

"She keeps his secrets": A gendered analysis of the impact of shame on the non-disclosure of sexual violence in one low-income South African community

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ABSTRACT

Sexual violence against women and girls forms part of a global pandemic of human rights violations. In South Africa, crimes of sexual violence are at a globally unprecedented level. The majority of these crimes of sexual violence are underreported. Understanding the factors that contribute to the silence around sexual violence is pivotal, not only so that perpetrators can be held accountable, but also so that victims/survivors² of sexual violence may experience some alleviation from the psychological symptoms related to internalised trauma. This paper, a case study which utilises a social constructionist research paradigm, focuses on the lived experience of one depressed South African woman, Zee, who lives in a low-income South African community. Her accounts of sexual, physical and emotional abuse are discussed, focusing specifically on how she constructs the impact of shame on the non-disclosure of sexual violence. The authors suggest that the relationship between shame and non-disclosure is complex, in that larger societal discourses play a pivotal role in the shame of women who are victims/survivors of sexual violence. On the one hand, as in the case of Zee's community, sexual violence and the painful emotions associated with such violence are obscured in a communal complicity of silence. On the other hand, powerful gender discourses also compel women to be silent and passive.

Keywords: Shame; non-disclosure; sexual violence; gender; agency; community

² The words 'survivor' and 'victim' are used interchangeably throughout the article. The authors acknowledge that individuals, researchers and advocates may hold a preference for either of the two terms, to which they may assign their own meaning.



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INTRODUCTION

Sexual violence against women and girls forms part of a global pandemic of human rights violations (Hawkins, 2012; World Health Organization, 2012b). In South Africa, while sexual violence is pervasive, sexual crimes are extensively underreported, with the vast majority of crimes such as rape never coming to the attention of the criminal justice system (Vetten et al., 2008). The fact that so many women do not disclose sexual trauma has a profound impact on society. Since underreporting decreases the likelihood that offenders will be apprehended, it plays a significant role in perpetrators not being punished and/or deterred (Vogelman & Eagle, 1991). Not only does this enable them to continue with their abusive behaviour, but it also creates a sense that sexual violence is normative rather than something that should be challenged. Furthermore, research strongly suggests that verbally describing traumatic emotional experiences can have benefits for well-being (Herman, 1992).

Factors that influence the creation as well as maintenance of the underreporting of sexual violence need to be better understood. The reasons for women not reporting sexual violence remain complex and may be different for individual women and for women in different communities and in different circumstances. As argued by Parpart (2010, p. 24), "[s]ilence and secrecy can take many forms and serve many purposes. They can reflect disempowerment as well as innovative strategies for survival in dangerous circumstances". The World Health Organization (2012a) proposes the following reasons for the underreporting of sexual violence: inadequate support systems; fear or risk of not being believed; fear or risk of being blamed; fear or risk of being mistreated and/or socially ostracised, fear of retaliation and shame. Shame has consistently been shown to play a role in impeding the disclosure of sexual violence (Bögner, Herlihy, & Brewin, 2007; Gilbert, 1998). It therefore seems imperative to understand the link between sexual violence, shame and disclosure.

Shame can be defined in many ways (Seu, 2012), but generally refers to unbearable psychological pain (Pattison, 2003) related to perceptions of the self as being flawed, inadequate and bad (Gilbert & Procter, 2006). Our understanding of shame in this paper is broadly informed by self psychology and intersubjective psychoanalysis, relying particularly on Orange's more recent conceptualisation of shame as an intersubjective affective and cognitive experience (Morrison, 2008; Orange, 2008). Orange (2008, p. 7) describes an intersubjective shame system as follows: "We feel we are deficient by comparison with others, we feel we are failures in our own and others' eyes, we feel so held up to critical scrutiny in our desperate misery that we want to sink into the ground and become invisible." In this conceptualisation of shame, shame is always deemed to be a context-specific experience, shaped by the dominant discourses (Pattison, 2003).

This paper explores the sexual, physical and emotional abuse account of one South African woman from a low-income socio-economic context and the fact that she has not spoken about the abuse to anyone in over 40 year. The participant herself links this non-disclosure to the shame experienced by her, by other women and the community as a whole. We will argue that this experience of shame is linked to very particular gender discourses — discourses which determine that women should be silent and passive regardless of what happens to them.

METHODOLOGY

The present case study formed part of a larger ongoing study of women's subjective experience of depression. The larger study utilised a multiple case study design, as this type of design facilitates in-depth analysis (Willig, 2001). Participants were interviewed by registered mental health professionals about their subjective experience of their emotional distress. Semi-structured interviews with open-ended questions (Willig, 2001) were conducted primarily in Afrikaans, the first language of the participants. All interviews were video or tape recorded and transcribed by members of the research team using Riessman's general guidelines (1993). The larger study was ethically approved by Stellenbosch University (reference number: 522/2011) and the Department of Health. Participants were informed about issues relating to confidentiality as well as their right to access information and to withdraw from the study at any point. Participants were also referred for additional therapeutic support, if requested or if it was deemed necessary by interviewers.

In the interviews, accounts of violence, specifically also sexual violence against women and girls, were frequent (Kruger, Van der Straaten, Taylor, Dukas, & Lourens, in press; Lourens & Kruger, 2013), with participants often claiming that they never talked to other people in the community about violence witnessed, experienced or perpetrated. While seldom directly articulated, the emotion of shame seemed to be implicit in many interviews. In order to better understand what seems to be a rather pervasive silence among members of the community, the current paper focuses on one participant, Zee, who spoke spontaneously and very explicitly about shame and self-disclosure.

Zee was interviewed in the local clinic of the community where she lives. She was interviewed twice, with each interview lasting approximately one hour. The interviews were conducted by the first author, who also transcribed the video interviews. While Zee had the option to be interviewed by an Afrikaans-speaking interviewer, she chose to be interviewed in English, her second language. While this probably impacted on the richness of her narratives, we also wondered whether speaking in her second language about difficult matters felt safer – as it may have created a sense of distance. It should be noted that we are citing the participant verbatim, even though she used a local vernacular of English with grammar that is not always consistent with standard English.

Data analysis started with the isolation of sections in the interviews with Zee that were concerned with shame. These sections were then coded using social constructionist grounded theory. Grounded theory methods provide systematic procedures for conducting rigorous qualitative research by using data as a starting point and thus allowing theory to emerge organically and directly from the data (Charmaz, 2006). The social constructionist version of grounded theory is different in that it is based upon the contention that categories and theories do not so much emerge from the data, but are "constructed by the researcher through an interaction with the data" (Willig, 2001, p. 44). This method of data analysis thus facilitated insight into the participant's individual processes as well as interpersonal relationships between individuals and larger social processes (Charmaz, 2006) related to shame, thus rendering it consistent with an intersubjective psychoanalytic approach to shame. It also enabled us to explore the dynamics of the interview situation itself.

As clinical psychologists doing research and clinical work in low-income South African communities we, as the authors of this paper, have become aware of the presence of shame in our consulting rooms and in our research interviews (Kruger, 2012; Swartz, 2012). We have become aware of the shame of our patients and research participants (Jacobs, 1996, as cited in Orange, 2008), but we have also become aware of our own shame as therapists and researchers (Morrison, 2008; Orange, 2008). One of us (first author) is a novice in this world; the other (second author) has been in the field for more than 20 years. Both of us, in very similar but perhaps also different ways, have become aware of how our powerlessness in our interactions with our most impoverished and disempowered participants/clients has left us feeling ashamed. We have wondered whether this feeling of powerlessness may be linked to the shame we have felt, but also whether this may be a factor that impacts on the shame of the women that we work with.

RESULTS AND DISCUSSION

Zee was a 53-year-old, coloured,³ South African woman. She was unemployed and lived with her second husband, Malied, in a small wooden structure in a semi-rural low-income coloured community in South Africa. She had no children. She belonged to the Apostolic Church and was involved in church activities at least four times a week. Zee had schooling up until Grade 4. Although Zee had no formal psychiatric diagnosis, she was referred to this study through the local clinic staff as a diagnosis of depression was suspected.

The authors are aware that the use of racial categories in South African scholarship is controversial. However, because such categories are socially constructed and carry important social meanings, they are typically used in South African scholarship. In this paper the category "coloured" will be used to refer to South Africans said to be of diverse and mixed racial origins. It should be mentioned that within certain contexts this term is viewed as derogatory, while in others it is regarded as an important social identity (cf. Kruger, 2005).



This community, with an estimated population of 4 000 people, is rife with poverty and social problems. During Zee's initial interview, she reported feeling increasingly overwhelmed by stressors related to her conflictual relationship with her husband and also by intrusive thoughts of past sexual trauma. Results from the Beck Depression Inventory-II completed by Zee indicated that she felt sad most of the time, had suicidal thoughts and that she had attempted suicide once. She reported difficulty concentrating, slept less than usual, had anhedonia and a complete loss of interest in sex. She reported feeling that she had been a failure and felt hopeless about the future. Her physical presentation was one typically associated with shame: head bowed, avoidance of gaze, shrinking of the body (Seu, 2006).

Abandoned by her parents, Zee grew up with her older sister, her sister's husband and their daughters. Between the ages of 5 and 16, she was repeatedly raped by her brother-in-law:

Zee: I, I, in my lifetime, from, from my youngest day, I got problems (wipes a tear) because my older sister, um, is the first time I will talk about, is, my oldest sister's husband, he abuse me from my young day. I didn't talk to my first husband about that. I didn't talk to that one. I didn't talk to anybody. The first time I talk about it, now. I haven't got children. And I think that is the cause, because I was too small to have sex with man like that. He messed me up. He messed me up.

According to Zee, he also raped his own daughters. Zee reported often running away to escape from him, "sleeping on church steps with newspaper" in order to avoid being at home. At the age of 16 she succeeded in leaving permanently. She then first married Malvin, who, according to her, was a heavy drinker who abused her when drunk, but was caring when sober. Her current husband of seven years, Malied, was described as an exgangster, a womaniser and drug addict who frequently engaged in violent behaviour. Zee said that she "doesn't like" her husband and did not want to have sex with him.

Zee: If he want sex or so, I don't want to give it, really, because my heart is not there.

Zee: Sometimes, I think I must take my clothes and go but my family is not like a family you can go to, no. I can leave him but where will I go?

Zee's life story is one marked with pervasive physical, emotional and psychological traumas in the context of extreme socio-economic conditions. She reported being abandoned, raped, physically abused, kidnapped, forced to divorce, forced to marry, again abused, forced to stay. She articulated that there was nothing that she could do about this, either in the past or currently. She thus portrayed herself as powerless, with her sense of agency compromised. Kabeer (1999, p. 438) refers to agency as "people's capacity to define their own life-choices



and to pursue their own goals, even in the face of opposition from others". According to Strandberg (2001, p. 4), factors that limit women's agency include "women's own ideas of what's possible for them to do" as well as "societal norms for what women should and should not do". There is also, of course, a link between poverty and disempowerment because "an insufficiency of the means of meeting one's basic needs often rules out the ability to exercise meaningful choice" (Kabeer, 1999, p. 437). Certainly, Zee's story must also be seen as being influenced by various socio-political factors within the context of a post-apartheid South Africa.

In the following analysis of excerpts from Zee's interview, there will be a particular focus on how Zee constructed women's non-disclosure of sexual violence in her community. We will show how she claimed that the non-disclosure was related to shame, a shame that may in certain ways also be connected to a sense of passivity and helplessness. We will argue that her silence, her lack of agency and her shame are rooted in gender discourses dominant in this community. These discourses determine that women should be the silent and passive carriers of shame, while men can be active in the world and do not have to carry shame.

COMMUNAL SHAME AND SILENCE

In the interview with Zee, shame was explicitly mentioned for the first time (without prompting from the interviewer) when she discussed incest in her community. She indicated that while sexual violence was happening in her community, people were not talking about it:

Zee: How many people is here? They keep things in. They are ashamed to talk to other people. Even here in Klayerville, you don't know what's going on in the other people's house. There's a man next to me. He abused his daughters. We was neighbours. Very long time in Klayerville. Beautiful daughters, too.

Interviewer: So you're saying that you don't know what's happening in the houses because people don't speak?

Zee: You see, yes.

Interviewer: And all this hurt inside.

Zee: It looks like nothing happened.

Zee seemed to contradict herself when she said "you don't know what's going on", when she clearly did know. She was suggesting that people in the community (like herself)



may know about sexual violence, but do not speak and do not act. There is a communal investment in pretending that 'nothing happened', a pervasive 'discourse of silence' when it comes to psychological pain (Kruger, 2005). She herself is, even if inadvertently, complicit in the silence.

Zee further seemed to be suggesting that the silence in the community was related to communal shame. For the community to face the sexual violence occurring within its midst might mean to "risk stigmatising defilement" (Pattison, 2003, p. 41) of the whole community. This means that if individuals keep quiet about their shame, the whole community is protected. Tantam (1998, p. 161) states that due to the "pungent" nature of shame, even to hear of acts involving shame can become a shaming experience in itself. This communal silence around sexual violence leaves the burden of the alienating and corrosive impact of shame on the individual victim/survivor of sexual violence. In other words, the community's shame seems to be carried by individual women, like Zee herself. This communal shame is, of course, further exacerbated by the shame of being coloured and poor in contemporary South Africa (see Kruger, 2012; Erasmus, 2001).

THE SILENCE OF SHAME

Zee stated that she could not talk with people in her community about the sexual traumas she had experienced:

Zee: This sits inside me because in Klayerville you can't talk with everybody, no, you can't.

Research strongly suggests that feeling ashamed, a central component in the emotional suffering that results from sexual abuse (Feiring & Taska, 2005; Weiss, 2010), can play a significant role in impeding the disclosure of traumatic experiences and of seeking help. In the words of Weingarten (2003, p. 51):

Shame is often the hardest feeling to bear for many reasons, one of which is that there is no obvious way to express it. If we are sad, we can cry; if we are angry, we can yell. But pause a moment. You can mimic shame by looking down and averting your eyes, but how can you discharge it?

Shame is typically not spoken, but acted out (Kruger, 2012). While shame allows for speech, it allows for speech that is mediated by the desire to keep "bad feelings" concealed (Charos, 2009, p. 283). This means that speech is not impaired, but it is "the very nature of shame to stifle its own discourse" (Wicomb, 1998, in Charos, 2009, p. 273). Kaufman (1989) states



that language can deny shame or mask it from view. This means that people who are ashamed may talk, but not about their shame.

From a social constructionist perspective, Lynch (1999, p. 74, as cited in Pattison, 2003) describes how the loss of words, linked to shame, "accomplishes the exclusion of the subject from the world of social discourse and shared narrative". Thus we may hypothesise that the silence about sexual violence in Zee's community may also serve the function of excluding victims from the social discourse and shared narrative of the community.

THE SHAME OF DISCLOSURE

However, while shame leads to silence, there is another danger – if you do speak about your shame or about what you are ashamed about, you may be shamed again. In speaking about her nieces' experience of sexual abuse Zee related their silence to shame:

Zee: I think, how can he [her brother-in-law] do things like that? To his wife's sister, to his own children, and he, nothing happen to him, nobody talk. Because I think the daughters is very beautiful, ne^4 ? And I think, um, the daughters is afraid, what will the people say? Because they are married now, they got kids. Some of them are grandmothers now. I think they are afraid because they are very well people there in that road and they too, because they got smart works, my sister's daughters, they, they're smart too and I think they are ashamed, what will the people say?

Zee: They are ashamed for the people outside. They neighbours will hear it. But the truth must come out.

Interviewer: You say they're ashamed about what the neighbours might think?

Zee: Ja. Because the neighbours think the world from them.

Zee's nieces are respectful members of the community: beautiful, grandmothers, "very well people" with "smart works", with the neighbours thinking "the world from them". Zee implied that disclosing the rape could result in a devaluing or a loss of their status in the community, that the neighbours may not think the world of them anymore, that they may think badly of those who have been raped. The suggestion is that revelations of rapes will lead to the shattering of identities. Research does suggest that in many contexts negative conclusions are drawn about the identity of someone who has been a victim of rape and that this may

⁴ The Afrikaans expression "ne" can be translated into "not so" in English.



inform women's decisions about disclosing rape. Robertson (1998, p. 140) states that such conclusions or 'rape myths' serve to "label women as in some way responsible for the rape and to view men's actions as excusable, thereby giving silent consent to their actions". These rape myths also reduce the likelihood of women reporting their rape, for fear of being blamed and stigmatised. According to Williams and Poijula (2002, p. 116), discourses of shame associated with rape and sexual abuse may contribute to the formation of a "shame-based identity". Gilbert (1998) states that shame is about being in the world as an undesirable self, a self that one does not wish to be and furthermore, that shame is an involuntary response to an awareness that one has lost status and is devalued. Thus, women who have been sexually victimised are confronted with specific cultural narratives that contribute towards their shame (Weiss, 2010).

Zee's nieces and Zee seemed to be fearful that if they spoke about the abuse, they may have experienced further shame associated with being rejected from their community. Brown (2004) refers to a fear of not belonging or being rejected from a valued community or group as "membership-shame". The psychological and social isolation which may result is characteristic of the secretive nature of shame which demands that our shamed selves be hidden from others in order to avoid further "scrutiny and devaluation" (Tangney & Dearing, 2002, p. 173) and additional shame (Brown, 2004; MacDonald, 1998). Kaufman (1989, p. 46) highlights how cultural scripts can play a role in generating shame, stating that "[s] ince there is shame about shame, it remains under taboo ... We behave as if shame does not exist. That taboo must be lifted". According to Pattison (2003, p. 154), shame is "a condition that denotes alienation, isolation, defilement, depletion and pain, both individual and social", a condition that Zee seemed to be implying for the women of Klayerville.

In such contexts, silence can then be seen, paradoxically, as an active strategy to avoid the labelling associated with sexual violence – and more shame.

GENDER, SHAME AND SILENCE

Further exploration of Zee's narratives seems to suggest that implicit to her disclosures about shame and silence is also a more general gender discourse that denotes a more passive role for women in the household and in the community:

Zee: When I wake up in the morning, I pray that my husband can go to work because I stress, because he's not a person who want to make coffee for himself. Ok, it's my duty to make coffee for him in the morning or in the night when he come home from work, get him food or so on. *Ja*, he stabbed me, now, Easter weekend. He want to kill me and his sister was there. Everybody was there from his family. He shout at

me very, very ugly things. Swear at me, ah. And I was standing like that and look at he and he throw me with a knife, *ja*. And in the night time he said I must make coffee for him and I make the coffee but I was afraid that I make the coffee. He said, "I throw that coffee in your face" and I said nothing, nothing, nothing.

The implication here seems to be that "standing like that" (i.e. not acting) and saying "nothing, nothing, nothing" are as part of a woman's duty as making coffee and getting food. Zee stated that she was fearful to say anything against her abusive husband and tried her best to do as she was told, "to make coffee for him", even when anticipating that the coffee would also be used as a weapon against her. Parpart (2010, pp. 15, 16) raises the point that "in an often masculinist, dangerous, and conflict-ridden world", we cannot "assume that masculinist privilege can always be openly challenged". If Zee challenges her husband she may be at risk of further physical attack. Furthermore, if she challenges him by speaking out or acting, she may lose her identity as a dutiful wife and a good woman. Weiss (2010, p. 290) proposes that "a gendered self is a social self, a version of the self presented in public for approval and acceptance, and therefore, vulnerable to shame".

Referring to a discussion Zee had with her niece who had been raped by her father (Zee's brother-in-law), Zee said that she told her niece not to tell her husband about the abuse:

Zee: But she can't tell her husband because husbands will, if you got a fight, they will say you are that, that, that, that. I say to her, "No, don't talk to your husband, don't tell him everything, don't." Because, I was working for people, an old lady, she says your husband mustn't know everything, you mustn't tell your husband everything.

We see, throughout her narrative how, while she was clearly aware of the duty to keep silent, Zee also thought there was a duty to speak out. The obligation to be silent may be in contradiction with one's duty as a mother and a sister. For instance, Zee grappled to understand why her sister kept quiet about her husband's abuse:

Zee: Because she must know. She must. She know him. I don't know. She keep his secrets. *Ja*, I don't know.

Brown (2004) states that women often experience shame when they are tangled in a web of layered, conflicting and competing social-community expectations. Zee was clearly aware of these conflicting expectations:

Zee: There is stuff you must keep in and there is stuff you must talk.



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Zee seemed to be outraged that no one spoke about her brother-in-law's actions:

Zee: I think, how can he do things like that, to his wife's sister, to his own children, and he, nothing happen to him, nobody talk.

Women's silence about their shame means that men do not have to feel shame about what they do to women. Zee expressed anger and confusion over how it seemed as though the man who raped her felt 'no shame' about what he had done. He did not talk about his shame:

Zee: But I saw him there with my sister's birthday, it was March. *Ja*, she was 72 or 70 I think. We go there. I saw him. He's not ashamed of anything. He's walking up and down there. I don't know what's going through his mind. He didn't say, "I'm sorry what I've done". I don't know. Some people haven't got a heart or I don't know.

He also fails to show shame in other ways;

Zee: But how can people do that and then they look in the other one's face like nothing's happened? When I was there on the birthday, I think, look at this man, look at my sister, they don't feel shame, of, sit in the room or something. They're here in front of us. Some people, I don't know. I don't know what to say. But if it's me, I do something wrong to you, I won't look you in your face, ah ah, no, because there will be something there in my mind, I did something wrong to that girl.

He was not only "walking up and down there", but he also did not avert his gaze (Kaufman, 1989) or withdraw and hide away (Gilbert, 1998). There were no apparent signs of her brother-in-law feeling bad, inadequate or flawed. Instead, he appeared to be unaffected and protected from the consequences of his deeds, while it was his wife, Zee and his daughters who were carrying the shame and burden of his actions.

SPEAKING UP ABOUT SHAME: "I DON'T HAVE TO HIDE"

Herman (1992, p. 1) describes "the conflict between the will to deny horrible events and the will to proclaim them aloud" as being "the central dialectic of psychological trauma". She states: "When the truth is finally recognised, survivors can begin their recovery. But far too often secrecy prevails, and the story of the traumatic event surfaces not as a verbal narrative but as a symptom" (Herman, 1992, p. 1). From the beginning of the interview with Zee it was striking that she said that nobody knew about the sexual violence in the community and in her home of origin, while she herself clearly 'knew'.



Zee: But nobody knows what going on inside the house, nobody.

Zee: Even here in Klayerville, you don't know what's going on in the other people's house

There thus is a 'choice' to be silent, a choice that was discussed in the sections above. In the course of the interview, as she started speaking about what happened to her, her nieces and to other women in the community, we witnessed an interesting change in Zee. She started making more eye contact and even explicitly stated that it felt healing to talk about her shame:

Zee: When I talk to you, that, that, that, it hurts, *ne*? But when we finished, I go out here, I feel better. It feel like I don't carry it anymore, that heavy thing with me because I can't talk to anybody here but you let me feel better, better.

By verbalising the events related to shame, it seems Zee did begin to experience an ameliorating effect (Tangney & Dearing, 2002). We can only hypothesise about her reasons for disclosing the violence in the context of these brief research interviews. Firstly, the fact that the interviewer was an outsider may have meant that the breaking of the communal silence felt safer - her disclosure would not be exposed to members of her community (Derlega & Chaikin, 1977). Paradoxically, speaking in her second language may also have facilitated the disclosure, creating a certain emotional distance from the material (Harris, Gleason, & Aycicegi, 2006). Also, the fact that her initial disclosures did not lead to criticism, rejection or abandonment may have made it possible for her to open up. Tomkins (1963. p. 192) writes: "If I wish to be close to you, but you move away, I am ashamed". In fact, the interviewer felt her own shame while listening to Zee's story. On the one hand she felt ashamed about her own powerlessness and helplessness in the face of so much trauma. On the other hand, as a white middle-class South African woman, she was acutely aware of the lack of access to resources and help that Zee had been further challenged by as a result of unequal distribution of opportunities. As Swartz (2012, p. 197) highlights, "[b]ecause we have lived through apartheid, our bodies confer on us instant membership of different past worlds – those who have benefited from unearned privilege and those who have not". Perhaps one can say that, for a moment, interviewer and interviewee shared an affective experience of shame: nameless mortification, dejection, depletion of energy and hopelessness (Morrison, 2008). Even while this was not spoken, it is possible that on an implicit level there was a connection through shared feelings of shame (Kruger, 2012).

It also became evident that Zee appeared to become increasingly empowered to speak not only during the interviews, but also in general. Although not explicitly stated, Zee seemed to have a growing sense of awareness of the forces working to her disadvantage. She



experienced more agency and less shame. This was evidenced by the way, after the first interview, she returned to tell her interviewer that she had spoken to her husband:

Zee: I tell him I told people everything because I don't have to hide.

It is possible that as Zee began to move out from the shadow of shame, she began to reclaim her sense of self-worth as well as her right to speak and be heard. Brown (2004) states that the sharing of stories is a form of shame resilience in which we reach out to others and build connection. This has the very opposite effect of shame in that, instead of threatening or severing social bonds (Scheff, 2001), it re-installs the possibility of creating social bonds, of feeling part of a group, a valued member of the community once more. The hope inspired by reconnection with others, along with an individual's resilience, can form part of a powerful catalyst for change. Zee even talked about the possibility of supporting her nieces if they were to speak up:

Zee: Because if they will open it, I will come and stand by them. True.

Her new sense of agency evoked by the breaking of her silence also means that she felt a sense of connection with other women who had been abused:

Zee: You see last night I was looking at the movie, from Tina Turner

Interviewer: Ja

Zee: Yoh. It was on MNET. Yoh. And I see her husband abuse her, *ne*. This morning I talk to my husband. He didn't watch the movie. I told him about it ... the end of the day, the husband goes to jail. And, he abuse her, *ne*. But she never give up on her things she's doing. She's a singer *mos*, he spoil her face but she go on with her life. She make, ah, CDs and stuff, *ja*. So, I think, the moment I saw that movie last night I think, right girl, he think he will break you down but no. You go on with your life. Yes. You mustn't let people break you down and now you won't. The things what I go through, I can drink or I can be a prostitute because I go through a lot of stuff but it was never, never in my mind. And I'm proud of myself. Really.

In describing this story and identifying with the character depicted by Turner, Zee revealed a sense of triumph. She imagined perpetrators and husbands in jail:

Zee: But to the end of the day, the husband goes to jail.



Like the character in the movie, Zee had also experienced the consequences of abuse. Like Turner, she recognised her own agency. It appears she had never given up, despite countless traumas that could have broken her down.

Zee: I told him last night, "You want me to take drugs? I won't do it!" I told him that. I won't. I said to him, "You like girls who use *tik*, who use mandrax, who drink. You won't get me there. No. Never!" Because I'm fifty-three years now and I go through a lot of stuff. A lot. And I'm still here

When provided with a safe space and the opportunity to speak the "unspeakable" (Herman, 1992, p. 1), a burden that had been carried for over four decades was somewhat relieved. Through speaking the shame, there were new possibilities of connection. Zee realised that shame did not have to shut her up or shut her out (Kruger, 2012). If shame is recognised, either explicitly (by talking about it) or even implicitly, "moments of meeting" (Wallin, 2007, p. 125) become possible. Intersubjective psychoanalysis has helped us to understand that these moments of meeting are made possible "through a reconfiguration of what is brought to the encounter by each party, resulting in a third realm of meaning and experience, the realm of the intersubjective" (Teicholz, 2006, p. 49). In such moments of meeting, two or more people can become participants in each other's emotional worlds and can connect, even if only momentarily (Kruger, 2012).

CONCLUSIONS

We have shown that in the case of Zee non-disclosure of sexual violence is related to shame, a shame that is also connected to a sense of passivity and helplessness. It is clear then that there are many reasons why women like Zee do not speak about sexual violence. Not only is their silence shaped by a more pervasive communal discourse of silence, it is also informed by a gender discourse that prescribes that women specifically should be passive and silent in order to protect men and the community. As such, they become the carriers of painful feelings, such as shame. Furthermore, shame by its very nature is difficult to articulate and can be isolating, alienating individuals from their families and communities. Disclosure in unsafe spaces can potentially bring more shame and more disconnection for a woman who has already experienced the psychological, physical and emotional damage of being sexually violated. This may, in turn, lead to increased feelings of helplessness and a lack of agency which further entrench feelings of shame.

Already in the brief research interviews, the participant, Zee, spoke of experiencing benefits, of "feeling better", as a result of finally being able to speak in a safe context after over 40 years of silence. This coincided with an increased sense of agency in her. Safe, supportive



contexts for disclosure in which individuals experience empathy thus play a fundamental role in the amelioration of shame and the release of internalised trauma. It is important to keep in mind that "sexuality and sexual violence are particularly difficult subjects to discuss openly" (Hans, 2004, as cited by Parpart, 2010, p. 24). Within a psychotherapeutic context, it remains essential that practitioners attune themselves to the manner in which the dynamics of shame may potentially impact on the therapeutic encounter.

The current study also suggests that larger societal discourses play a pivotal role in the shame of women who are victims of sexual violence. On the one hand, in the case of Zee's community, sexual violence and the painful emotions associated with such violence were obscured in a communal complicity of silence. On the other hand, powerful gender discourses also compel women to be silent and passive. It is therefore not as simple as urging "rape victims to become empowered by speaking out, taking their persecutors to court and obtaining retribution" (Parpart, 2010, p. 19); various structural levels of society do not always support this process (Strandberg, 2001). This solution becomes "empty rhetoric" if there still are "widespread, entrenched cultures supporting sexual violence" (Parpart, 2010, p. 19). These larger discourses also need to be addressed for women to feel safe to disclose sexual violence. In other words, interventions that address the "gendered power structures that subordinate women on the societal level" (Strandberg, 2001, p. 6) are indicated.

The relationship between shame and non-disclosure is complex and even more so when it involves the non-disclosure of sexual violence. Zee's story illustrates some of the complexities involved in the reasons for why women do and do not talk. It also suggests that in order to hear the stifled voices of traumatised women, more focused interventions are indicated that take the above factors into account. Interventions considered should not only focus on women as passive victims of sexual abuse or as powerless pawns in a society where hegemonic discourses render traumatised women silent. Foucault (1961) stresses that individuals are always in the position of simultaneously undergoing and exercising power. Hence Zee's silence about her shame, the shame of her family and friends and the shame of her community inadvertently serve to entrench dominant discourses. Foucault's notion (1977) of the agency of the seemingly powerless in the midst of social restriction has to be acknowledged and mobilised if dominant discourses are to be subverted.

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