for all of the women at the center.

As we walked further down the corridor, a strong smell pervades the hallway. It becomes clear that the smell is emanating from the next door labeled "the emergency room." Dana explained that the emergency room is usually used for women who critically need a place to stay, even though there is no room available in the center. However, for the past month, Bertha lived in the emergency room. She was heavily medicated, existing in a catatonic like state. Dana explained that she spent most of the day in bed, and didn't shower or clean up after herself. After complaints from other residents about the smell and odd behavior, Bertha was quarantined to the emergency room. The door directly to the right of the emergency room belongs to the volunteer room. There is a quote written on a white sheet of paper that hangs from the door. The quote reads "If you've come here to help me, you're wasting your time. But if you've come because your liberation is bound up with mine, then let us work together." I question quietly to myself the difference between help and collaborative pursuit of liberation. Is true collaboration possible due to the transitory nature of young, international volunteers? Inside I am introduced to Nicholas and Sophia, two students from Germany who were taking a gap year before University and volunteering with the kids at the crèche.

Across the hall is the group room. The schedule for groups is posted on the door; support group, relaxation, arts and crafts, computer skills, parenting support, storytelling, and life skills. As indicated on the schedule, the groups run daily from ten to eleven in the morning and from two to three in the afternoon. Looking at the list of groups offered, I asked Dana if it is possible for me to sit in on the storytelling group on Wednesdays. She explained that the two American girls running the group left the center two weeks ago. She encourages me to design and

implement my own storytelling curriculum, filling the void before the next round of volunteers arrives. I found this opportunity exciting and inappropriate.

I had some prior experience leading arts based groups with at-risk populations, through my role as a student facilitator of New Beginnings. However, in the context of New Beginnings, I had the ongoing support of a Trinity faculty member, other students involved in the program, and had built rapport over time with the women in the group. As an international student researcher, only at SBC for two months, I wondered if I had the training and time to competently lead the storytelling group. I left my concerns unvoiced.

Dana went on to explain that Mary and Daria, the two social work interns from Holland, currently facilitate the majority of the support groups. However, they too were scheduled to leave at the end of the week. Additionally, there was a parenting support group, which meets on Wednesday mornings, and is run by a professional psychologist who is from the United States and has lived in South Africa for the past twenty years. She assures me that I am welcome to observe any of the groups.

Research expectations and approval

In my IRB, submitted to Trinity College, I received approval to observe support groups at the center, and interview residents and staff about their experience with narrative healing, focusing on the storytelling support group. Initially, I was able to observe both student and professional led support groups. Groups met twice a day for two hours, leaving four additional hours for me to interact with the women, work at the crèche, and observe daily life at the center.

During my first week at the center, one of my main responsibilities was to do the "walk through". Each morning I ventured to the second floor, and walked from room to room, checking in with the women to see who would be staying at the centre for the day, and who would be

going out. I cherished the walk through as an opportunity to informally connect with the women. The women are usually in various degrees of getting ready for the day; drinking coffee, getting dressed, feeding their children breakfast, or still in bed. The women often invited me in to share a cup of tea, remarking on events from the night before, or activities ahead in the upcoming day.

Monday mornings are always a time to reflect on the weekend. One Monday, all of the women were excited to talk about the karaoke night they had the Friday night before. "Who knew Carry could sing", Erica commented. Two weeks later, again on a Monday morning, I was informed that Germaine had left the center over the weekend. Germaine had approached Delia, her counselor, on Friday afternoon. In a moment of anxiety, she told Delia that she needed to talk to her. Delia was busy, and informed Germaine that it would have to wait until Monday. The security guard described Germaine's exit as panicked, explaining that she came to the front gate and left with no bags or personal belongings. We later learned that Germaine was receiving death threats from other women at the center. As the women recounted the events, I appreciated the window into their daily lives, but felt helpless to do anything but listen. Each day, as I left the women's rooms, I reminded them of the support groups scheduled for that day, feeling less capable of creating a supportive environment given the information they share during the walk through.

At the end of my first week observing at the center, the two graduate students who led the majority of the support groups returned to Holland after four months volunteering at the center. Although the student's departure was expected, there was no plan to replace their positions with new facilitators for the support groups. The staff appeared unconcerned about the lack of support groups. I decided to meet with Dana to raise my concern about the lack of structure, and constructive opportunity to engage in healing. She assured me that they expected new graduate

students by the end of the summer, but I was free to facilitate any support groups I saw fit. All I had to do was inform her so she could add the groups to the weekly schedule distributed to residents and staff.

After this conversation, I felt the need to re-evaluate my role as a student researcher. Without the structure of the support groups, it became increasingly clear that the women were overwhelmed with an excess of free time. The consequence of "down-time" in this setting was apparent. When conducting the walk through on a Friday morning, one woman, Franny, was still in bed. She appeared pale and tired. "How are you feeling today" I asked. She responded that she had a bad headache, and would be staying in that day. That next Monday I sat in the kitchen while the women cooked lunch. "Are you feeling any better?" I asked Franny. She shook her head, explaining that all weekend she was tired and had trouble getting out of bed. She was also experiencing a diminished appetite. "All of the sudden I'll start crying, and have no idea why the tears are streaming down my face", she explained. Later that afternoon, I walked with Franny and Brenda, one of Franny's close friends at the center, to a local shop just outside of the front gates to buy cigarettes. "How often do you guys smoke?" I asked. "All of the time", Brenda responded. The two went on to explain that the women smoke out of boredom. "You guys need to do more with us", they reasoned. They went on to say that they sit around all day and either gossip about each other, or get depressed thinking about their lives.

Arriving back at the center that afternoon, I met again with the director of residential services to re-raise the issue of support groups. Support groups are advertized as a part of the center's offerings, therefore, I felt they should run consistently. Once again, she informed me that I was welcome to facilitate any support groups that I saw fit.

As an anthropologist, I was confronted with the boundary between participant and observer. As a student, I felt under qualified to facilitate domestic violence support groups. I had experience leading an arts engagement group in Connecticut with women recently released from prison. However, I had no formal training to work with trauma survivors or victims of domestic violence. Additionally, I had spent six months in Cape Town, but felt that I did not adequately understand the cultural, economic, and social complexities the women experienced. As a researcher, I was concerned that I would be altering the outcomes of my research by attempting to observe a process that I was facilitating. Furthermore, I feared that the women would be unable to answer my interview questions honestly and openly because of my involvement in the support groups I was asking about.

Franny and Brenda asked me directly to fill a gap in services. I felt unable to discern the line between service provider, and student observer on my own. I consulted my research advisor, who counseled me, "I think you are right to be concerned about having student interns run workshops for trauma survivors, but I also suppose that part of the question is whether this is better or worse than what they'd have otherwise. Seems to me it could be either." (email 6/25/13) To overcome the issue of studying my own group, he suggested I observe at least one group led by a different facilitator. Unfortunately, at the time I started running the six volunteer led support groups, the professional psychologist went on vacation and asked if I could run her parenting group for the month of July. I again questioned the staff's judgment in delegating full responsibility for the parenting support group to an undergraduate student with no prior parenting experience or formal facilitation training.

I was able to recruit another group facilitator, Sarah, a young woman doing her social work placement for her master's degree from University of Michigan. Prior to leading support

groups, Sarah was conducting intake interviews with women who arrived for screening at SBC. Together, Sarah and I alternated leading support groups, and assisting and observing the other. My responsibilities included arts and crafts, parenting support and storytelling. Sarah led support group, meditation, computer skills, and jobs skills. Sarah and I shared similar beliefs about our role in the support groups. As two white female students from the United States, who understood but had not personally experienced domestic violence, we felt that we were not sufficiently qualified people to facilitate support groups. Yet, at SBC we were encouraged by both the residents and staff to fill this role. In our first group with the women we clearly stated that they are the experts. Our role as facilitators was to create a safe environment for them to share and support one and other. Over the two months at SBC, Sarah and I debriefed, critiqued, and designed each of the support groups together.

Methods in Practice

I structured my storytelling prompts for SBC to allow participants to reflect on the past, share the present, and imagine and plan for the future. The prompts I pre-planned for the seven weeks of storytelling groups, which were once a week for an hour, were as follows

1. Recount the story of your name
2. Write a poem that explains "Where I come from"
3. Write about what it would be like to spend a day in your shoes one year ago and then what it would be like to spend a day in your shoes now
4. Respond to the prompt "if I should have a daughter.." sharing wisdom with your children based on your past experiences
5. Read the poem Phenomenal Woman by Maya Angelou and discuss your own strengths as women
6. Draw a tree and write about the roots as what keeps you grounded and the branches as what you are reaching towards
7. Create your own rendition of Martin Luther King's I Have A Dream speech.

Many of my ideas were drawn from my experience facilitating New Beginnings. I soon found that the poets, leaders, and authors that were relevant in the United States, were often unknown

or irrelevant at SBC. In selecting the themes, my main goal was to a construct a seven week schedule that would encourage the women to explore their past, present and future.

In addition to facilitating the storytelling group, co-planning and facilitating the six other support groups, conducting walk throughs, and assisting in the crèche, I conducted interviews with staff and the women at the center to gain further insight into what the center offers, and how the women experience the services.

Findings

Beginnings

My first week at the center, Maria, the professional psychologist, was facilitating her last session of the parenting support group before leaving for a month of vacation. I felt that it was important to take advantage of her presence, and observe the dynamics of a professional led support group. In anticipation of leading my first storytelling group the following day, I was interested to watch Maria's technique. Observing a professional, I hoped to better understand how she initiated conversation, the sensitivity of her questions, and the degree to which the women were willing to share. However, I was nervous about my presence in the room. I worried that, as an observer, I was invading the residents' privacy.

When I entered the group room on the morning of the parenting support group, the room was dominated by observers. My curiosity as a researcher was not unique or unusual. The couches in the group room, arranged in a hap-hazard circle, were filled. In addition to the six SBC residents in attendance, there were two social work interns, three volunteers, and three high school girls all there for various reasons. The residents were outnumbered by observers; a ratio I felt could be overwhelming and humiliating for the SBC residents.

After going around the room and introducing ourselves, Maria prompted the women "so, does anyone have any parenting issues on their mind that they want to discuss?" No one readily

spoke up. Maria turned to Cheryl, a woman who indicated that she was new to SBC in her introduction, and probed "you're a new face, do you have any kids?" Cheryl responded,

> *"I have a son. He is twenty-eight. He doesn't live with me here in the shelter though."*

Drawing upon this information, Maria questioned her further. "Do you feel that your son is safe in his living situation?" Cheryl continued,

> *"My son is the reason I am here living at the center. My husband was my abuser for twenty-four years. A year ago he got sick. For the first time in our marriage, the abuse stopped. As soon as my husband passed, my son took up his father's role. It was as if he was acting out what he watched while growing up. It's all he knows. I came to the center so that maybe now he will learn that the way he treats me is not OK."*

Maria's face read intrigue, which was reflected in her follow-up question. "Wow, that's a first! Usually the husband is the perpetrator. We've never had this before." Her comments and tone sounded like a scientist making an exciting new discovery, throwing an innovative curve in her research. Instead of acting as an empathetic audience, Maria seemed fascinated by Cheryl's ongoing experience of victimization.

The other residents in attendance gracefully redirected the conversation. Franny commented that Cheryl's story gave her hope. As a mother of three, she came to the center while her children were still young in hopes that they didn't internalize the cycle of abuse and consequently become perpetrators or victims some day. Instead of identifying uniqueness in Cheryl's story, Franny found commonality.

I left Maria's group overwhelmed with a mixture of emotions. Selfishly, I was relieved. Maria set the standard low. She singled out the residents, forced participation, and then reacted with a lack of sensitivity that could ostracize or at least humiliate Cheryl. Based on Maria's ineptitude, I felt confident that I could at least facilitate the same level of discussion in my storytelling group the following week. However, I began to question the quality of the programs

offered at SBC. My initial impression of a well organized institution was being eroded. Not only did Maria display simplistic and even offensive facilitation methods, but she was comfortable leaving an undergraduate, foreign volunteer in charge of her group for three weeks. How, I wondered, could the group cohesion and trust necessary for healing develop in this environment?

Communitas

For my first storytelling group, I presented the women with the prompt "Where I'm From." I read a short poem written by high school students in Hartford, Connecticut reacting to the same prompt. I then invited the women to write their own versions of a "Where I'm From" poem. The women asked a few questions, clarifying the prompt, and then women began writing. The room was silent as the women, heads bent in concentration, focused on their writing. One woman commented

> "*I could have kept writing forever."*

As we went around the circle, all of the women were willing to share what they wrote. Portions of the various poems read

> *"Where I'm from is from not knowing who I am, abused by family, friends and husband. Where I come from was nothing but pain and sadness."*

Another woman wrote

> *"I grew up expecting abuse as a part of everyday life. And learning how to live with it. I grew up to be abused."*

One woman remarked within her poem

> *"I am loving all, but not trusting anyone."*

As the women read their poems, I felt that safety, internally and communally, was established through writing and sharing of the poems. The prompt "Where I'm From" allowed the women to rephrase and simplify their early life story, choosing what they were willing to write. In this condensed format, the past might not feel so overwhelming.

Reading their pieces out loud, the women were able to acknowledge strong similarities in their life trajectories. With a sense of safety and similarity established, individuals in the group delved into more detailed descriptions of their past. Carry spoke of her parent's relationship. She explained

> *"My dad would beat my mom badly, often using various objects. He would stab her in front of me. My mother died when I was seven. People told me that my mom died from cancer. People don't just suddenly die of cancer. I know what he did to her."*

Carry's story further illustrated the common life experiences that cut across the women's narratives; cyclical abuse, daily trauma, and a resulting lack of trust. As the group was coming to a close, Cheryl identified this commonality,

> *"It seems like in all of our experiences the abuse started early. I was so young when it all started that I didn't even know what I was going through was abuse."*

Identifying the similarities in their stories, I watched communitas develop. The women formed a community of solidarity, conceived in the liminal phase, as the women shared their lived experiences. In my initially naïve perception, I believed this commonality allowed for a sense of equality among survivors of domestic violence. Through the ritual of sharing stories, I thought I was observing the beginning stages of group cohesion. I felt that this initial trust could serve as a foundation to build further exploration and healing in the future storytelling groups.

Sense of safety and employment

Leading the storytelling group was the first time I felt connected to many of the women. In my first week at the center, I was overly aware of my identity as a white, female, American, observer. I struggled with an ongoing internal debate. As an observer, sitting in on groups and wandering the halls taking notes, I feared the women viewed me either as an insensitive intruder examining their behavior or a passive volunteer unwilling to fully participate. After the first storytelling group, I felt reassured that I could strike a balance; engage with the women in a

respectful way while still conducting my research. As I grew more confident in my relationship with the women at the center, my interactions with them increased. In the days after my first storytelling group, I more readily engaged the women outside of groups. The informal conversations gave me a better sense of the daily challenges the women faced, as well as more details about their life story.

The morning after my storytelling group, I ran into Carry while walking up the backstairs to do the walk through. We paused in the staircase and I asked her how her day was going. She had just gotten off the phone with her family back in Durban, South Africa.

> *"I want to move home. I think my life would be better with my family in Durban. I just don't have the money to get there"*

Carry explained. She went on to say that she was willing to work the night shift again. Five years ago she worked the night shift, but had to quit when she discovered that her daughter was cutting her wrists in her absence. Due to a combination of stress at work and home, Carry miscarried. Now, after time away, she felt that she was ready to go back to work. Listening to her story, I felt that there was little advice I could offer. Employment was a key component in gaining independence and self-sufficiency outside of the center. However, it was clear that both her physical and mental health could be at risk.

This balance between employment and personal safety was the topic of discussion in multiple formal support groups, and informal conversations. During one support group, Rasheeda brought up issues she was having with her employer. She had called the week before asking to go on leave while she was living at the center.

> *"I told them I couldn't come to work because of my abuser. They said that if I wanted to keep my job, I had to keep coming to work. On the same phone call, they told me my abuser has been coming in my absence."*

She pitched her predicament to the group, asking for advice on whether she should go to work, or take a leave of absence and lose her job. I was relieved that her fellow residents served as the experts on this question.

A discussion ensued about ways of ensuring safety at work. Brenda suggested that Rasheeda file for a protection order. That way she could go to work, and her abuser legally could not approach or stalk her. Franny countered, saying that she has a protection order, but her husband still waits for her outside her workplace. She stopped going to work, because she doubts the South African police's ability and willingness to ensure her safety. She explained that she fears the unknown, the uncertainty. Once she exits the center, there are no gates or barbed wires providing a buffer between her physical safety and her husband. Fear was evident in the women's comments about work, and the obstacles to employment.

Inconsistency and disappointment

Despite perceived dangers outside the SBC gates, during my second week, the women went on a field trip. On a Friday morning, as I began the walk-through, I entered the first room to find the women in various stages of getting dressed. Erica, wearing a knee length skirt, was pulling on leather boots. Franny stood by the window, using her reflection to apply make-up. "What's the occasion?" I asked. Most days the women didn't change out of sweatpants and pajamas. With no intention of leaving the center during the day, nightwear merged into daytime attire. Erica proceeded to explain that Dana was taking all of the women at the center to a local performance. After taking note on the walk-through sheet that all of the women would be out for the day, I went to Dana's office to inquire about the play and ask if I could go as well. She agreed that if I could fit in the van, I could come. After three attempts at gathering the women, rushing them through the getting dressed process, we convened outside the center at 10:15am.

For many of the women, this was one of the few occasions they left the center. Each woman, in her own style, was dressed to impress.

The van was full with ten women sitting in the front. I piled into the trunk sitting with my legs pulled to my chin beside four other women. When we arrived at the community center where the performance was to be held, the woman at the front desk explained that the event was cancelled. The women were visibly disappointed. Alina explained to me that this was the third time in the past month that this has happened. The women get dressed up, travel to a special event, only to find out that it has been cancelled.

"And they wonder why we no longer want to go on the outings"

she grumbled. All of the women piped up, trying to convince the shelter manager that she should take us to the waterfront, a museum, or a special lunch. As the women circled around, one woman joked that we should pretend we were international. That way we could get into the museum for free.

"And where are you from?"

She asked each of the women.

"France", "Italy", "Jamaica", "Iceland",

they responded in various made up accents. Despite a moment of comic relief, I could feel their spirits sink during the silent ride home. For the women, this pattern was all too familiar. The center offered the excitement of a change of pace, that was duly met by the disappointment of logistical failure.

Cultural shortcomings

Arriving back at SBC, Dana asked all of the women to convene in the lounge. She had called the center ahead and asked one of the staff to rifle up bathrobes that had been donated from a local hotel. She passed out a bathrobe to each of the women, a condolence prize. In the

hopes of assuaging the performance disappointment, I decided to read the women Maya Angelou's poem "Phenomenal Woman", the prompt I had planned for the following week's storytelling group. Before reading the poem, I asked the women "have any of you heard of Maya Angelou?" My question was met with blank stares and shaking heads. I prefaced the poem, explaining that Maya Angelou was raped at a young age. After this experience, she was silent for years, refusing to speak. She reclaimed her strength and voice through poetry. When I finished reading the poem, the room remained silent. I wondered to myself whether the women were reflecting, or disengaged. Priscilla broke the silence

"I like her words. Can I read it?"

I passed her the page. Adorned in her new hotel bathrobe, she stood and performed the poem. With confidence in her stride, she walked around the room as she reads the word of Maya Angelou:

Pretty women wonder where my secret lies.
I'm not cute or built to suit a fashion model's size
But when I start to tell them,
They think I'm telling lies.
I say,
It's in the reach of my arms
The span of my hips,
The stride of my step,
The curl of my lips.
I'm a woman
Phenomenally.
Phenomenal woman,
That's me…

I was encouraged to see that at least one woman resonated with the poem, but the overall response caused me to question my approach. Maya Angelou is a famous figure in American history, yet I felt naïve to think that this Western heroine would be universally known. I was acutely aware of the difference of culture and experience between myself and the women. I

found it difficult to decide what would resonate with the women. Additionally, English was the second language of many of the women, who converse more easily in Afrikaans or Xhosa. Therefore, I was also concerned about their ability to comprehend and digest a poem read and written in English.

Aware of the limitations of my own language and cultural differences, I decided to introduce the idea of writing in journals at my next storytelling group. My hope was to provide a private space for the women to write and reflect. The journal could be a place where they didn't have to worry about language or conveying their stories to a multi-lingual audience. However, storytelling group was cancelled that week, because of an emergency staff led meeting. I later learned that the one of the women, told she had to leave the center due to overcrowding, had stolen other residents' belongings before she left. This situation illustrated again the lack of trust between the staff and the women, and among the women themselves. Instead of a community rooted in trust, there seemed to be a culture of self-preservation at the center. Every woman needed to fend for themselves in that they never knew when they might be asked to leave, or if someone they lived with might be impeding their belongings or sense of safety.

This reaffirmed to me the importance of the journals as an opportunity for consistency, reflection, and safety. Despite the cancellation of groups, I envisioned the journals to create an ongoing, private place for the women to express their thoughts, experiences and feelings, a private place that institutional silence could not pervade. Although the center seemed stuck in a pattern of distrust, I hoped the women could at least create independent opportunities to establish safety.

Turn-over: the transitory nature of staff, volunteers, and residents

I purchased twenty journals at Pick and Pay, the local grocery store, and wrote inspirational quotes at the top of the first fifteen pages in each journal. The next day, I brought

the journals to arts and crafts group, so that the women could decorate their journal with markers and magazines. The women expressed their gratitude by investing in the personalization of their journals. However, to me, the journals became a symbol of the transitory nature of the center. Each week new women would arrive and begin attending groups. I found myself continually buying new journals to ensure that all of the women at the center had a journal. When I started at SBC, I designed the seven storytelling groups to mirror the narrative arch, transitioning from past reflection, current situation, to future dreams. Each week I typed up the women's personal writings from storytelling group that they could then paste into their journal. As women came and left they entered the support group at various stages of this process, entering at what I had envisioned to be the middle or end of the narrative healing stages. This pattern became visualized in the journals, as each woman had varying amounts of storytelling prompts and writings in their journal, reflecting how long they had been at the center and how consistently they attended the group.

The constant influx of new arrivals to the group was detrimental for the women. The new women who arrived were at the beginning of the narrative process. For them, it was important to reflect on the past and verbalize the experiences of abuse that still haunted their recent memory. However, the women who had already been attending the storytelling group had completed their retrospective lament and were ready to move forward to future planning. As a facilitator, it was difficult to establish a sense of common community among a group of women who were at different points in the healing process. For both the new women and those who had been at the center for a longer period of time, it was difficult and potentially damaging to engage in a storytelling support group that was not catered to the stage of their narrative healing process.

The transitory nature of SBC residents was mirrored by the coming and going of both staff and volunteers as well. As described in my methods, soon after I began leading the storytelling groups, Mary and Daria, the two interns from the Netherlands who ran the six other support groups, left the center after interning for six months. They left Sarah and me with notes from each of the groups they ran, as well as the rules they established with the women when they began running the groups.

In late June, Sarah and I began our first support group by asking the women to share one with thing they would like to stay the same about the groups, and one thing they would like to change. We hoped that they would feel in charge of their own process, as well as provide us with insight and feedback about what did and did't work when running support groups.

Understanding the erosion of trust: lessons learned in support group

As we invited the women to share, Erica was instantly ready to respond.

> *"I think the support groups are very important, and I like them very much. The support group is to heal, so we must be an example for each other. But people in the group don't want to go deep down. People talk about each other behind their backs. No one has the trust to be open during groups."*

Joyce picks up where Erica left off

> *"We are all here for the same reason. We may have experienced different kinds of abuse, but we have all been abused at some time. But we come here and gossiping is just like being abused all over again."*

Sherry chimes in

> *"No, gossiping is just plain abuse."*

Joyce continues

> *"It is important to remember that we are all different people. We all come from various backgrounds. Since living here, I feel like I have to isolate myself. I am willing to listen and talk to people, but I hold most people here at arm's length."*

It is Cheryl's turn to speak, and she reiterates the importance of acknowledging commonality.

> *"No one wants to be at here at the center. We have no choice because of our circumstances. There is something missing in our lives, and we need to put the broken pieces back together so that when we are outside we can be strong."*

Lucy reflects back to what Erica and Joyce said

> *"There is no trust. We say that there needs to be confidentiality during the group, but people go right back to gossiping afterwards. So why should we speak?"*

Franny and Brenda illustrated this idea. They chose not to share and simply stated that everything they felt was already said. I left the group feeling overwhelmed and under prepared. It was clear that the women recognized the importance of trust. In their statements, they identified the lack of trust as detrimental to their sense of safety and ability to engage in the support groups. Nevertheless, detrimental gossip continued to occur. In my own thoughts, I tried to decipher the root of this disconnect. I wondered whether the distrust and degradation of others was a symptom of the women's experiences living in abuse, or the lack of structure at the center. Regardless of the root cause, it was clear to me that the group was stuck. No one was willing to engage in transparent narrative due to the lack of solidarity. Individual healing could not occur until we, as a group, established the basic principles of respect and trust.

The consequences of distrust were illustrated during my next storytelling group, two days after the discussion during support group. I asked the women to write about what it would be like to spend a day in their shoes a year ago, and day in their shoes now. In their writing, the women again reflected on the violence, silence, and depression they experienced in the past year. Portions pulled from the stories women wrote read;

> *"So much hurts, bruises, loss of hair constantly thinking how to make everyone happy."*

> *"A year ago I thought that that was my life and I wasn't able to say how I feel or to be myself."*

> *"A year ago I was a very unhappy person. That time I was abused, always beatin and crying, not knowing what to do or where to go. Not knowing what I'm going to do about my life or my children. That person would have had a lot of hatred and shame, shame for the past. That she brought children in this world even though she knew how her life was. Hatred towards the guy who is doing these things to her. Now she's gone from the abuse, but it's still wanting her because she feels trapped, because to her that's all she knows."*

The women were reflecting on the past, but I was encouraged to see their willingness to engage in the narrative activity and publically share their experiences. As we continued around the circle, Erica was next to share. She began,

"A year ago my song was not working."

Sitting at the far end of the table, two younger women snickered as they whispered to one and other. Erica stopped reading and her eyes welled with tears. "Do you think my pain is funny?" she asked, her voice quivering.

A group wide discussion ensued, once again identifying the lack of trust. Many of the women spoke candidly. They don't trust the other women in the center, so why they asked, should they be vulnerable and open when sharing in groups? Cheryl also raised the challenge of language and education as an obstacle to both storytelling and trust. Her first language is Afrikaans, so she found it difficult to write and discuss in English. She felt judged by the younger women in the room, who have received more education, and are distinctly more comfortable in their writing and speaking of English. Valuable information was shared as the women discussed their concerns and frustrations with the group. However, emotions quickly intensified. The room was charged with a pain that I was discovering was often felt by the women, but rarely expressed or discussed. I felt inept mediating the discussion. As I tried to intervene, the women spoke over me. The group came to an early ending as Erica left the room in tears. I wondered to myself, yet again, whether my presence was doing more harm than good.

After group, I walked to Erica's room hoping to apologize and see if she was OK. Without making eye contact, she explained that she was hurt and humiliated.

"I didn't want to talk about those things. And when I tried, they laughed."

Her pain illustrated two challenges, both in the design of the storytelling group and the cohesion among the group. The storytelling prompt, "reflect on what it was like to spend a day in your shoes a year ago", asked the women to once again revisit the past. Despite returning to an early narrative stage, the women were initially willing to engage in the storytelling activity. It was the lack of trust and solidarity that led to the erosion of the group. Erica was humiliated rather than empowered, as some of the women in the group laughed at her presentation of her experience. Her pain felt like a result of my actions. I had both provided the prompt, and been unable to maintain a safe environment for the storytelling group.

I gained greater insight into the gravity of the situation later that day, as I spoke with Carry in the stairwell.

> *"I will keep coming to groups but don't expect me to talk. I will decide when I am willing to share again."*

The image of communitas I originally envisioned seemed shattered. Despite the initial sharing in storytelling support group, a lack of trust both in me and their fellow residents, caused many of the women to revert back to an earlier silence and isolation.

Hoping to salvage the group, and establish a trust that had never been solidified, Sarah and I designed the following support group around the theme of community building and active listening. We opened the group with the human knot exercise, inviting all of the women to stand and take the hand of the women across from them. Through discussion and cooperation, we challenged them to find a way to untangle their bodies. This posed a multifaceted challenge for the women. Not only did they have to communicate with one and other, but they were jointly

facing the discomfort of body boundaries. As a result of years of abuse, many of the women endured the violation of their bodily safety. The degree of touch involved in the human knot added an additional layer of trust to the communication exercise.

Reaching out and grabbing one and other's hands, the room fell silent. The women were willing to navigate touch, but refused to work together to untangle their bodies. After ten minutes of minimal movement, Sarah and I intervened, contributing directions on how to untangle their arms. Moving on from the seemingly unsuccessful activity, Sarah and I introduced the concept of LARA: Listen Affirm Respond Add Information. This is a tool often used to teach positive listening and communication for group work. After introducing the model, we suggested a scenario to practice with. *A mother living in the shelter goes to work, but leaves her children unattended back at the center. The children make a mess while on their own, and another women living in the room has to help clean up and then bring the children to crèche*. Sarah and I then suggested a way in which the two mothers could listen to each other, discuss the problem, and come to a common agreement. The women agreed that this was a relatable scenario, but that our discussion was rarely the way conflict was resolved among women at the center. Brenda candidly reflected on the way her relationship with her husband shaped the way she continues to manage conflict. She explained

> *"He used to accuse me of being defensive. I had to be defensive at home because I needed to protect myself from this man."*

Brenda's self reflection in many ways answered my earlier question about the root cause of the women's peer sabotage and distrust. Explaining her defensive tendencies, Bianca acknowledged how her relationship with her perpetrator shaped both her self esteem and the way she interacts with others. I realized that I understood on an academic, but not

individual level, how the personal details of the women's past abuse was manifesting in their present interactions.

Theresa quickly drew another issue to our attention. Some women were in attendance at group today, but many were not. Her frustration reflected the pattern that was illustrated with the journals. I identified that inconsistent attendance meant that women in different stages of the narrative healing process were engaging in the same storytelling prompt, often resulting in the repetitive retelling of their trauma story. In the discussion that ensued, Theresa and the other women present for the group on LARA emphasized further causes and consequences of inconsistent attendance among the women.

Group attendance was inconsistent for two reasons. Women were constantly coming and leaving the center for various reasons. Additionally, all residents were theoretically required to attend the support groups, but many women chose not to. The decision not to attend groups was not challenged by the staff who were overwhelmed with other daily tasks. Theresa identified how inconsistent group attendance affected the group cohesion and effectiveness of the activities. In this example, the women present learned the LARA technique, but many women living in the shelter, not in attendance, wouldn't have this same knowledge base. She continued

> *"We'll use the method, but they still lash out, so we lash out in self defense. If we all attend, we all know LARA."*

The women began to discuss why some women attend groups, and others don't. Carry reasoned

> *"there are ladies who have been here for months and don't want to pick themselves up."*

Theresa continued

> *"Those of us who have been here longer should be an example, but instead the friction here is between the old ladies."*

Her comment revealed not only the frustration around attendance and arguments among the women, but potential issues with the center as well. If the friction was between the women who had been at SBC the longest, trust was eroding over time. This pointed to the importance of understanding what structural issues at the center, and internal constructs among the women, that created this trend.

The women's comments and frustrations confirmed my concern that had been growing over the last two months. It was the women who had been at the shelter the longest that painfully hung in limbo. Rather than being the furthest ahead in the healing process, the women had either reverted to isolation, choosing for various reasons to no longer attend the groups, or sitting through sessions and engaging in narrative, but not able to take the process the next step due to insufficient support from staff, and volunteers.

Comunitas revisited

As the group dissipated, Theresa and Carry, two of the women who had been vocal throughout the group, stayed to speak further. As we spoke as a group of four, Carry revealed that up until a few days ago, Theresa was the only woman at the center that she had told the full extent of her personal story. For the second time in the past week, Carry recounted her story. Before coming to the center she was working the night shift, monitoring the surveillance cameras at the local police station in town. While at work, Carry's sister and her husband would look after her sixteen year old daughter. One evening, her boss came into the surveillance room and told her not to take her eyes off of camera number six. Based on body language captured on the surveillance camera, it appeared as if a woman was about to be raped. As Carry monitored the camera, she received a text message from her daughter. Embedded in the text was a picture of her daughter slitting her wrists. Carry froze, torn between her job and her daughter. If she left she would lose her job, and place a woman at risk of getting raped. If she stayed she was ignoring

her daughters cry for help. Minutes later she fled from her desk. Upon arriving home, she found her daughter, unconscious on the floor, bleeding from her wrists. The doctors later informed her that her daughter encountered a near brush with death. In the days that followed, the truth surfaced that Carry's daughter, Alina, was being raped by her uncle. It was this trauma that led them to seek shelter at the SBC. Now at the center, Carry explained that she is working to heal her relationship with her daughter.

For Carry, telling her story to Theresa, a trusted friend, was healing because Theresa resonated with many of the life experiences Carry expressed. As Carry explained,

> *"Theresa gets our story because she can understand both sides, she is a mother, but she has also been raped."*

This idea of "getting" the story is an important component of healing narrative. The literature states that an empathetic audience, someone who can relate to the trauma due to similar life experiences, is often the most supportive listener. Reflecting on her ability to share painful stories with Theresa, Carry explained that Theresa struck a balance between asking insightful questions and simply listening, providing an objective ear. She attributed this learned sensitivity to Theresa's personal experiences with trauma and motherhood.

Theresa also benefited from the exchange of personal stories. In her friendship with Carry, Theresa discovered her ability to help another woman heal. Theresa found that she was able to use her own personal story and lived experience to help Carry and Alina navigate the mother daughter relationship. This allowed Theresa to uncover her own strength and realize that she was ready for the next step in the narrative healing process. She expressed this sentiment as she discussed the context in which she hopes to share her own story.

> *"I don't want pity, but to be able to motivate others. We still all need motivation and encouragement to go on. I want to change my field; I was raped, abused, a mother, a child. I want to be a motivator, teacher, leader. Because that really is*

the best way to heal. When I counsel others I counsel myself. Sometimes even the believer needs a reminder."

Theresa's hope of one day using her story to inspire others, illustrated my earlier vision of the stages of healing narrative. Moving from isolation to lament, the final stage of social organizing allows for self-empowerment through the encouragement of others.

Children

In my next storytelling support group, I planned to build upon the concept of encouraging and inspiring others through personal stories. I opened the group by reading the spoken word poem "If I Should Have a Daughter", written by Sarah Keyes, a young American poet. After I read the poem, I invited the women to write the stories they would share with their real or imagined daughter, providing wisdom rooted in their lived experience. After writing in silence for a few minutes, a discussion of motherhood ensued. The women described their concerns for their children who grew up as witnesses to an abusive relationship. The women also expressed the ongoing challenges they faced as parents raising their children in a shelter.

Franny was the first to share her story. She explained that her children recently returned home to live with their father. When living at the shelter, her nine year old daughter cried herself to sleep every night, begging to see her dad. Franny's husband was never abusive towards the children, so she trusted that her kids would be safe. However, she feared the effect her decision would have on her relationship with the kids. If she kept them at the center, they would resent her for obscuring their relationship with their father. On the other hand,

"Knowing that my husband doesn't talk kindly about me to my children",

Franny was concerned that her children's image of her would be polluted by her husband's lies. Based on the tactics of power and control outlined in the Duluth Model, Franny was valid in her concern. It is not uncommon for perpetrators to influence their children's perception of the

mother, or threaten to take full custody. Acknowledging the lack of control she felt in her relationship with her children and perpetrator, Franny concluded,

> *"All I can do is keep showing them that mom loves them."*

Joyce spoke next. Her daughter and two grandchildren moved into the shelter the night before. She explained

> *"On the one hand I'm relieved that they will be safe now, but I am depressed to see them in the same situation as I am."*

Garrity follows. She is a refugee from Somalia who arrived with her five children a week prior. In broken English, with a steady trail of tears streaming down her cheeks, she explained that she was concerned about her legal right to her children. Her husband was threatening to come and take the kids, but she had no legal proof of custody to keep them at the center. The other women jumped in with advice. Lucy encouraged Garrity to seek out SBC's legal advisor who could counsel her on how to gain custody. Erica countered, explaining that the state laws around custody do not overcome religious laws within the Muslim tradition.

The women's discussion revealed the tension between religion, culture, and rights. Many of the women in the room came from different backgrounds, shaping their varied beliefs about marriage, independence, and rights. Again, I was reminded that the women are the experts in their own healing, and can serve as a valuable resource for each other. In the discussion of legal resources, the women verbalized the obstacles they each faced. Although the women held different beliefs about how the individual problems should be solved, through sharing their stories and struggles they acknowledged challenges with children as a common theme in their lives. I saw a glimpse of the potential solidarity and support that could be formed.

Leaving the group, I was deeply concerned that Garrity had not been seen by a counselor at SBC. Regardless of potential cultural or legal obstacles raised in the group, I encouraged

Garrity to meet with the legal counselor to discuss her options. Immediately after the group, I met with Dana. I explained that Garrity arrived at SBC a week ago, but had not been assigned a counselor. She assured me that someone would meet with Garrity by the end of the week.

A month later, despite multiple promptings, Garrity had still not been seen by a counselor. This was an oversight that I felt was inexcusable. I tolerated the lack of organization and follow through in relation the support groups, but individual counseling was an essential support in the women's recovery. As stated in my methods, I had seen how when the therapist did not respond to Rasheeda, the results were devastating. Afraid of suicide threats, she fled the center and did not return. Her safety and whereabouts were still unknown when I left two months later. A lack of staffing at the center and an inability to provide one-on-one counseling was having a tangible, detrimental impact on multiple women in the center.

Reflecting back on the "If I Should Have a Daughter" prompt, what started out as a storytelling group, once again revealed the various layers of complication at the center. Rather than telling stories to educate and inspire their children, the women's comments focused on the parenting problems they continue to encounter. Inundated with day to day parenting obstacles, they were not ready to reflect or inspire, but rather needed to problem solve daily challenges. The challenges they discussed; lack of control in their parenting role, the cycle of abuse within the family, and legal constraints, are not uncommon among survivors of domestic violence. However, the difficulty processing and overcoming these obstacles indicate inadequate or ineffective resources at the center. The women's narrative revealed their sense of stuckness as mothers in the parenting role and women in the healing process.

Foreign staff

As indicated in the story of Garrity, the full time South African therapists were often over booked and consequently unavailable. Foreign interns and staff posed another challenge. Terry, a resident at SBC for the past nine months, reflected on her experience with staff turnover. She spoke candidly, explaining

> *"I have had two different counselors. The first always allowed me to open up, but would make me happy and smiling by the end of the session. I always left feeling a sense of relief and positive. When the counselor left I got placed with a Norwegian intern. The intern made me feel empty, I cried and opened up, but still left feeling empty and sad."*

Terry's story caused me to reflect on Carry's earlier comment, it was the women who had been at the center the longest who seemed to struggle the most. As illustrated by Terry, women who were at the center a long time were more likely to have experienced multiple staff turnovers, consequently being asked to retell their story to staff with varying backgrounds and training.

Wanting to understand the history and logic of foreign interns as primary counselors, I interviewed Melanie, a SBC staff member who worked at the center for the past fourteen years. In the wake of multiple staff turnovers, she has been at SBC the longest. When asked about the role foreign interns as counselors and group leaders, she explained

> *"Originally it was South African psychology and social work interns. But then, after a series of budget cuts, those interns were needed for intakes so foreign volunteers started taking on counseling clients and running the groups."*

As I probed further about the potential shortcomings of foreign interns, Melanie continued

> *"I don't see a problem with it. The only issue is some are here for long, and others for just a short period. I have suggested that if volunteers are only here for a short period of time they shouldn't run the support groups."*

In a later interview, Brenda, an SBC resident, discussed similar challenges. When I asked her about her experience with foreign interns, she explained

> *"The only hard thing is you (the residents) get attached, and then they have to leave. That's the only upsetting part."*

In her comment, Brenda raised the issue of attachment. Many of the other women at SBC highlighted a myriad of other frustrations when discussing the shortcomings of foreign staff. The challenges related to foreign interns continued to arise as a theme in my casual conversations and interviews with the women. Sitting on the couches one day after support group, Joyce reflected,

> *"Mary, from Holland, was my first counselor. Sessions were difficult because Mary doesn't understand South African Law, and how a lot of the legality works. I cried a lot in sessions, and opened up, but counseling wasn't always easy. Since Mary left I know have Tamara, who is South African. When I began with Tamara I felt like I had to tell my story all over again, starting from the beginning. Shouldn't she have my history on file? Instead, I am sitting there digging up the past all over again."*

Joyce's statement illustrated that the retelling of the trauma story was not only facilitated in support groups, but the individual counseling sessions as well.

"Digging up the past": retelling the personal story

Joyce's experience of continually "digging up the past", and retelling her story, was echoed by many of the residents. This cycle of retelling the past was described by Terry, whose story was portrayed in the introduction. One morning, during the walk through, I found Terry still in bed. This was not uncommon. Terry never attended groups. Most mornings, when I checked in at nine am, she was still lying in bed. At the sound of my voice, she would roll over, angling her body away from me. I habitually greeted her "how are you this morning?" No response. "Are you going to be staying in or going out today?" No response. I marked staying in. That morning, I was frustrated and concerned. If the women were spending the day at the center, they were required to attend groups. I was not willing to let Terry dismiss me. "Are you sure you don't want to come to group this morning?" I prompted further. She rolled over and looked me in the eyes.

> *"I'm tired, I'm tired of all of this."*

She went on to explain that during her nine months at SBC, she watched numerous cycles of volunteers, staff, and women come and leave the center. Each time a new group of facilitators arrive, or new women move in, the narrative process begins again as the women are asked to retell the story of their trauma.

As described in the introduction, Terry felt that this process or re-telling her trauma story was paralyzing. For herself and her children, Terry felt ready to move forward from the past and look towards the future. In order to avoid remembering and retelling the story of her abuse, Terry stopped attending support groups. Her words echoed what I observed during my two months at the center. The women were caught, due to the internal consequences of IPV and the structural shortcomings of the center, in the retelling of the past. Without the opportunity to move forward and positively envision the future, the women reacted in a variety of ways; stopped attending groups, suffered in their interpersonal relationships, and or endured emotional distress.

The truth in Terry's testimony made me all the more ambivalent to lead the storytelling support group scheduled for that afternoon. I encouraged Terry to attend, despite her frustrations and my doubts. That afternoon, as women straggled in, we began group around 2:15. Terry was not in attendance. I began by reading a short story titled "Carrot, Egg or Coffee?" The story was about a lesson a mother shares with her daughter. The mother poses a circumstance to her daughter. A carrot, egg, and coffee beans are all placed in the same pot of boiling water. Once in the water, the carrot goes from soft to hard, the egg solidifies, and the coffee beans transforms the water making coffee. The mother explains that all three objects are faced with the same adversity, boiling water, but each reacted differently. "How will you react if placed in boiling water?" the mother asks her daughter. After finishing the anecdote, I prompted the women to tell a story about a time when they felt like coffee, able to change the water despite adversity. My

intent was to encourage the women to reflect on time they felt empowered. In retrospect, once again, was asking them to dig up stories from the past.

As they reflected, either writing or sitting in silent thought, Terry opened the door and found a seat next to me. For the first time since I arrived, she was dressed, wearing all black with her hair pulled back in a neat bun, and a hint of mascara lining her eyes. "Would you like to hear the story?" I asked. I read to Terry while the others continued to write. I then opened the room for comments and sharing. Brenda was eager to share. She explained

> *"When I was with my husband I was the carrot, when my friends hurt me I am the egg, and with my children I am the coffee bean."*

Rasheeda counters

> *"As women we must be the egg. We need to be hard to protect ourselves and our children."*

Terry chimes in

> *"If you are always hard than you will shut out the world, I know from experience. As women we are born strong, stronger that any man. But there is a difference between being strong and hard."*

A debate ensued as women discuss the risks of being soft, and open.

I am caught reveling in this small token, Terry's willingness to share and engage in the group. This, in and of itself, was a transformation. Lying in bed earlier that morning she embodied the egg, hardening herself to the other women and myself. Engaging in the group, she seemed ready to take the first steps to try and change the water.

Self-esteem and empowerment

Drawing upon this discussion of what it means to be a strong woman, the following week I presented "the tree activity". I gave each of the women a sheet of white paper, and told them to draw a tree. On their tree, I instructed them to write or draw the roots as the people, places, or things that keep them grounded, the trunk as their strengths, and branches as what they were

reaching for, their dreams. They quickly filled their sketches with numerous roots, and branches. Roots included;

> *"The word of God", "My good mom", "Prayer", "I love my grandchildren."*

The branches were filled with dreams of

> *"Teaching hurting women", "2 get a job", "See my kids again", "Getting a place to stay for me and my babies."*

However, for many, the trunk remained empty. I asked Franny, sitting next to me, if this was a choice or if she forgot to fill in the trunk of her tree.

> *"I don't have any strengths."*

she simply stated. This sentiment seemed to resonate throughout the room, as many of the women nodded their heads in agreement.

Again, I felt at a loss. The women lacked the building blocks of healing. Without a sense of self-esteem, it was no wonder that so many of the women returned to their abuser, whether for a weekend visit, or leaving the shelter permanently. The women were able to clearly state their dreams, get a job, a home, be reunited with kids. However, for so many, their day to day reality was still intertwined with their abuser. Joyce felt

> *"A lot of women see the shelter as a vacation. They are here during the week, but then spend the weekends with their perpetrator. They're not really investing in the process, and will just be back to the abuse. You need to have vision to survive, you need to be able imagine the future."*

However, I wondered to myself whether it was a lack of vision or a lack of agency? The literature states that in a shelter setting, self-esteem and agency are fostered through structured programming, healthy relationships, and ongoing support. With insufficient structure and support at SBC, many women lacked self-esteem, economic independence, or job training. The women voiced their dreams for the future, but they felt that actually attaining their goals was impossible.

Still stuck

Three months after I left the center, for many women this dim vision was fulfilled as reality. After I returned to the United States, Sarah stayed for another month at the center. In weekly updates she informed me Erica was asked to leave due to overcrowding in the center, Tammy's children were taken into custody due to reports of parental abuse, Joyce privately reported suicidal inclinations, Brenda suddenly left with her two children and no one had heard from her since. I've now been gone six months and have not yet heard a success story. Francesca, a South African graduate student who was conducting her master's research at the center, wrote to me in the fall, six months after I left. In her email she stated *"there are a whole bunch of new volunteers. They don't come across as the friendliest people and they don't really seem that invested."* The cycle of foreign volunteers, with varying degrees of investment, continued. I could only imagine that with this new group of volunteers, the women were once again being asked to retell their trauma story.

Discussion: The construction and consequences of narrative liminality

The women at the Sandra Bateman Center are caught in "narrative liminality", repeatedly retelling their story of abuse and trauma. Placing the healing process in a rites of passage framework, the women living at SBC chose "separation" by entering a domestic violence shelter. Physically they left the abuse. By engaging in the shelter intake process, verbally acknowledging their experience of abuse, the women at the SBC also moved beyond silence, the first step forward in narrative healing.

Liminality, the transitional stage, is where I expected to observe the narrative healing process occur, as women engaged in a variety of support groups. I anticipated the development of solidarity as the women developed trust for themselves and others through the process of telling their stories and acknowledging their commonalities during the narrative act of analysis

and lament. These individual and group changes of learning, trust and solidarity are critical components that construct the transformative power of the liminal phase. However, instead of solidarity, I observed a lack of trust throughout the center. This pervasive lack of community and trust was intimately connected to the narrative process observed at SBC. The women were consciously and subconsciously trapped by the re-telling of their story. At SBC, the retelling of the trauma story was the result of a confluence of internal constructs, structural challenges and cultural obstacles.

Internal constructs

The stories many of the women at SBC told reflected the cycle of domestic violence. Many of the women who were victims of childhood abuse experienced violence in their later romantic relationships, often causing this pattern of violence to become normalized and accepted. As Cheryl testified in the first storytelling group, reflecting on "Where I Come From", until hearing the stories of other women, she didn't know that much of what she experienced throughout her life was abuse. This internalization and acceptance of abuse made it difficult for many of the women to build a sense of self-esteem and independent identity. As seen in the "tree activity", the women felt that they couldn't begin to illustrate their dreams for the future, or discuss the possibility of employment, without developing a foundation of who they were as individuals, rooted in a sense of strength.

The dichotomy of strength was emphasized in the debate between Rasheeda and Terry. As a victim of long term abuse, Rasheeda reasoned that it is important to harden yourself to the world, protecting one's self and one's children. Terry challenged her, urging that there is a difference between being hard and being strong; strength allows for unity, hardness only engenders further isolation.

In the support groups and in their daily interactions, the women teetered along this line between strength and hardness. As I repeatedly learned and identified in my findings, there was a pervasive lack of trust at the Saartije Baartman Centre. Many of the women didn't trust each other, they often didn't trust the staff, and for good reason, they feared what was outside the center walls. For the women, in many cases the lack of trust reflected an earlier erosion of self and healthy relationship skills, whittled away by both long and short term abuse, and compounded trauma.

Structural challenges

In addition to the women's own internal constructs, the SBC was not structured in a way that fostered trust. Structural distrust was rooted in staff-resident relationships, insufficient time – in groups and at the shelter, and inconsistency in the services (ie legal counseling, individual therapy) offered at the shelter.

The full time staff were South African residents who held degrees in either social work or psychology. However, due to insufficient funding, during my time at the center, SBC was understaffed. Short staffing of individual counselors was a notable challenge. Many of the women were not seen consistently by their assigned counselor, had never been seen, or were not assigned a counselor at all. The cases of Germaine and Gadija demonstrated the detrimental effect inconsistent counseling had on the women's sense of safety and healing. Germaine, who reached out for support while receiving threats from other women at the center, was told she had to wait until Monday to be seen by her counselor. Fearing her personal safety, Germaine left the center. It is unclear where Germaine sought shelter, but it is possible that she returned to her abuser. This demonstrates that Germaine felt safer facing the fear of the unknown or living with her perpetrator than enduring her current situation at the center.

Gadija, a Somalian immigrant, felt threatened by her abuser and needed legal counseling. However, after two weeks living at the center, she had still not been assigned an individual counselor. These two stories are emblematic of the many instances at SBC where the women felt that they were not receiving the individual counseling they needed to move forward in their healing process.

Support groups were also inconsistent and or facilitated by untrained interns. The SBC offers a curriculum of eight support groups each week. The support groups are facilitated by international volunteers, who stay at the shelter for two weeks to six months. The support groups are frequently restarted and reinvented, as new volunteers assume leadership roles in pre-existing groups. As I experienced first-hand, Mary and Daria, the volunteers from Holland, developed and facilitated a meditation group for the four months they were at the center. When they left, there was no curriculum to guide future interns in how to use their same methods and continue the meditation group.

Additionally, as international volunteers, many facilitators lack knowledge of the cultural complexities the women are dealing with and the local resources available, both crucial foundations of knowledge critical for aiding women in moving forward. The issue of cultural competency in domestic violence treatment was emphasized in an interview I conducted with Megan and Margaret, two women who worked at a trauma referral organization in Cape Town. Discussing their counseling approach, Margaret stated “In treatment you can’t dismiss culture. It’s particularly complicated in South Africa where people come from a wide variety of cultural backgrounds.” (Margaret, 7/13/13) They went to explain that they try to hire staff with a variety of language skills and cultural backgrounds, so if necessary, they can accommodate clients with specific needs.

Language, culture, and religion seemed to be barriers to productive and safe support groups at SBC. All of the women spoke some degree of English, however some had difficulty understanding the specificities of activity instructions. Additionally, the women had varying levels of academic training. In storytelling support group, writing proficiency was a source of anxiety and tension among the women. Furthermore, the legal issues and personal understanding of domestic violence varied based on the different cultural and religious backgrounds of the women. Each of these factors made it difficult to have a cohesive, supportive conversation about the dynamics and complexities of domestic violence healing.

Beyond cultural complexities and language, the rites of passage framework emphasizes that a competent mentor is often an elder in the community who has experienced first-hand the ritual or rite of passage being conducted. Similar to the "wounded healer principle" discussed in the literature on narrative, an empathetic facilitator has a learned understanding of the process, challenges, and change occurring. This emic understanding allows the empathetic mentor to be relatable, trusted and knowledgeable. It is possible that members of the SBC community have personal experiences with domestic violence. However, none of the staff, interns, or volunteers I encountered discussed personal experiences of abuse or trauma.

Despite the shortcomings of international volunteers and the tension of intra-group differences, the women living at SBC voiced that it was also detrimental when support groups were not offered. When volunteers left, their assigned support groups were not facilitated until the next group of volunteers arrived. This caused a gap in services. For many of the women who didn't have jobs outside the center, support groups provided the only structure in their day. Without formal offerings, many stated that they either gossiped or slept. The unstructured time,

disruption of routine, and general inconsistency fed into the cycle of "stuckness" and growth of distrust among the women.

Structural issues at the Sandra Bateman Center; insufficient staff, foreign volunteers, and inadequate program offerings, are all symptoms of insufficient funding. Inadequate financial support reflects a lack of commitment to domestic violence intervention from the national government. As of 2011, the South African government only contributed thirty one percent of SBC's annual budget. In their annual report, SBC further emphasized "One of the challenges we face is to get all stakeholders, including NGOs, CBOs, government and the corporate sector to work together in our endeavours to create a society that is free of violence and where everyone enjoys equal rights." (SB annual report, 2011) This statement affirms Colvin's post Truth and Reconciliation Commission statement "we are still struggling?" The South African government has not committed to preventing domestic violence, as seen in a lack of policy enforcement and legal follow up. The example of the Sandra Bateman additionally illustrates that support and empowerment of survivors is not a government priority. Narrative liminality is therefore a result of structural challenges at SBC, but also, a reflection of the political climate in South Africa.

This challenge is not unique to South Africa. As a country, South Africa is highlighted for having extremely high rates of gender based violence, and particularly poor response and services. However, Wozniack and Allen, two American researchers, stated "services to battered women are consistently driven by resource scarcity and a never-ending influx of new victims, most communities lack the resources necessary to develop additional support services to those ready to move to a new developmental stage in their healing." (Wozniack and Neuman-Allen, 88) The existence of narrative liminality or a "stuck" healing process, can be extrapolated to

international shelter settings, where organizations are underfunded, resources are short, and there is a constant influx of survivors in need.

Narrative Liminality within the narrative healing framework

The structural constraints of SBC give rise to the question; is narrative liminality a product of the broken shelter model or, is narrative intervention an ineffective technique for healing from trauma?

As emphasized in the literature, there are three main ways in which narrative theoretically guides the process of healing; remembering and forgetting, community, audience, witness, and identity and self-esteem. As a rite of passage, the movement from victim to thriver has three main stages; separation, liminality and integration. Storytelling, in theory, should aid victims through liminality to incorporate their victim identity into a larger self-construct. However, in the case study of SBC, the narrative elements highlighted above did not act as vehicles through liminality.

Remembering and forgetting

"Remembering", in the context of narrative healing, is described as an active process. The act of remembering one's trauma story is empowering because of the element of choice. In theory, when women choose what story to tell, they regain a sense of power and agency in the process of telling their own life story. Highlighting the importance of choice when healing from domestic violence, the Daphne Project emphasized that support group attendance should be an autonomous decision. (the Daphne Project, 2008) Support groups provide the healing framework, but women should choose when and how they share their story. At SBC, support groups are mandatory for all women living at the shelter. This provides conflicting messages. The women were being taught about empowerment. However, they were not entrusted with the power or agency to make decisions about group attendance. In order to make personal decisions

about their healing process, women had to "break the rules" of the shelter. Mandatory groups not only illustrate the way that storytelling, in this setting, constructs narrative liminality, but how rules about recovery could re-victimize survivors by controlling women's sense of agency and empowerment. In their own way, many of the women resisted the structure by making the independent decision to not attend groups.

Additionally, within the narrative healing and shelter model, choice and agency are influenced by who is structuring the storytelling groups and what stories women are asked to tell. Due to the ongoing cycle of international volunteers and new residents at the center, the women at SBC were asked to continually recount the story of their past, retelling their experiences of trauma. Is this empowering?

Community, Audience, Witness

The coming and going of foreign volunteers and new residents not only influenced the process of remembering, but the formation of community. Acknowledging that trauma occurs within relationships, healing is also inherently relational. For narrative to be healing, victims must feel "witnessed", heard by an empathetic audience. In theory, the storytelling support groups at SBC should create the space for empathetic listening. As the women themselves stated, they are all at the shelter for the same reason, they have experienced some form of abuse in their life. However, distrust, not empathy, best describes their relationship as a group.

Consistency and self-stability are said to be the foundations of trust in a group setting. As emphasized in the discussion on remembering at SBC, staff, volunteers and women are constantly coming and going from the shelter, eroding any sense of consistency. Additionally, due to years of isolation, demeaning, and abuse, many of the women waiver in their self-stability. This vulnerable identity is particularly poignant for women who are new to the center,

having recently left their perpetrator and often still in a state of shock or crisis. In observing the structural circumstances and internal constructs prevalent at SBC, I was not surprised by the lack of trust among the women, which complicated the formation of an empathetic audience.

Internationally, a lack of group cohesion and distrust are common challenges at shelters. In 2007, a survey was conducted at two hundred and seventeen shelters throughout the United States. The executive summary concluded, "The most common problem encountered by the respondents in this study was conflict with other residents in the shelter." (Meeting Survivors Needs, 13) This conclusion was mirrored by researchers Chang et al, who describe the individual consequences of conflict in domestic violence shelters; "She encountered both physical and emotional abuse from other residents at women's shelters the two times she went, with her second attempt at seeking help at shelter leading to a suicide attempt." (Chang et al, 5). Rather than supporting each other, such testimonies reflect that women living in shelters commonly re-victimize one and other. On a group level, this obscures the ability to create an empathetic community for narrative healing. Furthermore, this not only confines individuals to liminality, but, within the narrative model, could cause women to revert to silence and isolation.

The women at SBC encounter an array of audiences; individual counselors, legal aids, medical professionals, local religious organizations, inspirational speakers and international volunteers. With each audience, the women are asked to repeat their story. The audience, by choosing the questions and setting the tone, shapes the conversation and interaction that takes place. The women are first asked to recount their trauma story during intake. In this setting, the trauma that the women testify to decides whether or not they are eligible to live at the shelter. The story they tell the legal counselor decides, in many cases, whether or not they will have custody of their children, and if they are eligible for a restraining order. For many international

volunteers, their work at the SBC is a part of their academic studies as either a field placement or research site. Therefore, the structure of support groups reflect that the facilitators are in the learning process and/or are trying to learn from the women. Each of these audiences not only contributes to the retelling of the trauma story, but often also, consciously or subconsciously, commodifies the stories of domestic violence victims.

Acknowledging the ulterior motives commonly prevalent in "healing" prompts, Colvin summarizes interviews he conducted at the Trauma Centre, another local organization in Cape Town. One individual, receiving services at the Trauma Centre, stated, "They just want us to be victims and tell our stories so they can help us. I am sick of telling my story. It makes them feel good to show they are helping us. They don't really want to change things and what good does telling our stories over and over and over do?" (Colvin, 178) The individual addressed that, although the audience wants to provide assistance, the emphasis on retelling the story instead causes re-victimization. Many of the audiences at the SBC are associated primarily with recounting the past, leaving little space and opportunity to prepare for the future.

Identity and self-esteem

In the stages of narrative healing as a rite of passage, it is important to remember and reconstruct the past. However, "integration" occurs as women incorporate their experience of trauma in to a larger self image. Women move from liminality to integration as they learn to view themselves in the context of their strengths; mothers, educators, professionals, rather than merely as a victim.

In shelter settings, women are often re-victimized by the narrative healing methods available. The women are abused by each other due to a lack of trust within the groups. Furthermore, women are "stuck" resonating in the past, as they are asked to repeatedly retell their trauma story. The narrative healing framework identifies, that after analysis and lament through story,

agency and social networking facilitates the move to integration. However, with the current structure of support groups at SBC, women are not provided the opportunity to move beyond analysis and lament, consequently constructing an identity rooted in victimhood.

Recommendations and future impact

After two months at SBC, Sarah and I began formulating feedback and suggestions for the facilitation of support groups at the center. At domestic violence shelters, there is often a disparity in lengths of stay; some women have been there for months and others are just arriving. Highlighting the different stages of the healing process, it is important to separate support groups, providing different offerings for those who have just arrived and those who have been there for months. Additionally, we suggested that the women who had been at SBC for an extended period of time should be trained as mentors who could introduce new arrivals to the structure of the center and program offerings, acting as the "elder" in the rites of passage framework or the "wounded healer" described in narrative healing.

Sarah and I also suggested that SBC formulate a job skills training program. Economics is a crucial component of forming independence and empowerment. SBC had no job skills or training program. Without providing a path beyond liminality, the shelter potentially contributed to or constructed the sentiment of "stuckness". Storytelling, in theory, was supposed to help women find their voice, form community, and construct a positive self-identity. However, many of the women verbalized that they could recount the past and form a sense of identity, but without economic independence they could not envision a positive future. This again raises the question, is narrative "stuckness" a symptom of the institution or the process of storytelling?

Statistics show that it takes an average of five attempts for women to leave their abuser. Furthermore, 50-60% of women who participated in a shelter program returned to their abuser

after being discharged from the shelter. (Yamawki et al, 2012) This may reflect the "stuckness" created through narrative liminality. Without the skills to get a job and gain economic self-sufficiency, many women at SBC stated that upon leaving the shelter they would have no other choice but to return to their abuser. After six months, the women are out of time, and whether or not they have "healed", if they cannot support themselves and their children, returning to the abuser no longer feels like a choice but a necessary act of survival.

While in the process of formulating our suggestions for SBC, Sarah and I discovered a document on the computer data base in the volunteer room. The document was a "letter of concern" written two years ago by a volunteer who worked at SBC. In her letter, the volunteer identified many of the same obstacles identified above; a cycle of changing staff, untrained volunteers, and inconsistent group attendance by women at the center. Outlining her concerns, the volunteer explained to the board of trustees "I am saddened that a place that has such potential is lacking supervision and guidance and therefore is acting more as a crisis shelter, as opposed to a therapeutic shelter for women and children empowering them to gain confidence and knowledge, resulting in stopping the cycle of abuse." The volunteer's narrative places SBC, as an institution, in a context of "stuckness". Others have voiced their concerns about the center, however, no visible changes have been made. The structural "stuckness" and lack of resources impedes healing and the potential to move forward.

This is a common concern associated with domestic violence shelters. Described as a form of crisis management, domestic violence shelters are reactive. Researchers Bassadien and Hochfeld write about the public-private boundary prevalent in domestic violence intervention and advocacy in South Africa. They explain "Service provision in South Africa consists largely of reactive services by community-based and non-governmental organizations and the state.

Counseling, crisis management and hand out services are the predominant approaches to managing and addressing issues of abuse." (Bassadien and Hochfeld, 12) Rather than working in the public sphere, educating the public about important components of domestic violence prevention, the shelter model is reactive, treating the symptoms of women who have already been abused. When women leave the center, they return to the same "victimizing" environment. When women return to society after completing the shelter process, there is concern that they will not only retell but relive the trauma story.

Conclusion and future research

Narrative liminality, a verbalized and perceived stuckness, prevents trauma survivors from moving through the stages of the trauma healing process. Using SBC as a case study, I defined and explored the interconnected themes of trauma, domestic violence, narrative, and rites of passage, all within the context of healing. However, what does it mean to "heal"? Within the medical model, disease necessitates a cure, where as illness requires healing. A cure can be quantified, the removal of the disease. Healing is often described as a process, a subjective experience of the person engaging in change or transformation. Therefore, various individuals, societies, and cultures define healing differently.

Rites of passage construct the completion of healing as integration; an individual or community has finished the process of transformation when they are ready to re-enter society securely positioned in their changed identity. Using the broad framework of "healing," I discussed the trauma of both apartheid in South Africa and domestic violence. However, I continue to question; what does "healing" look like and how does narrative fit into the process of achieving this goal?

Domestic violence is complex and often chronic. Trauma is compounded through the diverse tactics of power and control asserted by an intimate partner or relative, for example;

silence and isolation, verbal threats, and physical aggression. To address the multi-faceted factors, healing must also be constructed as a long term, dynamic process. Narrative is an important component of this process, allowing victims to reclaim their voice and move beyond silence. Entering the phase of liminality, the core components of this transitional phase are also integral to making narrative healing. As women tell their stories, they must be heard by an empathetic audience, allowing for the formation of trust and solidarity. Liminality is a step in the process of change. Similarly, narrative must be seen as a phase. Once survivors have verbalized their trauma story, future steps must be provided to aid individuals in successfully integrating into society, confident both in their identity and ability to live independently.

The "stuckness" described in the context of the Truth and Reconciliation Commission and by the women at SBC is not rooted in the act of storytelling, but the structure, context and intent of the healing intervention. For narrative to be healing, the facilitator or group must establish: an empathetic audience, consistent attendance of the facilitator and group members, culturally relevant understanding of how language, religion, and individual experience shape group dynamics and storytelling ability, knowledge of the complexities of domestic violence, awareness of the economic constraints and opportunities, a step-wise consistent progression through narrative, and concrete next steps to move beyond the narrative phase.

It is crucial that survivors reclaim their voice and agency, verbalizing how their past experiences shaped their current identity. However, narrative is an initial step, one component of the healing process. To solidify agency and independence, survivors must receive concrete tools and skills to move beyond storytelling – ultimately moving beyond trauma.

Further research is needed to understand when women are ready to surpass the storytelling phase. Identifying this turning point, researchers should also explore what offerings,

for example resume building, are critical next steps in the healing process after the narrative phase is completed.

Sources

"16X16 Stories: Tell. Listen. Act." 2012. https://www.takebackthetech.net/take-action/2012/11/20.

1970, -March 11. 1970. *On Violence*. 1 edition. New York: Harcourt Brace Javanovich.

Agger, Inger, and Søren Buus Jensen. 1990a. "Testimony as Ritual and Evidence in Psychotherapy for Political Refugees." *Journal of Traumatic Stress* 3 (1): 115–30.

Andersen, Jørgen Østergård. 2001. *Illness, Liminality and Attachment to Narratives: Anthropological Approaches Towards Medically Un-explained Physical Symptoms*. Center for Kulturforskning, Aarhus Universitet.

Armstrong, S. 1994. "Rape in South Africa: An Invisible Part of Apartheid's Legacy." *Focus on Gender* 2 (2): 35–39. doi:10.1080/09682869308520009.

Blows, Emma, Lydia Bird, Jane Seymour, and Karen Cox. 2012. "Liminality as a Framework for Understanding the Experience of Cancer Survivorship: a Literature Review." *Journal of Advanced Nursing* 68 (10): 2155–64. doi:10.1111/j.1365-2648.2012.05995.x.

Blumberg, Marcia Shirley, and Dennis Walder. 1999. "South African Theatre As/and Intervention." In Rodopi.

Brison, Susan J. 2002. *Aftermath: Violence and the Remaking of a Self*. Princeton, N.J.: Princeton University Press.

Bruce, Anne, Laurene Sheilds, Anita Molzahn, Rosanne Beuthin, Kara Schick-Makaroff, and Sheryl Shermak. 2013. "Stories of Liminality: Living With Life-Threatening Illness." *Journal of Holistic Nursing: Official Journal of the American Holistic Nurses' Association*, August. doi:10.1177/0898010113498823.

Chang, Judy C, Diane Dado, Susan Ashton, Lynn Hawker, Patricia A Cluss, Raquel Buranosky, and Sarah Hudson Scholle. 2006. "Understanding Behavior Change for Women Experiencing Intimate Partner Violence: Mapping the Ups and Downs Using the Stages of Change." *Patient Education and Counseling* 62 (3): 330–39. doi:10.1016/j.pec.2006.06.009.

Colvin, Christopher J. 2000. *"We Are Still Struggling": Storytelling, Reparations and Reconciliation After the TRC*. CSVR.

Covington, Stephanie S., United States Department of Health and Human Services, and Urban Institute. 2002. *A Woman's Journey Home: Challenges for Female Offenders and Their Children*. Urban Institute Press.

"Creating a Space for Encounter and Remembrance: The Healing of Memories Process by - Undine Kayser (Part 1)." 2013. Accessed October 15. http://www.healing-memories.org/news/research/creating-a-space.

Daphne Project. 2008. "The Power to Change: How to Set Up and Run Support Groups for Victims of Domestic Violence in South Africa." Possum Ltd. file:///C:/Users/Annie/Downloads/The-Power-To-Change(2).pdf.

Das, Veena. 2001. *Remaking a World: Violence, Social Suffering, and Recovery*. Berkeley: University of California Press.

"Domestic Violence and Abuse in South Africa." 2013. *Divorce Attorney Cape Town South Africa*. Accessed October 15. http://divorceattorneys.wordpress.com/2012/11/25/domestic-violence-and-abuse-in-south-africa/.

Etherington, Kim. 2003. *A Narrative Study of Trauma, the Body and Trasformation*. London: Jessica Kingsley.

Gobodo-Madikizela, Pumla, and Chris Van der Merwe. 2009. *Memory, Narrative, and Forgiveness: Perspectives on the Unfinished Journeys of the Past*. Cambridge Scholars Pub.

Grimes, Ronald L. 2002. *Deeply Into the Bone: Re-inventing Rites of Passage*. University of California Press.
Gunne, Sorcha, and Zoe Brigley. 2010. *Feminism, Literature and Rape Narratives: Violence and Violation*. New York: Routledge.
Hearns, Maureen C. 2009. "A Journey Through Ashes: One Woman's Story of Surviving Domestic Violence." *Anthropology of Consciousness* 20 (2): 111–29. doi:10.1111/j.1556-3537.2009.01014.x.
Herman, Judith. 1997. *Trauma and Recovery: The Aftermath of Violence--from Domestic Abuse to Political Terror*. Reprint edition. Basic Books.
Houskamp, Beth M., and David W. Foy. 1991. "The Assessment of Posttraumatic Stress Disorder in Battered Women." *Journal of Interpersonal Violence* 6 (3): 367–75. doi:10.1177/088626091006003008.
Jewkes, Rachel, and Naeema Abrahams. 2002. "The Epidemiology of Rape and Sexual Coercion in South Africa: An Overview." *Social Science & Medicine* 55 (7): 1231–44. doi:10.1016/S0277-9536(01)00242-8.
Jewkes, Rachel, Jonathan Levin, and Loveday Penn-Kekana. 2002. "Risk Factors for Domestic Violence: Findings from a South African Cross-sectional Study." *Social Science & Medicine (1982)* 55 (9): 1603–17.
Kaminer, Debra. 2005. "Truth Commission Testimony: Relation to Pyschiatric Status and Forgiveness Among South African Survivors of Human Rights Violations." University of Cape Town. http://uctscholar.uct.ac.za/PDF/99389_Kaminer_D.pdf.
Kaminer, Debra, and Gillian Eagle. 2010. *Traumatic Stress in South Africa*. Johannesburg, South Africa: Wits University Press.
Lamb, C. Sue, Lee A. Jackson, Patricia B. Cassiday, and Doris J. Priest. 1993. "Body Figure Preferences of Men and Women: A Comparison of Two Generations." *Sex Roles* 28 (5-6): 345–58. doi:10.1007/BF00289890.
Langer, L L. 1996. "The Alarmed Vision: Social Suffering and Holocaust Atrocity." *Daedalus* 125 (1): 47–65.
Litsegård, Maria. 2008. "Alternative Therapeutic Interventions in Trauma Work In Cape Town. -An Explorative Study of Holistic Approaches in a Field of Social Work Practice", March. https://gupea.ub.gu.se/handle/2077/9688.
Luedke, Tracy J., and Harry G. West. 2006. *Borders and Healers: Brokering Therapeutic Resources in Southeast Africa*. Indiana University Press.
Lyon, Eleanor, Shannon Lane, and Anne Menard. 2008. "Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences, Executive Summary". U.S. Department of Justice. https://www.ncjrs.gov/pdffiles1/nij/grants/226045.pdf.
Maitse, Teboho. 1998. "Political Change, Rape, and Pornography in Postapartheid South Africa." *Gender and Development* 6 (3): 55–59. doi:10.1080/741922834.
Matima, Miriam. "Narrative Therapy and Abused Women: Effectiveness of Narrative Therapy for Sheltered/Abused Women". Brief Therapy Network. http://www.brieftherapynetwork.com/documents/narrativepractices.pdf.
Mattingly, Cheryl, and Linda C. Garro. 2000. *Narrative and the Cultural Construction of Illness and Healing*. University of California Press.
McClusky, Laura J. 2001. *Here, Our Culture Is Hard: Stories of Domestic Violence from a Mayan Community in Belize*. Austin, TX: University of Texas Press.

Moffett, Helen. 2006. "'These Women, They Force Us to Rape Them': Rape as Narrative of Social Control in Post-Apartheid South Africa." *Journal of Southern African Studies* 32 (1): 129–44. doi:10.1080/03057070500493845.
Murphy, Robert F. 2001. *The Body Silent*. New York: Norton.
Nasikye, Esther, and Sally-Jean Shackleton. 2010. "http://www.womensnet.org.za/sites/womensnet.org.za/files/content_files/I_have_listened_I_have_heard.pdf." http://www.genderit.org/articles/south-africa-privacy-and-domestic-violence-online-and.
Newberg, Liz. 2013. "My Avenging Angel Workshop Helps Abuse Victims Rediscover Life." *New Britain Herald*. file:///C:/Users/Annie/Downloads/ARTICLE%20Bristol%20Press%20Sunday%20Sept%2020%202013.pdf.
News, Post Published: 24 July 2012 Author: admin Found in section: Latest, Religion Tags: Archbishop Emeritus Desmond Tutu, Bongile Mase, Cape Town Civic Centre, Desmond, Leah Tutu Legacy Foundation, Elizabeth Petersen, Mayor Patricia De Lille, Nobomvu Mqamelo, and The Breaking the Silence programme Previous Topic: Mayor called to intervene in housing corruption Next Topic: Province celebrates 1000 lives saved on the roads. 2013. "Tutu Tells Religious Leaders to Break the Silence on Domestic Violence." *West Cape News*. Accessed October 15. http://westcapenews.com/?p=4656.
Omillian, Susan. 2011. "Moving Beyond Abuse in Our Lives." *The Voice: The Journal of the Battered Women's Movement*. file:///C:/Users/Annie/Downloads/ARTICLE%20NCADV%20Fall%202001%20full%20excerpt.pdf.
Parson, Nia. 2010. "Transformative Ties: Gendered Violence, Forms of Recovery, and Shifting Subjectivities in Chile." *Medical Anthropology Quarterly* 24 (1): 64–84.
"Past Traumas Are a Present Problem." 2010. *MyZA.org*, November 13. http://www.ijr.org.za/uploads/media/myza_online_17112010_Prof._Pumla-Gobodo_inauguration_speech_UCT.pdf.
Pollack, Martin. 2012. "City Launches Two Pilot Projects to Help Minimise Domestic Violence." *City of Cape Town*. https://www.capetown.gov.za/en/Pages/Citylaunchestwopilotprojectstohelp.aspx.
Ross, Fiona C. 2003. "On Having Voice and Being Heard Some after-Effects of Testifying Before the South African Truth and Reconciliation Commission." *Anthropological Theory* 3 (3): 325–41. doi:10.1177/14634996030033005.
"Saartjie Baarman Centre For Women and Children: Annual Review 2011." 2011. Saartjie Baartman Centre. http://www.saartjiebaartmancentre.org.za/images/docs/annual_report_2011.pdf.
"South Africa Violence Against Women Rated Highest In The World." 2014. *Huffington Post*. Accessed March 17. http://www.huffingtonpost.com/2013/03/08/south-africa-violence-against-women_n_2837804.html.
"South African Domestic Abuse Video Shocks Viewers (VIDEO)." 2010. *Huffington Post*. November 30. http://www.huffingtonpost.com/2010/11/30/south-africa-advocacy-gro_n_789807.html.
Stark, Evan, and Eva Schlesinger Buzawa. 2009. *Violence Against Women in Families and Relationships*. Santa Barbara, Calif.: Praeger/ABC-CLIO.
Sweetman, Caroline. 1998. *Violence Against Women*. Oxfam.
"Trauma." 2013. *Http://www.apa.org*. Accessed October 15. http://www.apa.org/topics/trauma/index.aspx.

Treatment, Center for Substance Abuse. 2009. “Appendix E: DSM-IV-TR Criteria for Posttraumatic Stress Disorder”. Text. http://www.ncbi.nlm.nih.gov/books/NBK83241/.
Turner, Victor. 1969. “Liminality and Communitas.” In *The Ritual Process: Structure and Anti-Structure*. Chicago: Aldine Publishing.
“Understanding and Addressing Violence Against Women: Intimate Partner Violence.” 2012. World Health Organization. http://apps.who.int/iris/bitstream/10665/77432/1/WHO_RHR_12.36_eng.pdf.
Van der Merwe, C. N, and Pumla Gobodo-Madikizela. 2008. *Narrating Our Healing: Perspectives on Working through Trauma*. Newcastle, UK: Cambridge Scholars Publishing.
Villa-Vicencio, Charles. 1999. “Living in the Wake of the Truth and Reconciliation Commission: A Retroactive Reflection.” http://www.saflii.org/za/journals/LDD/1999/12.pdf.
Wetzel, Laura, and Mary Anne Ross. 1983. “Psychological and Social Ramifications of Battering: Observations Leading to a Counseling Methodology for Victims of Domestic Violence.” *The Personnel and Guidance Journal* 61 (7): 423–28. doi:10.1111/j.2164-4918.1983.tb00059.x.
Winkelmann, Carol Lea, and Christine Shearer-Cremean. 2004. *Survivor Rhetoric Negotiations and Narrativity in Abused Women’s Language*. Toronto [Ont.]: University of Toronto Press. http://site.ebrary.com/id/10226352.
“Women Won’t Wait.” 2009. Mosaic. http://mosaic.org.za/www_english_lowres.pdf.
Wozniak, Danielle F, and Karen Neuman Allen. 2012. “Ritual and Performance in Domestic Violence Healing: From Survivor to Thriver through Rites of Passage.” *Culture, Medicine and Psychiatry* 36 (1): 80–101. doi:10.1007/s11013-011-9236-9.
Yamawaki, Niwako, Monica Ochoa-Shipp, Craig Pulsipher, Andrew Harlos, and Scott Swindler. 2012. “Perceptions of Domestic Violence: The Effects of Domestic Violence Myths, Victim’s Relationship With Her Abuser, and the Decision to Return to Her Abuser.” *Journal of Interpersonal Violence*, May, 0886260512441253. doi:10.1177/0886260512441253.
Zimmer-Tamakoshi, Laura. 1999. “‘Wild Pigs and Dog Men’: Rape and Domestic Violence As.” *Gender in Cross-Cultural Perspective*.