Politics and Prosthesis: Representing Disability in South Africa’s Truth and Reconciliation Commission

Neroli Price

“Scars are Stories. History Written on the Body.”

David Owen, 2012

Abstract

This dissertation aims to put two seemingly stable and unchanging categories, namely the ‘nation’ and the ‘body’, into conversation with each other in order to interrogate how the disabled body, in particular, became a site for nation building in South Africa’s transition from apartheid to democracy in the 1990s. More specifically, this dissertation aims to explore how, framed by the Truth and Reconciliation Commission (TRC), different bodies took on disparate meanings that both affirmed and challenged the emergence of the euphemistically termed, ‘New Nation’. Relying on insights from disability studies, postcolonial scholarship and critical race and gender studies, this dissertation endeavours to interrogate how the emergent post-apartheid state relied on the collective memory and identity generated through particular ideas of violence and politics evidenced by the injured bodies on display at the TRC. Drawing on the TRC transcripts, the TRC Final Report and the Truth Commission Special Report coverage of the proceedings, this dissertation seeks to ask new questions about the shifting and uneven sites of embodied meaning-making in post-apartheid South Africa.
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### Abbreviations and Acronyms

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<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>ANC</td>
<td>African National Congress</td>
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<td>BCM</td>
<td>Black Consciousness Movement</td>
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<td>CDS</td>
<td>Critical Disability Studies</td>
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<tr>
<td>CODESA</td>
<td>Convention for a Democratic South Africa</td>
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<td>COSAS</td>
<td>Congress of South African Students</td>
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<tr>
<td>CSVR</td>
<td>Centre for the Study of Violence and Reconciliation</td>
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<tr>
<td>DICAG</td>
<td>Disabled Children’s Action Group</td>
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<td>DPI</td>
<td>Disabled People International</td>
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<td>DPSA</td>
<td>Disabled People South Africa</td>
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<td>GNU</td>
<td>Government of National Unity</td>
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<td>HRV</td>
<td>Human Rights Violations</td>
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<td>HRVC</td>
<td>Human Rights Violations Committee</td>
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<td>IBA</td>
<td>Independent Broadcasting Authority</td>
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<tr>
<td>ICCD</td>
<td>International Co-ordination Committee on Disability</td>
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<td>IFC</td>
<td>International Classification of Functioning, Disability and Health</td>
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<td>IFP</td>
<td>Inkatha Freedom Party</td>
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<tr>
<td>INDS</td>
<td>Integrated National Disability Strategy</td>
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<td>IYPD</td>
<td>International Year of Disabled Persons</td>
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<td>NCCD</td>
<td>National Co-ordinating Committee on Disability</td>
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<tr>
<td>NDA</td>
<td>National Development Agency</td>
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<td>WWI</td>
<td>World War One</td>
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<td>WWII</td>
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Chapter One: Introduction

“Yes I remember the doctor said the damage - there was seven bullets inside me. Two on the head, one on - in the neck, one just underneath the arm and three on the leg. I think those, there was a time when I was shot, when I was lying down, but I was told that they had taken out seven bullets out of my body and one arm could not work and one leg too. And even my neck was stiff and even now my neck is still stiff and my arm is not working, so they said that I - I could not get healed even the arm could not turn freely and there is some paralysis on the arm, I can’t lift it up, and so the doctor said they could not help me because I got this injury. My neck was turned so the doctor said they could never help me I would have to remain in this state right through my life.”

Douglas Sizwe Nkwali, testifying at the TRC, 1996

1.1 Disability and the TRC: A Brief Introduction

South Africa’s Truth and Reconciliation Commission (Henceforth referred to as the TRC or the Commission) emerged from the negotiated settlement brokered by liberation movements led by the African National Congress (ANC) and the apartheid National Party (NP) government between 1990 and 1994. Finding its inception in the National Unity and Reconciliation Act of 1995 (henceforth referred to as The Act), the TRC was mandated to “investigate ‘gross violations of human rights’ between March 1960 and 10 May 1994”.¹ The TRC submitted the Truth and Reconciliation Commission of South Africa Report (henceforth referred to as the Final Report) in 1998 and wrapped up its operations by 2001.² A central motif of the TRC, which in particular characterised its Human Rights Violations (HRV) hearings, was that of ‘healing the nation’.³ Banners displayed at the public hearings bore statements such as ‘Healing is Revealing’ and ‘The TRC: Healing the Nation’.⁴

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³ Ibid, 13-17.
The part spiritual, part curative conception of healing employed by the TRC blurred the lines between individual and collective trauma in an effort to articulate the “redemptive promise of the new national order.” On an individual, and more concrete, level, many who testified at the TRC bore the physical scars of the past, using their bodies as reminders of South Africa’s history of violence. The metaphoric employment of disability in conjunction with the injured bodies on display at the TRC form the basis of this dissertation.

In the broadest sense, this dissertation examines the ways in which South Africa’s TRC represented disability and invested disabled bodies with meaning. The central question that this dissertation seeks to address is: In what ways was disability constructed within the TRC? Closely linked to this central question are a series of sub-questions, such as: Why did these representations dominate at this particular historical juncture? What were the values, anxieties and conventions at this time that made possible certain displays and readings of disabled and injured bodies? What does this tell us about both the changes and continuities present in ideas around violence, politics and memory? And finally, what were some of the implications of these constructions of disability?

This dissertation will analyse the TRC HRV transcripts, the TRC Final Report and excerpts from the *Truth Commission Special Report* (henceforth referred to as the *Special Report*). This will be done using the insights gleaned from disability studies and specifically where it overlaps with theories of intersectionality and postcolonialism. The combination of critically examining the primary evidence through this lens will allow the dissertation to argue that the TRC deployed disability primarily as a site for evidence collection and as a metaphor of national healing. Critically, the immediate and visceral role of disability in emphasising the impossibilities of achieving the ‘full healing’ that the TRC aimed for is central to this examination. In the following chapters, the historical and ideological undercurrents that produced these representations of disability within the TRC will be explored.

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Importantly, this dissertation will argue that the role of disability within the TRC was not restricted to being another add on to the list of intersectional characteristics that produce social oppression. Rather, disability also served to inform the TRC’s own critical framings with particular reference to violence and healing. Indeed, the relationship between the TRC and disability could be viewed as a ‘two-way street’ of sorts, with each adding to the construction of the other. As much as disability is not a universal medical category frozen in time, so too, the TRC is not simply a static backdrop. This dynamic interaction is illustrated by the TRC’s conceptualisation of its central concerns of redemption, reconciliation and healing. Motifs that are connected to ideas that underpin understandings of disability in both a religious sense and a medical one. Indeed, the notion of restoring a sense of ‘wholeness’ to the nation is one such prominent example where disability implicitly frames the TRC’s self-presentation. Lastly, the implications of such understandings and representations will be discussed in order to highlight the impact that such conceptualisations has on continued discourses of disability as well as on the lives of disabled South Africans.

1.2 Source Material

In order to conduct this research, the transcripts of the TRC’s HRV public hearings; the Commission’s Final Report and the SABC’s Special Report coverage have been utilised as the primary source material. This archival selection reflects the focus of this dissertation on material that has been widely available to the public and has been instrumental in shaping popular perceptions of the TRC. In this way, the embodied public performance and ritual of the Commission can be put at the centre of this investigation. The sheer scale of these collections – over 2000 transcripts of public hearings, a five volume report and a 99 episode TV series - can be viewed as a limitation. However, these exhaustive collections have been whittled down by searching for references to disability. With reference to the TRC transcripts, the archive is online, housed by the Department for Justice and

6 See http://www.justice.gov.za/trc/ and https://www.youtube.com/watch?v=yTnY5SQYARo&list=PLjxBjEgI05y__cA4kiIo2UJJE1Bsi8Ysqr to access these collections.
Constitutional Development. One of the ways in which to access this archive is through a word search. This allows the user to search through all the transcripts, statements issued by the TRC and South African Press Association (SAPA) reports. In this way, the archive could be whittled down to only those archival documents that referenced ‘disability’ or ‘disabled’, 183 in total. The evidence for this dissertation was drawn from these 183 statements in conjunction with the selected excerpts from the TRC’s Final Report and a selection of Special Report episodes – all of the episodes of which were watched and made notes on.

This study hopes to utilise these references to illustrate how the TRC approached disability both explicitly and implicitly. In addition, a discussion below will attempt to add some clarity to ‘disability’ as a concept and lived reality and situate it historically within the time-frame of this study. Another factor to be aware of is the production of these sources as being state sponsored in origin. This study is not naive to the implications of this origin, but rather tries to use it to underscore the central question which gravitates around uncovering the ways in which the state sought to frame disability during South Africa’s transition period. The aim is not to attempt to cleanse the sources of their bias, but to acknowledge their origin and read the traces they contain to discover why certain portrayals of disability proliferated at this time and try to discover where they came from.

The production of transcripts formed part of the extensive machinery of the TRC that sought to create an archive open to the public that could form the basis of a new national history. However, as Lars Buur has documented, those who ended up testifying were already a selection of those who approached the Commission. As one statement-taker employed by the TRC summed up, “[w]e rejected many, many, many cases which came to us simply because they were not falling within the [definition of a] political act.”

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7 The archive can be found here: http://www.justice.gov.za/trc/.
addition, prevailing ideas about the constraints of information management systems and representative population samples underpinned the logical structure of the TRC, impacting the data collection, organisation and interpretation.\textsuperscript{10} As Richard A. Wilson sums up, “[s]tatisticians and human rights organisations both require that events be categorized in a way that is universal and generalizable: quantitative sociology needs to count and human rights needs justiciable violations.”\textsuperscript{11} As a result, the backstage administrative management of the TRC’s monumental undertaking needs to be considered when thinking about the construction of its archive.

No less important, is the actual translation (in the vast majority of cases) and transcription of the oral testimony given before the Commission. As has been extensively documented, translation, whether between languages or from oral testimony to a written document, involves substantial change to the original version.\textsuperscript{12} Antjie Krog, Nosisi Mpolweni and Kopano Ratele have written an entire book exploring a single testimony given before the TRC unpacking the various ways that voices were misunderstood and silenced through the process.\textsuperscript{13} Not only were interpreters and transcribers overworked, they also faced the difficulty of translating first person traumatic testimony in a context characterised by political pressure. Additionally, as with many other concepts, disability does not necessarily mean the same thing across different cultures. Maria Berghs in her research on the construction of disability in post-conflict Sierra Leone has identified the multiple understandings of disability that exist side by side. These come into relief in different contexts and are underscored by power relations and access to resources in the form of international aid or government reparations.\textsuperscript{14} Thus, once again, this study is limited to the image of disability that the TRC sought to project to the public, even though those disabled individuals who testified before the Commission may have understood their injuries in a very different way.

\textsuperscript{10} Buur, “Monumental Historical Memory”, 83-85.
\textsuperscript{11} Wilson, The Politics of Truth and Reconciliation in South Africa, 47.
\textsuperscript{12} Antjie Krog, Nosisi Mpolweni and Kopano Ratele, There was this Goat: Investigating the Truth Commission Testimony of Notrose Nobomvu Konile (Pietermaritzburg: University of KwaZulu Natal Press, 2009), 53.
\textsuperscript{13} Ibid.
\textsuperscript{14} Meg Samuelson, Remembering the Nation, Dismembering Women? Stories of the South African Transition (Pietermaritzberg: University of KwaZulu Natal Press, 2007), 13-16.
The TRC’s Final Report spans over 2,700 pages of text and is divided into five volumes. With the work of the Amnesty Committee not yet complete by the time that the Final Report was issued in October of 1998, two later volumes were added in 2002 and 2003 respectively. Much has been written about the epistemological and methodological choices employed in the writing of the Final Report that sat uneasily between being a legal document and an historical text. Deborah Posel, in her examination of the Final Report, writes that it fulfilled one part of its mandate at the exclusion of others: “With little explanatory and analytical power, the report reads less like a history, more as a moral narrative about the fact of wrongdoing across the political spectrum, spawned by overriding evil of the apartheid system.” Wilson among others have criticised the Report’s fragmentation and decontextualisation in both its methodology and content. Much of this seems to be a product of the strict mandate imposed on the TRC which compelled the Final Report to acknowledge the contested nature of the past while simultaneously delivering official and authoritative findings and recommendations. In order to address this tension, the report differentiated between “four notions of truth: factual or forensic truth; personal or narrative truth; social or ‘dialogue’ truth ... and healing and restorative truth.” While it is important to acknowledge multiple truths, many commentators have pointed out that the Final Report did not significantly consider how these impacted on and interacted with each other and tended to focus on what it considered ‘factual truth’. The forensic nature of the Commission clearly harks back to positivist epistemologies of truth, yet the process was circumscribed by laws enacted in Parliament that shaped the kind of truth that the Commission could produce. In addition to the legal framework, the universalising impulses of the media and the Christian rhetoric of ‘healing’ and ‘forgiveness’

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19 Promotion of National Unity and Reconciliation Act, No. 34 of 1995.  
20 TRC, *Report*, vol. 1, ch. 6, para. 2.  
22 Posel and Simpson, “Introduction”, 5; Andre du Toit quoted in Buur, “Monumental Historical Memory”, 68.
fundamentally shaped the collective understanding of South Africa’s apartheid past. This will be expanded upon in the following chapters, particularly Chapter Three which explores the underlying reasons for the TRC’s representations of disability.

Perhaps one of the most problematic aspects of the Final Report is its handling of the apartheid system as a backdrop against which gross human rights violations took place rather than as a source of much of the violence. This individualising narrative that largely overlooks the structural inequalities of apartheid was guided by the TRC’s legal mandate. These legal perimeters were outlined in The Act which was crafted as part of the political compromises made during South Africa’s transition from apartheid to democracy in the early 1990s. The Act mandated that a central duty of the Commission was “to uncover as much as possible of the truth about past gross violations of human rights ... in the belief that this task was necessary for the promotion of reconciliation and national unity.”

There is no doubt that the TRC had an extensive ambit, was working under immense political pressure and in addition, as Posel has pointed out, confronting many of the challenges facing practicing historians. Despite its limitations, the Final Report gives us an insight into the Commission’s established parameters, terms of reference, official definitions and working model. As Fiona C. Ross comments, “[c]lose attention to [the TRC’s] working offers a means to reflect on how suffering is given voice and acknowledged.” For the purposes of this study, focus will be on the parts of the Final Report that offer a sense of the Commission’s representation of and handling of disability. These include the definition of what constitutes a gross violation of human rights outlined in volume one; analysis of the effects of gross human rights violations in volume five and in the same volume, who qualified for reparations and why. In conjunction with other sources, the Final Report will also help provide insight into the TRC in historical perspective.

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25 TRC, Report, vol. 1, ch. 4, para. 3.
28 TRC, Report, vol. 1 & vol. 5.
The TRC HRV transcripts and the Final Report are written documents, while the Special Report is a visual resource in the form of a SABC weekly television programme broadcasting the week’s events at the TRC. Evidently, the medium of the sources also impacts the ways in which they were received on release and the ways in which they can be read and analysed. Visual media such as television and film have different limitations and possibilities to written sources. They each offer different kinds of information and communicate in diverse ways. As Robert A. Rosenstone reminds us, “a different endeavour from written history, film certainly cannot be judged by the same standards.”

News television’s visual economy relies on its realistic aesthetic to communicate the ‘truth’. As Deborah Posel and Graeme Simpson argue, “[t]he televising of the hearings supported this epistemology of ‘seeing’ as self-evidently authentic.” Additionally, what is important to note is the ways in which the mass media, and especially broadcast media, contributed to the national, and indeed international, scale of the TRC as a performative event. The representation of the physically disabled body is the nucleus of this work, and the visuality of the depiction of disability can be gleaned through archival footage far more accurately than through words on a page. As a result, the Special Report episodes offer a vital aspect of assessing the construction of disability within the TRC. It is also important to note that the mass media allowed the majority of South Africans to view the events that took place during the TRC’s public hearings, widening the audience reach of the Commission.

Thus, it is important to consider the medium of historical sources in shaping how they are interpreted and what they can tell us about the past.

In addition to the above mentioned primary source material, this dissertation has drawn on a multitude of secondary sources. Much of this secondary literature will be discussed in the following section on methodology and theoretical framework. In addition, instead of a traditional literature review section, both the primary and secondary literature will be identified and discussed throughout this dissertation as relevant.

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1.3 Theoretical Framework

This work touches on a few separate and interlinking conceptual models and tools of analysis. Perhaps most immediately, this study draws on, adds to and challenges the growing discipline of disability studies. Disability studies is an emerging field of social analysis with its roots in the growth of disability activism in the USA and Britain in the 1970s and 1980s. The early theorising that accompanied the disability rights movement in Britain in particular was pioneered by Mike Oliver, Colin Barnes and Vic Finkelstein among others and drew heavily on neo-Marxian and Gramscian ideas surrounding material barriers faced by people with disabilities. At the heart of the emergence of disability studies is a critique of the long-standing medical model of disability. This model “personalizes disability, casting it as a deficit located within individuals that requires rehabilitation to correct the physiological defect or to amend the social deficiency.” The medical model tends to lead to an essentialising discourse of identity and the relegation of people with disabilities to second class citizens and a burden on society as recipients of charity and welfare. The emergent social model, first developed in 1983 in response to the long-standing authority of the medical model, views disability as a social category that places the problem within society’s exclusion of people with disabilities rather than with innate biological impairment. Central to this model is the separation of impairment and disability where an “impairment is a physical fact, but disability is a social construction.” Notable authors who contributed to this cannon include Rosmarie Garland-Thomson; David T. Mitchell; Sharon L. Snyder; Lennard J. Davis; Paul K. Longmore; Henri-Jacques

33 Vic Finkelstein was incidentally a South African psychologist expelled from the country in 1968 due to his anti-apartheid activities.
Stiker and Simi Linton among others. Thus, according to the social model, disability is understood as historically and culturally contingent rather than natural, universal and unchanging.

Although the development of the social model of disability was a productive political strategy for the time, it has since been widely critiqued in academic circles. Feminist theorists, such as Jenny Morris, Sally French and Liz Crow, criticised the social model’s strong rejection of the medical model, emphasising the importance of impairment in disabled people’s lives. The social model also risks making disability and oppression synonymous instead of acknowledging oppression as part of the experience of disability, not the entirety of it. The critics also argued that the lived experiences of disability are more akin to assemblages made up of many different factors interacting in particular ways in specific contexts. In other words, as Tom Shakespeare points out, “[i]n practice, it is the interaction of individual bodies and social environments which produces disability.” In addition, like the questioning of sex as always already gendered within feminist circles, some disability studies scholars have begun questioning the objectivity of impairment as a stable category independent from the lens of disability. Indeed, it is these neat binaries, such as the opposition of impairment and health, that are criticised as restrictive and the questioning of which has led to later developments in disability theory. Additionally, some critics have questioned the implicit ideal of a barrier-free utopia as nearly impossible to universally put into practice. Lastly, even if physical barriers and social stigma were overcome, unlike gender and race, disability still involves intrinsic limitations. This critique encapsulates the new materialist turn that critically assesses the playing down of physical difference in favour of discursive constructions of disability. Dubbed ‘Foucault’s vanishing bodies’ or ‘the vanishing bodies of postmodernism’, the reduction of the physical body to discourse is problematic in that, as Irina Metzler cautions, it allows “us to

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40 Ibid.
41 Ibid.
42 See Judith Butler (1990) and Shelley Tremain (2002); Shakespeare, “The Social Model of Disability”, 219.
44 Ibid, 218.
discursively theorise away the body to the point where no body (or nobody) is disabled.”

New Materialist perspectives take this a step further by insisting that for too long the body has been viewed as a passive force. Instead, from this position, bodies are viewed as both produced and productive – having a history, but also historicising. Indeed, this is illustrated within the TRC where disability is both constructed and creates a framework for some of the TRC’s thinking around national healing.

From these criticisms comes the newest iteration of the field, critical disability studies (CDS), offering a new approach to disability which draws on theories of critical race and gender studies as well as those of intersectionality. CDS interrogates its own disciplinary trajectory, examining the extent to which dominant models of thinking about disability developed in or before the 1990s are able to grapple with the concerns of our current postmodernist milieu characterised by late capitalism. Building on the work of post-structural feminist theorists such as Judith Butler and Rosi Braidotti, CDS directly engages with the rise of intersectionality that seeks to chart the divergence and convergence of multiple social identity markers. This involves, as Dan Goodley summarises, “difficult conversations across socio-cultural categories and forms of interpellation to ask how, for example, disability, gender, race, sexuality and class constitute or contradict one another.” This criss-crossing of markers is more than a laundry list of sequential oppressions and privileges, rather, it is an attempt to theorise the unique subject positions that arise through the interaction of multiple facets of identity. Following developments in queer theory, many CDS scholars, such as Mark Sherry, Robert McRuer, Jim Overboe and Amy Vidali are pioneering crip theory – a conversation between queer theory and disability studies - which aims at destabilising able-bodied ‘norms’. These recent developments in disability studies allow scholars to turn their attention to the

45 Irina Metzler, Disability in Medieval Europe: Thinking about physical impairment during the high Middle Ages, c. 1100 – 1400 (Oxon and New York: Routledge, 2006), 24.
dominant culture that defines disability as ‘Other’ in order to destabilise the prevailing ideas of ‘normality’. As Metzler clarifies, “[d]isability studies scholars critique normalcy by studying the history of norms, challenging their centering mechanisms and the politics that construct disability as deviance.”

Disability studies has been criticised for being ahistorical and exclusively western in its theorisation and application. In terms of ahistoricity, a new swathe of medievalists, such as Irina Metzler, Mary E. Fissel and Caroline Bynum, have taken up the baton to sketch the fundamentally different ways in which physical embodiment was understood in premodern times. Importantly when thinking about disability studies in relation to this dissertation, is the development and application of disability studies almost exclusively in the western world. Although this new field equips historians with an arsenal of new questions, approaches and categories with which to critically explore the past, it also begs questions about its wholesale importation to other parts of the world. The majority of the world’s disabled population reside in the so-called ‘developing world’ due to the intersections of poverty and disability. As a result, there is a need to develop disability theory within these varied contexts in order to enrich the field through wider representation, but perhaps more importantly, to dispel the myth that disability is experienced in the same manner across time and space.

Maria Berghs, Clare Barker and Stuart Murray among others have begun addressing these problems by exploring the cross-pollination of postcolonial studies and disability studies. As has been discussed in the previous section, Berghs examines the tensions between localised and westernised global understandings of disability in post-war Sierra

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52 Metzler, *Disability in Medieval Europe*, 28.
Leone. Barker and Murray, on the other hand, attempt to theorise the intersections between postcolonialism and disability studies. Acknowledging the wholesale transportation of disability studies theories and methodologies to other global locations as problematic, Barker and Murray also point out that “in the broadest terms, postcolonial criticism tends to treat disability as prosthetic metaphor.” Going beyond these familiar frames, Barker and Murray ask what disability might mean in different cultural contexts. With specific reference to postcolonial locales, the authors note that, “[i]n contexts of chronic poverty or indigenous dispossession, ill health and disability may be widespread enough to shift the thresholds of health and disability”. Pushing this further, they ask, who sets the standards of embodied normalcy? What is the relationship between disability and trauma? And whether disability as a term is adequate in capturing the complex manifestations of disabled experiences within specific traumatic contexts. These questions echo those asked about the TRC and set the stage for studies such as this one that aim to understand the specificities of disability within a localised case study. Hopefully such studies will continue to critically engage with the field of disability studies, to expand its horizons, ask new questions that test its limits.

As has been made clear above, this work is situated firmly within the theoretical bounds of disability studies. However, there are other influences that bleed into this analytical frame. These include a critical feminist approach and theories of intersectionality incorporated into the field of disability through the development of CDS as discussed above. Notably, the postcolonial context of South Africa, the remoulding of nationalism during the TRC and the prevailing discourse of human rights need to critiqued in order to unpack how the emerging post-apartheid state represented disability at this particular juncture. Examining the structures that underpinned the TRC’s thinking allows this study to critically assess how studying disability undermines the narrative of rupture that has come to characterise South Africa’s transition. It is important to anchor all analyses of disability as well as those of the nation state within their historical contexts in order to

55 Berghs, War and Embodied Memory, 16.
57 Ibid, 61.
58 Ibid, 68.
59 Ibid, 70.
avoid generalising or universalising either category. While critically analysing categories such as disability are central to this dissertation, it is also important to bear in mind the real ethical implications of dissolving the category. To do so would erase the real physical difficulties that many suffer from and deny many disability activists a vital point of mobilisation against oppression based on ability. Although dismantling neat binaries such as ‘disabled’ and ‘able-bodied’ is necessary in order to forge more nuanced understandings of embodied realities, that does not mean that disability does not exist. It is a physical as well as discursive reality that needs to be acknowledged, unpacked and rallied around in order to contribute to social justice for those with disabilities in our society.

1.4 Defining Disability

Ideas, practices and policies relating to disability have gone through many historical iterations. As established disability studies scholar, Rosmarie Garland-Thomson elaborates, “[d]isability, then, is a culturally fabricated narrative of the body, similar to what we understand as the fictions of race and gender.”60 Indeed, currently there is no single agreement on what constitutes ‘disability’ either as a biological condition or a linguistic term. Perhaps the closest to an ‘official’ definition is that of the World Health Organisation’s (WHO) International Classification of Functioning, Disability and Health (IFC), which will serve as a working definition for this dissertation. The WHO’s IFC defines disability as:

“...an umbrella term for impairments, activity limitations and participation restrictions. Disability is the interaction between individuals with a health condition (e.g. cerebral palsy, Down syndrome and depression) and personal and environmental factors (e.g. negative attitudes, inaccessible transportation and public buildings, and limited social supports).”61

According to this definition, disability becomes an extremely broad phenomenon, grouping together a vast range of people with a variety of disabilities and subsequent needs and

experiences. This has led some disability studies scholars to declare that “definitions of disability are arbitrary and entirely subjective.”

Metzler has argued in this regard that like other categories, disability “has no ‘inherent meaning’ outside of culture [therefore] one cannot speak automatically of all impaired persons as disabled at all times, in all places.”

In some contexts, Metzler continues, disability does not even exist as a category. This points to the constantly fluid nature of what is considered ‘normal’ in any given context. For example, due to the invention of spectacles, those with visual impairments in much of the world today are not viewed as disabled. In this case, the distinction between a ‘defect’ and a ‘disability’ rests on the authority of a medical expert.

And, as discussed in the previous section by Barker and Murray, if the majority in a given population have impairments, are they viewed as disabled? This is illustrated by deaf communities who do not regard themselves as disabled, but rather as a distinctive cultural grouping with their own language, values and norms.

Despite this complex cultural understanding, disability is still widely understood in opposition to being ‘able’ and ‘healthy’. The Oxford dictionary defines disability in the following way, “[a] physical or mental condition that limits a person’s movements, senses, or activities.” This naming of disability posits ability as the norm, putting the onus of difference onto those with disabilities and constructing able-bodies as a synecdoche for ‘normal’. As much as disability is defined by multiple contextual factors, so is our related understanding of what constitutes ‘normalcy’. However, representing something as ‘normal’ is one of the most successful acts of illusion and obfuscation. Like magic, what is viewed as ‘normal’ in society disappears, making the ‘abnormal’ stand out in contrast. This is no doubt related to particular power formations within society that reinforce the hegemony of the dominant group while simultaneously marking unwanted elements as deviant.

Within disability studies, the term ‘normate’ has been developed to expose the

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62 Metzler, Disability in Medieval Europe, 4.
63 Ibid, 9.
64 Ibid, 29.
65 Ibid, 35.
ways in which normalcy is deployed to control bodies. The term designates “the unexamined and privileged subject position of the supposedly (or temporarily) able-bodied individual.”68 A normate culture, Jay Dolmage and Cynthia Lewiecki-Wilson argue, “continuously reinscribes the centrality, naturality, neutrality, and unquestionability of this normate position.”69 As with many race, class, gender and sexuality ‘Others’ identified within society, disability is required in order for the normal body to continue to occupy a space of transparency, of being standard and of being whole.70 This idea of ‘wholeness’ speaks to the constant referential matrix of ‘lack’ and ‘loss’ that has characterised disability in the popular imagination since at least World War One (WWI).71 This referential base, as shall be demonstrated later on, was instrumental in constructing disability within the TRC as a metaphor for ‘healing the nation’ or, seen another way, ‘restoring its wholeness’.

As illustrated above, the term disability encapsulates a large and incredibly diverse group of impairments that all lead to varied experiences and different kinds of social barriers and stigmas. This variety of experience calls into question the binary understandings of ‘health’ and ‘illness’ as being oppositional and discrete categories. Some critics have questioned whether the term ‘disability’ is a useful one at all as it seems to include more differences than similarities. Indeed, as with the current crisis in gender studies regarding the complicity of feminism in perpetuating the notion of a gender binary72, does the maintenance of disability as a category also feed into a corporeal hierarchical binary? In response, disability studies scholars, activists and allies stand by the label as a strategic and useful tool to unify a diverse group and to raise awareness about the social processes of marginalisation and stigmatisation.73 However, these discussions still view the body as a discrete entity defined by its internal biological limits and interactions with the separate external environment. As Lauren B. Wilcox has persuasively argued, “[b]odies are thus not fixed entities, but are always unstable and in the process of

69 Ibid.
70 Ibid, 31.
71 Ibid, 27.
72 Judith Butler, Gender Trouble: Feminism and the Subversion of Identity (New York and London: Routledge, 1990), xxxi-xxxii
73 Dolmage and Lewiecki-Wilson, “Refiguring Rhetorica”, 33.
becoming. They are ontologically precarious, existing only in virtue of certain material/political conditions that allow them to be intelligible to others.”

Taking their cue from Deleuzian conceptions of ‘assemblage’, theorists of the body have shown how form and identity are “constituted only through the movements uniting corporealties, text, affects, and objects as they mutually transform each other.” Thus, the body is produced through a series of complex interactions with other bodies (human and inhuman), feelings, ideas and material surroundings among others. This demarcates the limits of ‘the body’ as a concept and a category, blurring the boundaries between seemingly discrete entities. This is illustrated by Jeffrey Jerome Cohen in his essay entitled “The Inhuman Circuit” which describes this relationship between horse and rider:

“The horse, its rider, the bridle and saddle and armor together form the Deleuzian “circuit” or “assemblage,” a network of meaning that includes the inanimate and the inhuman. No single object or body has meaning within this assemblage without reference to the other forces, intensities, affects, and directions to which it is conjoined—and within which it is always in the process of becoming something other, something new.”

This idea links to Judith Butler’s theorization of ‘ontologically precarious’ bodies whose very existence depends on their relations with others and are always in-formation. Thus, bodies become precarious, precisely because they cannot exist outside of their environment. This understanding of the body as constructed through its interaction within an assemblage is deeply instructive for the analysis of the representations of disability within the TRC. As will be discussed, one way of viewing the TRC is as an assemblage. Viewing the TRC in this way, allows us to critically appraise the production of disability within the TRC’s circuit of meaning making that were the HRV public hearings. Disability, as understood within the TRC, is inextricably linked to specific ideas of violence.

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74 Wilcox, Bodies of Violence, 11.
76 Ibid, 179-80.
78 Wilcox, Bodies of Violence, 143.
and politics that manufacture disabled bodies in particular ways which will be explored in the following chapters.

The disabled body, despite its discursive understandings, is also a material entity with very real pains and limitations as well as pleasure and joy. The definition of disability has real world implications that relate to realms of welfare, policy, medicine, sport and education among others. Although the White Paper on an Integrated National Disability Strategy (INDS) was published in 1997 with the social model as its guiding framework, these ideas were still in formation and did not filter into the TRC’s official documentation. In terms of the TRC, the definition of disability was closely related to trauma, with the physical and psychological effects neatly delineated within the Final Report. For example, in its recording of the consequences of gross violation of human rights, trauma is understood as having both a medical and psychological meaning. Medically, the Final Report concludes, trauma “refers to bodily injury, wounds or shock. In psychological terms, it refers to “a painful emotional experience or shock, often producing lasting psychic effect.” This Cartesian separation of mind and body employed by the TRC relegates disability to the realm of the medical model which does not take into consideration the effect of changing social forces in shaping perceptions of disability. In other words, disability is framed within the purely negative terms associated with a narrative of bodily trauma. This overlooks disability as identity position, as part of someone’s lived experience which involves both positive and negative aspects and as a dynamic facet of subject formation that changes and interacts with the surrounding environment. In addition, it ignores the often overlapping and interconnected effects of multiple disabilities, which include both physical and psychological impairments. Although the Final Report delineates disability in such seemingly straightforward terms, the ways in which it was represented to popular audiences was through the performance of the public hearings. In these spaces, it was a lot harder to prevent the complexity of disability as a lived reality and discursive practice.

80 TRC, Report, vol. 5, ch. 4, para. 11.
81 Ibid.
In terms of quantifying disability, it is incredibly tricky to establish the numbers of people with disabilities living in South Africa as definitions of what constitutes disability have radically changed over the last few years. As a newspaper article about the recent 2011 census data reported: “A change in definitions has meant disabled people now make up 7.5% of South Africa’s population, from 2% in 2001 [...] The 7.5% represents 2.9 million people [and] In [census] 2001, we had 2% disabled and that was comparable to census ’96.”82 The definition employed by the most recent census was as follows:

“Disability is defined as loss or elimination of opportunities to take part in the life of the community equitably due to physical, sensory, psychological, developmental, learning, neurological or other impairments. These may be permanent, temporary or episodic.”83

However, in 1996, the national census conducted just as the TRC was kicking off, interviewers were instructed by the following guidelines:

“All allow the respondent to decide on what he or she feels is a serious disability. As a guide, however, you can indicate that a serious disability is one which prevents the person from performing normal activities of daily living, for example, getting in or out of bed, dressing, washing or even working, without assistance or equipment.”84

As a disclaimer to the above definition, is this caveat:

“The data from this question should only be considered a rough indication of the incidence of disabilities in the population. Other sources of data, which incorporate rigorous definitions of what constitutes a serious disability, should be used as a supplement to this information.”85

In this way, the 1996 guide at once defines disability by referring to the equally contingent category of ‘normal’ and then summarily dismisses its own data as “rough” and not “rigorous”. This begs the question of the usefulness of the data

83 Ibid.
85 Ibid.
collected within such flimsy parameters. Another point of contention is the inclusion of chronic illness, such as HIV/AIDS, tuberculosis and diabetes within the definition.

Thus, it is clear that disability is a slippery term which is hard to pin down despite not much acknowledgement of these ambiguities within its popular usage and practical applications. Disability definitions have real material consequences with regards to access to social grants and other state support. It is also important to acknowledge the debates around the definition of disability and how that affects census data and by association policy-making. Discussing the categories of ‘normal’ and ‘abnormal’, Dolmage and Lewiecki-Wilson write that, “[t]hese categories are useful fictions that mark unwanted elements while reinforcing the hegemony of the dominant group.”

Thus, it is important to constantly interrogate these categorisations as they hold immense power. For the purposes of this study, it is important to be aware of the various debates surrounding what constitutes disability and what specific definitions were employed by the TRC. As we shall see later, the official definitions and the complexity offered by the testimony of disabled individuals did not always match up, opening up spaces for various representations, connections and complexities to abound.

1.5 Motivation

As has been previously discussed, there is a gap in the literature regarding historical constructions of disability in South Africa. The literature pool that addresses disability in South Africa is currently very shallow. Perhaps the most ambitious text to date is the 2006 edited collection, *Disability and Social Change: A South African Agenda* by Brian Watermeyer et al. Although there is a section on theoretical approaches to disability, this text explicitly grounds itself within the social model of disability and leans towards offering a roadmap for a disability transformation agenda. Two out of the five editors, namely Brian Watermeyer and Leslie Swartz, are academics in the field of psychology and have

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produced many articles predominantly on the links between HIV/AIDS and disability as well as the psychological nature of disablism, or the oppression of individuals due to their disability. In addition, Swartz authored a memoir in 2010 which is a meditation on the complex landscape of disability identities based on his own relationship with his disabled father. There is also a memoir by South African disability rights activist, William Rowland, entitled Nothing About Us Without Us: Inside the Disability Rights Movement of South Africa published in 2004. This slim volume contains Rowland’s personal memories of his involvement with the Disabled People South Africa (DPSA), but nothing on theorising disability in South Africa. There are also accounts emanating from the fields of education, occupational therapy and other health related fields. However, there seems to be very little academic work on the history of disability in South Africa, besides edited chapters on the disability rights struggle in South Africa contained in Disability and Social Change. A major motivation for undertaking this work is to contribute to starting such a discussion.

The rationale for discussing disability with reference to the TRC is as follows. The TRC was the largest public arena in recent South African history in which pain and suffering were displayed in order to address the past and attempt to navigate the future. Although not explicitly addressing disability, representations of disability, both physical and mental, were integral to the processes of establishing human rights abuses, negotiating reparations and deciding whether or not to grant amnesty. Physical bodies, and disabled bodies in particular, became one of the sites on which ‘truth’ was weighed and a new national identity was forged. Within the TRC, disability played an immediate and visceral role in keeping the physical violence of the past immediate and unresolved. Although often idealised as signalling a radical break with the apartheid past, the TRC facilitated both change and continuity, and disability is one arena in which there was little transformation,

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89 See Leslie Swartz, Able-Bodied: Scenes from a curious life (Cape Town: Zebra Press, 2010).
the ramifications of which are felt by those living with disabilities and their families in South Africa today.

Disability continues to play a central role in exacerbating inequality nationally and internationally, yet South Africans with disabilities continue to be largely ignored within the transformation parlance. According to the WHO, “over a billion people live with some form of disability. This corresponds to about 15% of the world’s population ... [and] ... Rates of disability are increasing, due to population ageing and the global increase in chronic health conditions.” As Maša Anišić in her work on accessible urban areas for people with disabilities has argued, people with disabilities are the largest historically disadvantaged group after women. Disability is everywhere, and yet, simultaneously, it is seemingly invisible. It is something that all of us have some connection to, if not through our own bodily experiences as we inevitably have accidents, get ill and age, then through the similar experiences of those close to us. This is particularly apparent in South Africa, a country that is characterised by an incredibly violent history and endemic poverty, factors that have been shown to correlate to high levels of disability. As Watermeyer stresses in a 2013 opinion piece, “...our country’s population of people with disabilities has very little to show for two decades of democracy” continuing, “in the worlds of people with disabilities, the broad failure of service delivery is made far worse by a combination of entrenched prejudice, government disregard and the fact of our society being designed and run in ways which exclude.” Thus, research into representations of disability have real world applications and the construction of who is considered disabled can make the difference between who does and who does not have access to much needed welfare support. In addition to these material consequences, as has been well documented, being disabled is enough to warrant social, political and physical exclusion. Thus, along with other forms of

social oppression, disability needs to be at the forefront of research, policymaking and public debate in order to make South Africa, and indeed the world, a more accessible and fairer place.

1.6 Overview of the Chapters

This first chapter has attempted to introduce, contextualise and orientate this study. It has also sought to outline the central guiding questions and sub-questions that motivate this research. Lastly, this chapter has identified and discussed the source material and the theoretical framework that will form the basis of this dissertation and has provided a rationale for its inception.

Chapter Two provides an overview of the history of the TRC as well as the debates surrounding the Commission and its legacies. In addition, disability will be discussed in the context of South Africa in order to assist in situating and defining it within a more specific historical context. The chapter will conclude in describing the ways in which disability featured in the TRC.

Chapter Three builds on Chapter Two by examining some of the underlying causes for the prevailing representations of disability within South Africa’s TRC. These include a discussion of the history of commissions of enquiry in South Africa and their various interactions with disability; the TRC as a media spectacle and the effects thereof; the rise of nation building during the time of the TRC and finally, the legal, human rights and religious frameworks employed in the TRC and the effects that these had on representing disability.

Chapter Four examines the implications of the representations of disability discussed in the previous two chapters. These include the gendered and racial aspects of representing disability in the TRC; the material consequences; structural inequality and the narrow configuration of disability that is inextricably linked to the way the TRC understood what constituted ‘violence’, ‘politics’ and ‘gross human rights violations’ at this point in time.
Chapter Five serves as a concluding chapter that will lead with a discussion of the previous chapters; outline some of the limitations of the study; present reflections and conclude with some suggestions for possible future avenues for research.

Throughout these chapters, this study will argue that the TRC shaped disability in distinct ways as a metaphor and as physical evidence. It will also argue the presence of disabled bodies challenged the TRC, in particular its conceptions of ‘healing’ and ‘closure’. This tension allows this dissertation to critically examine the co-production of the state and disability at this point in time.
Chapter Two: The Body and the Nation

“Physical injuries and disabilities caused by torture or severe ill treatment exact an immense toll on the individual, community and society. Physical scars and disabilities have been described by one survivor as: “a tattoo, a permanent physical reminder of what was done to us, a symbol that in many cases brings shame.””

Truth and Reconciliation Commission Final Report, vol. 5, ch. 4, para. 56

2.1 The TRC in Historical Perspective

In order to understand the structure, functioning and discursive framework of the TRC, it is necessary to understand its genesis. With the end of the Cold War, increased international boycotts of South Africa and the simultaneous intensification of the struggle against apartheid, the ruling NP and anti-apartheid movement found themselves in a stalemate by the late 1980s. Tentative talks between the opposition and government began in 1986 and gathered momentum until they were formalised in 1991 in the form of the Convention for a Democratic South Africa (CODESA). In efforts to bridge seemingly irreconcilable political differences, constitutionalism and the associated human rights framework emerged as the only viable common ground. Additionally, as Madeleine Fullard and Nicky Rousseau note, the coinciding of negotiations with the collapse of the Eastern Bloc “saw the rise to prominence of the language of human rights in the blueprints for the ‘new South Africa’.” This led to and framed the formation of the Multi-Party Negotiating Process and resultant publication of the interim Constitution, containing the Bill of Rights, in 1993.

The negotiating process involved many compromises, but perhaps one of the thorniest issues was that of amnesty. The transparent process of democratic dialogue which led to the creation of the Constitution did not apply to debates surrounding amnesty

which was determined in an exclusive political deal between the ANC and the NP.\textsuperscript{100} The clause on amnesty was included at the last minute as a postscript to the Constitution entitled 'National Unity and Reconciliation', foreshadowing the naming of the Act that gave birth to the TRC in 1995.\textsuperscript{101} Many critics see this postscript as the final compromise of the negotiation process, contradicting the commitment to human rights that guided the rest of the Constitution. As Wilson elaborates, the invocation of human rights contained in the postscript, “did not express the determination to protect individual citizens as much as it did the willingness to sacrifice individuals’ right to justice in the name of ‘national unity and reconciliation’.”\textsuperscript{102} The final ratifying of the Constitution at the end of 1993 paved the way for the first democratic elections in South Africa’s history in April 1994. The elections led to the national power-sharing leadership of the ANC dominated Government of National Unity (GNU) which collapsed in 1996, leaving the ANC as the sole leader of South Africa.

This period of South African history saw the consolidation, centralisation and unification of the state, criminal justice reform and the rise of human rights institutions exemplified by, among others, the Constitutional Court and the Human Rights Commission.\textsuperscript{103} Key to this project was the concept of Ubuntu, a Nguni term linked to African humanism that expresses a sense of community. It is a term popularised by former Anglican Archbishop Emeritus Desmond Tutu as bringing together reconciliation, restorative justice, human rights, nation-building and African jurisprudence.\textsuperscript{104} As Tutu elaborates, “Ubuntu says I am human only because you are human. If I undermine your humanity, I dehumanize myself.”\textsuperscript{105} This term became a central legal and political concept in the immediate post-apartheid moment, appearing in the epilogue to the 1993 interim Constitution and in the preamble to the 1995 Act that established the TRC. Terms like

\begin{thebibliography}{9}
\bibitem{Wilson} Wilson, The Politics of Truth and Reconciliation in South Africa, 7.
\bibitem{Graybill} Lyn S. Graybill, Truth & Reconciliation in South Africa: Miracle or Model? (Boulder, CO. and London: Lynne Rienner Publishers, 2002), 2.
\bibitem{Wilson1} Wilson, The Politics of Truth and Reconciliation in South Africa, 9.
\bibitem{ibid} Ibid, 214.
\end{thebibliography}
*Ubuntu* encapsulate the romanticisation of the pre-colonial African past, the hope that characterised the transition and the need to diffuse political tensions at a time when South Africa was a tinderbox expected to erupt into flames at any minute. *Ubuntu* was posited as a uniquely African approach to justice as restorative rather than retributive. As Wilson expands, “[c]reating a polarity between ‘African’ *ubuntu*/reconciliation on the one hand and ‘Western’ vengeance/retributive justice on the other closes down the space to discuss fully the middle position – the pursuit of legal retribution as a possible route to reconciliation in itself.”106 Thus, this conflation of human rights and *Ubuntu*, which would come to represent compromised justice, laid the discursive framework for the establishment of the TRC.

### 2.2 The South African TRC

The South African TRC was the twenty first, and arguably most ambitious, of its kind. Emerging in the mid-1990s, it formed part of an international milieu of political change which dominated the latter part of the twentieth century. Employing the popular truth commission model as a vehicle for delivering restorative justice and mediating conflict resolution, the TRC drew on similar commissions, particularly those in Argentina and Chile.107 Priscilla B. Hayner has identified truth commissions as institutions that share the following features: a focus on the past; an investigation into patterns of abuses over time rather than a single event; typically a temporary body that produces a report at its conclusion after typically six months to two years and they are officially sanctioned by the state.108 Although analogies can shed light on similarities and differences, they can also obscure them. Guided by an attempt to locate South Africa’s apartheid past on the plane of universal human rights, the Commission, some have argued, ignored what was distinctive about apartheid. This analogy, championed by Alex Boraine (who later became the Vice Chair of the TRC) fed the desire for South Africa’s reconciliation to transcend its national origins and to take on more general relevance. As a consequence, the particularities of

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apartheid as a system that brutalised whole communities in distinctive ways—such as pass laws, the creation of inadequate homelands, forced removals and exploitative migrant labour practices—was overshadowed. Additionally, although there were no doubt similarities between the South African TRC and those in Latin America, South Africa faced the unique challenge of not restoring, but rather creating a single political community for the first time.

Thus, although firmly situated within a global milieu which saw the rise in popularity of truth commissions, it is important to remain critically aware of the specific challenges facing the South African TRC.

In order to fulfil its mandate, the TRC established three committees focussed on amnesty, human rights violations and lastly on reparation and rehabilitation. Additionally, the TRC included a research unit, an investigative unit, and a restricted witness protection programme. With four regional offices in Cape Town, East London, Durban and Gauteng, public hearings were held throughout the country over a period of eighteen months. These public hearings were to become, as stated in the Final Report, “the public face of the Commission.” The Commission was headed up by 17 Commissioners and staffed by 438 people, which included investigators, researchers, media liaison staff, administrative personnel, data capturers and data processors. The Commissioners were sourced from the fields of theology, law, medicine and politics, with one (Mary Burton) being a civil society activist. Holding its first hearing in 1996, the TRC took 21,298 written statements relating to 37,672 human rights violations. Of this number, 2,200 people gave public testimony before the Commission. All of this was worked into the Final Report that was completed in 1998, with the Commission finally wrapping up operations in 2001.

Paving the way for the transition from apartheid to democracy, the TRC was posited as a ‘third option’ and often described as an alternative to both the model of the Nuremberg

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112 Ross, Bearing Witness, 10.
113 Ibid.
114 Field, “Beyond ‘Healing’”, 32.
Trials which were retributive in nature, and blanket amnesty which was seen as promoting amnesia.\textsuperscript{115} Despite its stated commitment to ‘even-handedness’, the TRC was not without contention. Those on the right of the political spectrum decried it as a witch-hunt, while those on the left harshly criticised the amnesty provisions as a compromise of justice.\textsuperscript{116} After a lengthy consultation process, the TRC was signed into law in 1995 and mandated to establish “as complete a picture as possible of the causes, nature and extent of the gross human rights violations which were committed”\textsuperscript{117} between 1960 and 1994. In addition, the legal mandate required that the TRC facilitate the granting of amnesty to those who make full disclosures, find missing victims and compile a report containing recommendations based on the hearings.\textsuperscript{118} The TRC was tasked with discovering the antecedents and causes for these violations as well as the perspectives and motivations of victims and perpetrators. This was no doubt an ambitious mandate which required both collective and individual investigations which ranged from detailed individual accounts to large scale patterns of human rights violation. Initially, the TRC limited its scope to roughly 20 000 identified victims, of which only ten percent testified at a public hearing. However, as the Commission proceeded, it attempted to widen its investigations by including the consideration of some forms of property damage as a gross human rights violation and by holding a series of institutional hearings. These solutions were aimed at addressing the tensions created by recognising apartheid as a ‘crime against humanity’ and focussing on individual abuses to investigate this period.

Adam Sitze has conceptualised of the TRC as an impossible machine\textsuperscript{119} and within a Deleuzian paradigm, it could be viewed as an assemblage.\textsuperscript{120} Whether machine or assemblage, the TRC included various actors, affects, objects and interactions that produced certain representations of disability. What both models of the TRC do, is explode any kind of binary understanding of the Commission that limit the analytical possibilities of

\begin{itemize}
\item \textsuperscript{115} Ross, Bearing Witness, 1.
\item \textsuperscript{116} Ibid, 9.
\item \textsuperscript{117} Promotion of National Unity and Reconciliation Act, No. 34 of 1995, ch. 3, para. 3(1).
\item \textsuperscript{118} Ibid.
\item \textsuperscript{120} Gilles Deleuze and Felix Guattari (trans. Brian Massumi), A Thousand Plateaus: Capitalism and Schizophrenia (Minneapolis: University of Minnesota Press, 1987).
\end{itemize}
its processes and effects. Thinking about the TRC as a success or failure, indeed as a miracle or a fraud, hems any analysis into an either/or bind.\textsuperscript{121} Gilles Deleuze and Felix Guattari's conception of an assemblage is that of an arrangement that breaks down the boundaries between reality, representation and subjectivity. In so doing, “establishing connections between certain multiplicities drawn from each of these orders”\textsuperscript{122} may be a productive frame of analysis here. This incorporates thinking about the TRC as an assemblage of Commissioners, victims, perpetrators, chairs, tables, banners, political positioning, calls for reparations and amnesty, evidence, religious ritualization, judicial principles, legal mandates and so on. As Fullard and Rousseau have written:

“\textit{In short, the power of representation was not that of the TRC alone. From the piercing wail by Nomonde Calata at the first victim hearing in East London to the obfuscatory antics of legal representatives in the later amnesty hearings, participants in these hearings – victims, perpetrators, audience, lawyers and media – were as much part of shaping the landscape of the hearings as commissioners and officials of the TRC.}”\textsuperscript{123}

Thus, the dynamic interaction between these components produces a far richer understanding of the complexity of historical moments than the tyranny of dualism that seeks to assess if something is either a ‘success’ or a ‘failure’. This understanding of the TRC, as a conglomerate of forces that shaped representations of disability in particular ways is a productive frame with which to analyse some of these forces.

One of the signifiers which both produces and is produced by the TRC is the disabled body. Although disability can be viewed as a global signifier of violence, it is important to note that the TRC produced disability in a particular way, linking it with signs and symbols of apartheid, the struggle and the transition period. In this way, a web of interrelated meanings was constructed to communicate a narrative of the nation with the disabled body as a central component. This was compounded by the TRC’s role as a public ritual, with the spectacular aspects amplified by both national and international media coverage. As Sitze

\textsuperscript{121} Sitze, The Impossible Machine, 20.
\textsuperscript{122} Deleuze and Guattari, A Thousand Plateaus, 23.
\textsuperscript{123} Fullard and Rousseau, “Uncertain Borders”, 230-231.
comments, “[t]here’s little doubt that the TRC created highly dramatic spaces in which miraculous events seem to have occurred.”124 This is not to say that its public face was its only face, indeed many commentators have written about the inner and backstage workings of the TRC that are no less important.125 However, it was in its ‘publicness’ that the TRC harvested much of its credibility as a space of ‘healing’ for all South Africans.126 The TRC as a form of political theatre has been discussed by many commentators, such as Belinda Bozzoli, Nthabiseng Motsemme, Andre Brink, Richard A. Wilson and Lesley Marx among others. These modes of visual consumption by the general public played no small role in the construction of disability within this space. This, of course, is the broader topic of this study and will be explored in more detail in the following chapter.

It is clear that the TRC contained many contradictions, but it was also the product of its time, bearing the possibilities and limitations of that moment. As has been mentioned above, the collapse of Communism increased the international popularity of more individualised human rights discourses; and on a national scale, it was a time of both intense hope and fear as South Africa’s transition threatened to become a bloody one. For its time, the Commission was, as Ross reminds us, “an innovative and imaginative social intervention.”127 The TRC no doubt played a leading role in discrediting the apartheid regime by exposing its lattice of lies that had propped it up for so long. As even Mahmood Mamdani, a harsh critic of the TRC, acknowledges, “[t]he TRC’s great achievement has been to discredit the apartheid regime in the eyes of its beneficiaries. This is no small achievement.”128 However, although the TRC challenged many lies, it also left some intact, such as the structural privileges and oppressions entrenched through centuries of racist colonial and apartheid rule. 129 Although much praised during its operation and immediately afterwards, in recent years the TRC has been severely critiqued. This criticism

125 See Buur, “Monumental Historical Memory”, and Sitze, The Impossible Machine.
127 Ross, Bearing Witness, 9.
129 Fullard, “Dis-placing Race”.

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has taken many forms, with perhaps the most strident critiques coming from Wilson and Mamdani.

Wilson, in his 2001 landmark critique of the TRC entitled, *The Politics of Truth and Reconciliation in South Africa: Legitimizing the Post-Apartheid State*, critically addresses the Commission’s human rights framework. He argues that “[h]uman rights are important preconditions of liberty and freedom but they are too narrow to define liberty itself.”\(^\text{130}\) This criticism of the discursive scaffolding of the TRC will be discussed in more detail, along with Wilson’s arguments, in Chapter Three. In addition, the criticism emanating from feminist scholars, such as Ross, Motsemme and Pamela Scully, of the TRC’s systematic exclusion of women will also be discussed in this later chapter. Mamdani has been perhaps the most vocal critic of the TRC, arguing that by focusing on individual victims and by defining gross human rights violations as those acts already illegal under the laws of apartheid, the TRC overlooked the structural oppressions meted out on an everyday basis by the racist legal and institutional framework of the apartheid state.\(^\text{131}\) As Mamdani sums up, “the TRC focused on torture, murder and rape, all outside the law, ignoring everything that was distinctive about apartheid and its machinery of violence.”\(^\text{132}\) As has been mentioned earlier in this chapter, the TRC was aware of at least some of its limitations and sought to address them through the implementation of the institutional hearings. However, these attempts still viewed structural factors as “the backdrop against which such human rights violations occurred.”\(^\text{133}\) Although the TRC did not then ignore, as Mamdani has argued, the structural violence of apartheid, it still viewed it as a passive background rather than an active force that was the cause of many human rights abuses, and in some cases resultant disabilities. This critique is considered with relation to the specific representations of disability and discussed in more detail in Chapters Three and Four.

Although the end of apartheid is posited in the literature as a radical rupture, various critiques have since established that it was stilted and uneven at best. Through the lens of disability, this continuity is even starker. Even though life has no doubt changed for

\(^\text{131}\) Mamdani, “A Diminished Truth”, 60.
\(^\text{132}\) Ibid.
\(^\text{133}\) TRC, *Report*, vol. 4, ch. 1, para. 1.
many South Africans with the end of apartheid, for many, oppression and impoverishment continued unabated. Not all South Africans experienced the end of apartheid as the radical break as it is often heralded as. This is clear when considering the situation of thousands of disabled South Africans who remain among the poorest in South Africa. There are also established links between poverty, vulnerability and disability, as the 2002 South African Human Rights Commission (SAHRC) Report on Disability, states, "poverty causes disability and disability causes poverty". Thus, studying the TRC through the lens of disability necessarily challenges the neat narrative that posits post-1994 South Africa as a place of freedom and equality for all. Adriana Petryna writing about the construction of disability in the context of post-Chernobyl Ukraine notes that, “[a] stark order of social and economic exclusion now coexists with a generalized discourse of human rights.” Although referring to a vastly different context, this statement could hold true in post-apartheid South Africa and its contradictions, as they apply to disabled South Africans, need to be explored further.

The TRC was not static – its approaches, narratives and apparatus changed through its lifespan. Following this, interpretations of the Commission should not stagnate either. It was a seminal moment in South Africa’s history, and the glut of literature that surrounds it can be both illuminating and obscuring. We should not stop critically analysing the TRC with fresh eyes and new approaches. As much as the TRC can tell us about the ways in which disability was conceptualised at this juncture, using disability as a lens with which to perceive the TRC can reveal novel aspects of the Commission’s premises, functioning and implications.

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2.3 Mapping Disability in South Africa

Besides the TRC, the other prong, so to speak, of this study is disability. This section hopes to sketch the formation of disability as a category that has a particular history. This historical genealogy will be rooted within a South African context, although some international trends will need to be unpacked too. This section has a particular focus on the ways that disability was thought about during the second half of the twentieth century, with particular reference to the ideas that contributed to the ways in which disability was represented with the TRC. In this way, this study draws on the work of current disability scholarship that seeks to destabilise disability as a universal and static medical concept. Additionally, placing disability within its historical context will help to anchor this work in both time and place.

The language of human rights, within which disability politics in South Africa and elsewhere are couched, is wedded to the 1945 establishment and increasing influence of the United Nations (UN). It is not to say that disability did not exist before this juncture rather that it took on a particular form in the global imaginary in line with UN ideals of inclusive humanity following WWII.\textsuperscript{136} It was only in 1959 that people with disabilities, or rather children with disabilities, were formally mentioned by the UN in the Declaration of the Rights of the Child. Echoing the familiar trope of disability and education, euphemistically referred to as ‘special-needs’ education, the report firmly placed those children with disabilities into the realm of dependency and difference. These close ties between the needs of children and of those with disabilities in the early days of policymaking around the issue reinforce the paternalistic trope of the ‘helpless’ and ‘innocent’ in society needing to be protected. In this way, disability and adolescence are almost conflated within the familial discourse of the state that is the benevolent father figure. This is illustrated clearly in Principle 5 of the document, which states that “[t]he child who is physically, mentally or socially handicapped shall be given the special treatment, education and care required by his particular condition.”\textsuperscript{137} This pathologising


language is not unique within disability sectors and spoke to the medical model of disability that was outlined in the previous chapter.

Having seen the passing of the *Special Schools Act* in 1948, applying only to the white population, the *National Conference on Handicap Persons* was held in South Africa in 1952. The theme of the conference was ‘Holism in Rehabilitation’ with medical professionals as the majority of attendees. The conference led to the formation of the South African Rehabilitation Council, the specific goal of which was “to bring the handicapped person back into line with his fellows.” The driving force behind such efforts of assimilation was openly professed to be related to labour shortages in an expanding economy. As an article in the *South African Medical Journal* (SAMJ) explains, “[r]ehabilitation in South Africa is a part of the effort to encourage and conduct the development of man-power resources, with the aid of medical treatment, psychological adjustment, counselling and selective placing.” Here, the able-bodied medical professionals and political elite seem to hold the expert knowledge, while individuals with disabilities are positioned as passive recipients of such expertise, with no say in policy making, reflecting the well-entrenched doctor-patient power dynamic. Thus, there is a clear thread which runs through development, labour and rehabilitation efforts, equating able bodies with economic value and productivity; while simultaneously viewing disabled bodies as a welfare burden on the state. This discourse emerging in 1950s South Africa clearly positions economic productivity as a national obligation. This is a theme that crops up again and again throughout the literature as well as source material and will be expanded on in later chapters.

In 1971, the UN reiterated the understanding of disability as a welfare and rehabilitation issue when it launched the *Declaration of the Rights of Mentally Retarded Persons*. The document “proclaimed the necessity of protecting the rights and assuring the

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140 Ibid.
141 Ibid, 222-4.
welfare and rehabilitation of the physically and mentally disadvantaged [...] and of promoting their integration as far as possible in normal life”.\textsuperscript{142} Although this document is primarily concerned with mental disabilities, it seems to equate these with physical ones, reflecting the prejudice of the time that saw all those with disabilities as fundamentally unable as well as physically and mentally deviant. However, by 1975, there is a clear language shift taking place, with the UN’s \textit{Declaration on the Rights of Disabled Persons}, which states that “[d]isabled persons have the inherent right to respect for their human dignity.”\textsuperscript{143} Although there is a shift towards acknowledging people with disabilities as potentially self-reliant individuals, there is still a tendency to equate a fulfilling existence with that of an arbitrary notion of ‘normalcy’. This is evidenced in the above declaration that states that, “[d]isabled persons, whatever the origin, nature and seriousness of their handicaps and disabilities, have the same fundamental rights as their fellow-citizens of the same age, which implies first and foremost the right to enjoy a decent life, as normal and full as possible.”\textsuperscript{144} Subsequently, in 1976, the UN called for an \textit{International Year of the Disabled Persons} to commence in 1981. This commitment by the UN was one of the gains made by the disability rights movement discussed in the previous chapter; and was aimed at encouraging member nations to integrate disabled persons into work, education and society more broadly, making buildings more accessible and focussing on disability prevention strategies.\textsuperscript{145}

In South Africa, 1976 marked a turning point in the struggle against apartheid, and, with many activists becoming permanently disabled in the wake of the Soweto Uprising and similar protest action around the country, it became a game changer for disability rights activism in the country.\textsuperscript{146} As disability activist, William Rowland, recalls in his account, \textit{Nothing About Us Without Us: Inside the Disability Rights Movement of South Africa}, “the rising militancy all around from the fight against apartheid, spilled over into the

\textsuperscript{142} Declaration of the Rights of Mentally Retarded Persons G.A. res. 2856 (XXVI), 1971.
\textsuperscript{143} Declaration of the Rights of Disabled Persons G.A. res. 3447 (XXX), 1975.
\textsuperscript{144} Ibid.
\textsuperscript{145} Fagin, “Global Influences and Resistance Within, 6.
\textsuperscript{146} Ibid, 12-13.
\textsuperscript{145} Ibid, 15.
disability rights movement and gave it its liberation aspect”.147 This biography of the disability rights movement from the perspective of Disabled People South Africa (DPSA), a leading organisation in disability activism in South Africa, focuses primarily on the 1980s and 1990s. As evidenced by Rowland’s tome, the ‘official’ history of disability in South Africa is one of the disability rights movements, with a focus on the political trajectory of the DPSA, which has been portrayed as deeply intertwined with that of the ANC. This sanitised version of history which equates disability history with history of activism plots an all too familiar storyline and one most often associated with disability and of the ‘triumph over adversity’ narrative of the struggle. Although the story is one of hope and success, there is also a tinge of melancholy as the author asks in his introduction, “how do you end a story that hasn’t yet ended?”148 This reflects the ongoing struggles that people with disabilities in South Africa face every day despite the provisions made in the new Constitution during the advent of democracy in 1994.

In 1980, disability activists who would later become the leaders of DPSA, attended the international conference of Rehabilitation International (RI) in Winnipeg, Canada. At the conference, attendees with disabilities challenged the authority of health officials by staging a walk out in protest of the medical profession’s continued dominance over disability issues. This led to the establishment of Disabled People’s International (DPI); the UN sanctioned International Year of Disabled Persons (IYPD) in 1982-3; the UN declaration of the period 1982-1992 as the Decade of Disabled Persons; and the UN development of the World Programme of Action Concerning Disabled Persons, which outlined the first substantive global policy framework aimed at overcoming discrimination and creating equal opportunities for people with disabilities.149 Although the UN discourse of this period still maintained a focus on prevention and rehabilitation, there is an obvious shift towards engaging people with disabilities in the process of attempting to foster dignity, equality and active participation in policymaking. There is also an emphasis on national development as playing a key role, the UN’s World Programme of Action Concerning Disabled Persons (WPA) outlined “the continuing need to promote the realization of the right of disabled

147 Rowland, Nothing About Us Without Us, 162.
148 Ibid, 2.
persons to participate fully in the social life and development of their societies and to enjoy living conditions equal to those of other citizens, as well as to share equally in the improvements in living conditions resulting from social and economic development”. Thus, there is a seeming shift away from primarily focusing on the individual, to considering the role of structures in perpetuating oppressive conditions.

Building off these international developments, as well as the events in Soweto in 1976 and the formation of the United Democratic Front (UDF) in 1983, a number of disability rights organisations started emerging in South Africa at this time. These include the late disability activist, Friday Mavuso’s Self-Help Association of Paraplegics in Soweto (SHAP) which was organised around “the fundamental principles of self-representation and the need for dignity”. There was a growing sense within the disability rights movement, fuelled by the growth of black consciousness, for the need of self-representation, hence the title of Rowland’s book, *Nothing About Us Without Us*. Influenced by the success of the Zimbabwean Movement of Disabled Persons led by Joshua Malinga, the DPSA was formed and officially launched in September 1984 at the 4th Congress of Disabled People in KwaZulu Natal. DPSA advocated strongly for a cross-disability and multi-racial movement that promoted self-advocacy and employment opportunities for disabled South Africans.

Instead of recognising the UN’s *International Year of Disabled Persons* in 1982, the apartheid government declared 1986 the *National Year of the Disabled* and established the Interdepartmental Co-ordinating Committee on Disability (ICCD) to respond to the WPA. According to many disability activists, the reports created by the ICCD were deeply flawed as they refused to acknowledge the creation of disability through the institutionalised racism of the apartheid regime. However, the DPSA participated in the government

sanctioned events of 1986 and “perversely or strangely, the [apartheid] government provided the first money injection to get DPSA functioning”.\textsuperscript{154} Despite many accounts of the DPSA’s history glossing over this uncomfortable collaboration, it does seem to undermine the neat narrative of absolute oppression under apartheid and absolute liberation after 1994. However, as Motsemme has argued with regards to silence as a form of struggle, the paradoxical nature of resistance is that “it simultaneously incorporates both tacit support and rejection for various power forms.”\textsuperscript{155} Indeed, as has often been argued with regards to South Africa’s struggle history, which now forms the bedrock of post-apartheid nationalism “the dominant discourse came to orbit around postulated common interests and destinies – rather than difference, contradiction and antagonism”.\textsuperscript{156} Thus, studying the history of disability in South Africa may add another layer of complexity to the national past and allow us to rethink simplistic binaries such as collaboration and resistance.

In August of 1990, the DPSA began formal contact with the ANC in order to collaborate on designing policy frameworks on disability for the new dispensation. To this end, the DPSA embarked on a consultative process that eventually took the form of the Disability Rights Charter Campaign, producing the \textit{Disability Rights Charter of South Africa} in 1992.\textsuperscript{157} During this transitional period, the membership to DPSA and its affiliated self-help groups grew substantially. This led to the expansion of the organisation and the establishment of regional offices. The DPSA also formed the Disabled Children’s Action Group (DICAG) and the Women’s Programme during the early 1990s. In 1992, the Rural Disability Action Group (RURACT), an organisation of community-based rehabilitation service providers, became an action group within the DPSA.

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\textsuperscript{155} Nthabiseng Motsemme, “The mute always speak: on women’s silences at the Truth and Reconciliation Commission”, \textit{Current Sociology} 52, no. 5 (2004): 919.
\end{flushleft}
At the time, the DPSA formally aligned themselves with the ANC in order to engage the party on issues of political representation of disabled South Africans and to ensure that disability rights were firmly integrated into the Bill of Rights. It was also a period that simultaneously saw the disintegration of the DPSA’s co-operation with the apartheid state and increased collaboration between the organisation and non-governmental service-providers (NGOs). To this end, the new South African Federal Council on Disability (SAFCD) was launched in 1992. In line with UN recommendations, the outgoing apartheid government repurposed the SAFCD and formed the National Co-ordinating Committee on Disability (NCCD) in 1993 to create an interface between government and the newly organised disability sector. However, due to the change in government a year later, the NCCD was dissolved.¹⁵⁸

In post-1994 South Africa, DPSA established a Disability Desk within the ambit of the Reconstruction and Development Programme (RDP) situated within the President’s Office. After the disbanding of the RDP in 1996, the Disability Desk, along with the Gender and Children’s Desks, was moved into the office of the then Deputy President, Thabo Mbeki. On the 1st of May 1997, the Office on the Status of Disabled Persons (OSDP) was officially established. In the same year, INDS was established after a long consultation process following on from the 1995 Framework for the Development of an Integrated National Disability Strategy. Interestingly, the INDS marked the transition from the use of the medical to social model with regards to disability policy in South Africa.¹⁵⁹ After the second democratic elections in 1999, the OSDP was returned to the President’s Office, focusing on capacity-building; monitoring and evaluation as well as influencing key policy developments.

In this period, Maria Rantho became the first disabled member of the newly elected democratic government, and in 1998 parliament launched the Integrated National Disability Strategy followed by the Promotion of Equity and Prevention of Unfair Discrimination Act in 2000. Since this time, parliament has formed the monitoring and

evaluation unit, the Quality of Life and Status of Children, Youth and Disabled Persons, chaired by DPSA member, Henrietta Bogopane. According to the DPSA, many disability activists have taken up positions in a number of public organisations, such as the South African Broadcasting Corporation (SABC); the South African Human Rights Commission (SAHRC); and the National Development Agency. The DPSA also states that fostering “economic self-sufficiency has always been a cornerstone of the movement’s development from its inception.”

This focus on the economic contributions of disabled South Africans ironically ties into earlier, more prejudiced, approaches to disability. Indeed, the narrative of disability rights activism in South Africa includes aspects of both change and continuity.

Popular accounts of the disability rights movement seem not only to focus primarily on the DPSA, but also posit this history squarely within the 1980s and 1990s, the zenith of the struggle against apartheid, neatly dovetailing the two narratives. Justifying this framing in their collaborative chapter on the history of the disability rights movement in South Africa, Colleen Howell, Schuaib Chalken and Thomas Alberts, assert that this “has been arguably the most significant period in the disability rights struggle and in the struggle for democracy in South Africa.”

Evidently, this is defining activism in an incredibly narrow band of experience, which has ramifications for whose stories are told, remembered and memorialised. It is important to note at this juncture that as Rebecca Hodes has argued with relation to AIDS activism in South Africa, “[i]n their initial stages, social movements rely often on the language of their predecessors, situating their struggle within established discursive frameworks and thereby increasing the chances of public identification with the movement’s objectives.”

This has a huge impact, as we shall see later, on whom gives testimony at the TRC and whose stories are woven into South Africa’s official historical narrative and whose are side-lined and erased.

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161 Ibid, 47.
2.4 Disability and the TRC

As has already been discussed in the previous section, disability is understood differently in various contexts. Within the Act that established the TRC there is no direct mention of disability. However, experiences of violence that precipitated the physical disabilities presented at the TRC were couched within the term ‘gross human rights violations’. This terminology is utilised throughout the official documentation of the TRC, which was mandated to establish:

“...as complete a picture as possible of the causes, nature and extent of the gross violations of human rights which were committed during the period from 1 March 1960 to the cut-off date, including the antecedents, circumstances, factors and context of such violations, as well as the perspectives of the victims and the motives and perspectives of the persons responsible for the commission of the violations, by conducting investigations and holding hearings...”

In the following paragraph, the Act continues to stipulate that the Commission must conduct inquiries into “gross violations of human rights, including violations which were part of a systematic pattern of abuse”. Evidently these legal instructions contained within the mandate produce a tension between systematic and individualised violations. One of the most sustained and much cited critiques of the TRC stems from its apparent interpretation of its mandate which resulted in an adoption of a narrow definition of gross violations of human rights. This is acknowledged in the first volume of the TRC’s Final Report:

“As noted in the Mandate chapter later in this volume, the Commission’s governing Act limited its investigation to gross violations of human rights defined as the “killing, abduction, torture or severe ill-treatment” and the “attempt, conspiracy, incitement, instigation, command or procurement to commit” such acts. In essence, therefore, the Commission was restricted to examining only a fraction of the totality of human rights violations that emanated from the policy of apartheid - namely,

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163 Promotion of National Unity and Reconciliation Act, No. 34 of 1995, ch. 2, para. 3(1).
164 Ibid, ch. 2, para. 4.
those that resulted in physical or mental harm or death and were incurred in the course of the political conflicts of the mandate period.”

Whether generated by the Act or the Commission’s interpretation thereof, these restrictions led to an examination of violations that occurred as a result of direct political violence rather than those incurred through the wider structural impact of apartheid. This interpretation resulted in the reduction of suffering to physically embodied traces while ignoring the “monstrously labyrinthine system which dominated every facet of life in SA”. This is echoed by Fullard among others who have argued that the TRC ignored the implicit wider mandate of the Act by narrowly focusing on the violations of the physical body. Although the official documentation framed the Commission, the ways in which disability was performed within the public hearings took on many forms.

This section aims to draw attention to two of the most noticeable ways in which disability was represented within the proceedings of the TRC. These are the casting of the disabled body as physical evidence of past atrocities and the deployment of disability as an extensive imaginative metaphor of national healing. With reference to both of these representations, the TRC positioned its process as the route to recovery for both individuals and the collective. Embodied experience was a central aspect of many HRV hearings, with victims often indicating physical injuries, scars or areas of pain to punctuate their narratives. In addition, exhibiting the limited functions of the body was also a way of tying present conditions of disability with past atrocities within the testimonial narrative. By way of example, let us take the case of Nzimeni Bosman who testified about torture at the hands of police in Kimberley in 1991. When asked about his shoulder being broken at the police station, Bosman responded:

“That’s true and I was also injured on my sternum, just below my ribs [lifting up his arms to just above his head]. I have to lift up my hands before I can speak. [Lifting hands up again above his head and letting them fall down] I get enough power to speak when I stretch out my hands. But, I don’t do that I feel pain on my diaphragm

166 Deborah Posel quoted in Fullard, “Dis-placing Race”.
167 Fullard, “Dis-placing Race”.

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[clutching his waist and indicating his stomach area]; it’s like something stinging on my diaphragm [indicating with his hands hitting each other and then thumping his chest]. So when I lift my hands [lifting his hands] I have the power of the stamina to talk for a longer period.”168

And when asked about his difficulty talking, Bosman continued:

“[in visible pain] Yes, I have a pain [pinching the sides of his neck], especially running from my stomach up to the shoulder and my neck muscles [indicating a pinching motion between his index finger and thumb] and my neck muscles are blowing up a bit [pinching his fingers and indicating a place on his neck].”169

Nzimeni Bosman’s use of his body to illustrate past abuse and present impairment is marked when watching the Special Report episode. Some of these physical aspects of the testimony are captured within the parentheses to indicate bodily movement that accompanied the vocal narrative. In this way, disability within the TRC, and particularly in the form represented by the media, became a living reminder of the brutal apartheid past. This past was fashioned through the body in particular ways that have wide-reaching implications, such as the individualisation and limitation of understandings of both what is considered ‘violence’ and what is considered ‘political’ within the nation building project. This, among other consequences will be explored in the following chapters.

Alternatively, some witnesses testified about the physical trauma of others by using their own bodies to visually map out the injuries through the use of their own readily available fleshy template. This is illustrated by the investigation into the death in detention of Cape Peninsula MK leader, Looksmart Khulile Ngudle in 1963. Ngudle was the second activist to die in police custody after the passing of the ninety-day detention law of the same year. Like many other deaths in detention, the official explanation claimed that Ngudle had committed suicide by hanging himself in his cell. However, more than three decades later, former fellow political prisoners refuted these claims in testimony given before the TRC. One such testimony was that of Govan Mbeki, Rivonia trialist and, at the

169 Ibid.
time of the TRC, Deputy President of the Senate.\textsuperscript{170} While in prison in 1963, Mbeki testified, he had received a note from Ngudle detailing the torture he had suffered at the hands of the police:

“In the note he wrote that he was being heavily tortured and he told me he was being tortured and then he showed me on his hand [lifting his own hand to indicate]. I think it was his left hand [poking his left hand with his right hand to indicate holes], small rings indicating that it was electrocuted.”\textsuperscript{171}

In this way, the body becomes a visual cue and a site of memory. Due to the fact that everyone has a physical body, it becomes a resource to illustrate, compare and differentiate one’s experiences from others. This ties into the universal aspects of embodied fragility, a concept employed by the TRC in attempts to create unity through suffering and ‘healing’.

It is clear that violence marks certain bodies in particular ways, linking them to various histories. As Wilcox notes, “[t]he body can be a witness, and in one’s own marking and refiguring of the body, violence can contribute to the re-subjectification of bodies.”\textsuperscript{172} As a result, violence can be responsible for producing aspects of embodied identity. The focus on torture in many of the cases presented before the TRC links to the positioning within the media of torture as “the most evil practice of all during the apartheid years.”\textsuperscript{173} It also relates to torture as an “invisible spectacle”\textsuperscript{174} with the injured or disabled body as the only proof of the encounter. Therefore, within the TRC, violence was used to produce subjects as disabled in particular ways. As a result, it is clear that disability was a productive resource within the TRC in many ways and that it, in turn, produced disability as signifying certain types of violations. As we shall see later, this shines a spotlight on a very narrow band of disability experience which has ramifications beyond the TRC.

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\textsuperscript{171} SABC, “TRC Episode 02, Part 02”, YouTube video, 00:02:21. 07 April 2011, 04 February 2015, https://www.youtube.com/watch?v=vjbiK5t0kb4&index=14&list=PLjxBjEglO5y__CA4kIlo2UE1Bsi8Ysqr.
\textsuperscript{172} Wilcox, Bodies of Violence, 180.
\textsuperscript{173} SABC, “TRC Episode 02, Part 02”, YouTube video, 00:02:21.
\textsuperscript{174} Wilcox, Bodies of Violence, 59.
2.5 The Disabled Body as Physical Evidence

“Just before I hand you over to the chairperson, I would like you to stand up and come and stand in front of the Commission so that you can show us the wound that you sustained. Please remove your headphones. Turn around so that we can see the wounds on your back. Lift up your clothing. Is that the scar of the operation that you underwent at Tygerberg?”

These are the words of Joyce Seroke, a member of the TRC’s HRV committee, questioning Thabo Abraham Metsing on the 12th of August 1996. What is clear about this striking example is how the physical body was utilised as physical evidence within the TRC. Endless testimonies at the TRC involve displaying injuries in order to validate stories of detention, torture and various other forms of ongoing systematic abuse against those who opposed the apartheid system. In this sense, the disabled body becomes living proof of human rights abuse, garnering support for compensation, retribution and both individual and collective 'healing'. As the chairperson concluded after hearing the testimony of Jan Molowitz, permanently disabled after being shot by a member of the kitskonstabels in 1987, "...we would like [there] to be something which is going to go down in our history books. Something about all the people who have been injured, who have been killed, who have been assaulted, who have made a contribution to the progress that we have made thus far." Therefore, the injured body becomes an apparent 'fact' in the reconstruction of South Africa's history - of which the TRC was an incredibly productive space. Accordingly, some disabled bodies become useful political symbols in this transitional moment.

Many corporeal discourses were employed during South Africa’s TRC, the most visible of which was the body as forensic evidence. As Tanya Goodman writes, “[m]any of the survivors who came to testify bore visible scars from the violence, including torture, of the apartheid regime and were crippled or otherwise disabled.” Bodies, particularly

177 Goodman, Staging Solidarity, 48.
injured and disabled ones, became the battlegrounds of truth claims, with stories about how the injuries were sustained, as we shall see later, becoming central to whose version was believed and, ultimately who was silenced. As the narrator of the *Special Report*, the popular SABC coverage of the TRC, commented when victims of a 1990 shooting by the Afrikaner right-wing organisation, the *Orde Beorevolk*, near Durban came to hear what the perpetrators had to say before the Commission, “[t]he victims of the incident came not only to listen to the hearing of these men’s application, but to oppose it by telling their stories and showing their scars.” Therefore, injured and disabled bodies acted, not only as evidence for individuals’ testimonies, but as counter-evidence for others’ versions of events, impacting both applications for amnesty and reparations, as well as scaffolding the state’s narrative about the past.

The focus on disability within the official documentation of the TRC was on the events that precipitated the disability rather than on the disability itself. In this way, the context in which the impairment occurred became all important. This can be seen in the Final Report’s meticulous attention to producing a ‘Coding Frame for Gross Violations of Human Rights’ in the Final Report. This Coding Frame can be found in Appendix 1 of Volume Five of the Final Report and takes the form of two tables with three columns labelled HRV category; code and definition respectively. The first table is one and a half pages and lists the categories of HRV and their definitions employed by the TRC. The second table is substantially longer at six and half pages and details the various types of violations contained within each HRV listed in the first table. In this context, severe ill-treatment is understood to cover “attempted killing and all forms of inflicted suffering causing extreme bodily and/or mental harm.” And associated violations are not regarded as HRV, “but are important for understanding the context of the

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180 ibid, vol. 5, ch. 1, app. 1, pg. 15-16.
181 ibid, vol. 5, ch. 1, app. 1, pg. 16-23.
182 ibid, vol. 5, ch. 1, app. 1.
183 ibid, vol. 5, ch. 1, app. 1, pg. 16.
violation (for example, detention, harassment, framing, violating a corpse after death).”

Thus, within the Final Report, the focus is on the act/s that precipitated the injuries rather than on the injuries themselves. Within the hearings, physical impairments and scars were used to prove that the alleged HRV had taken place. In this way, disability within the TRC becomes scripted to denote a past act of physical violence. As Pumla Dineo Gqola argues:

“Commonsensical understandings of violence often assume it will leave a ‘physical’ imprint on the body: a bruise, blood, a broken bone. A visibly injured or broken body provides a form of ‘proof’ of coercion, allowing the listener to turn away from the story told by the survivor to the body of the survivor.”

Although referring to rape in this particular instance, Gqola’s observations offer a productive template with which to view the slippages between testimony and embodied proof in the form of disability within the TRC. The body as physical evidence is perhaps the most obvious way in which disability is represented within the TRC and other similar commissions of inquiry.

Due to the body’s placement within the realm of the biological sciences where objective observable phenomenon, proof and ‘facts’ abound, the physical body becomes a crucial component in maintaining what Buur calls, “the ‘myth of realism’.”

In so doing, a contradiction emerges where injured and disabled bodies become proof of past atrocities and evidence for the need for reconciliation and national healing. Viewed through this incredibly restrictive lens, the state is simultaneously positioned as oppressor and liberator, naturalizing the nation and solidifying its seemingly ‘natural’ power and authority. This same vein of argument, perhaps ironically, is often perpetuated by disability rights activists whose main focus is on attaining recognition from the state in the form of access to citizenship rights. As Emily Russell argues in her 2011 tome, Reading Embodied Citizenship: Disability, Narrative, and the Body Politic, “[i]n taking democracy at its word, however, and insisting on an extension of promised rights and freedoms, this vein of argument participates in the universalist reasoning of the liberal state that has produced

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184 TRC, Report, vol. 5, ch. 1, app. 1, pg. 16.
186 Buur, “Monumental Historical Memory”, 70.
the exclusion of disabled people.” Thus, although discussions around access to rights for those with different bodies is centred around social justice concerns, by framing disability as such, much scholarship on this subject reinforces the need for the very state that is denying people with disabilities, and other so-called ‘deviant’ bodies, the coveted citizenship rights in the first place.

The ‘myth of realism’ afforded to the physical body also means that it is often overlooked within the fraught political space of nation building as it is most commonly viewed as a self-evident ‘fact’ rather than a socially scripted entity. This is illustrated by the testimony of Tetiswa Njikelani who when asked about the doctor’s reports pertaining to her injuries replied that, “...the person I gave the statement to looked at my injury and he didn’t ask for the reports.” This illusion of objectivity and ‘common sense’ leads to assumptions about the physical body which largely go unspoken as they are seen as too obvious to warrant articulation. The self-evident truths are often where the most insidious work of power structures is produced as they are constructed in such a way that exudes authority, stability and objectivity that makes them appear immune to questioning. The language of science, which has traditionally been used to describe the body, is one such masking force which conveys a sense of authority and facticity. In so doing, the body is transformed into an immutable fact, deflecting all questioning and challenging with regards to its social, historical and political constructions. As Petryna has noted with reference to victims of Chernobyl, Bhopal, Hiroshima and Nagasaki among others, “many persons who have survived these large-scale technological disasters have been caught in a long-term and vicious bureaucratic cycle in which they carry the burden of proof of their physical damage.

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188 Buur, “Monumental Historical Memory”, 70.
while experiencing the risk of being deligitimated in legal, welfare, and medical institutional contexts.”

2.6 Metaphors of Healing

Metaphors relating to bodies pepper the English language, with ‘body’ being used to describe organizations, knowledge, collections and much more. Among others, this is referenced in the use of the terms, ‘the body politic’; ‘bodies of knowledge’; and ‘the decision-making body’. In fact, the TRC was constantly referred to in the media as ‘the truth body’. For example, on the 8th of May 1996, the South African Press Association (SAPA), reporting on the TRC proceedings released a story entitled, ‘Truth Body Hears Testimony on Murder of Stompie Seipei’. Similarly on November 27th of the same year, the SAPA ran with ‘Questions Still Surround Gugulethu Shootings, Truth Body Hears’. There are countless examples of the TRC being referred to as such in the official TRC archive. Indeed the entire TRC process that characterised South Africa’s transition from apartheid to democracy was framed by narratives of healing and medical metaphors, intertwining ontologies of the body with those of the nation state. As Wilcox reminds us:

“The space that sovereignty produces is often analogized as a body. The analogy of the state as human body has a long history. Most famously represented by the figure of Hobbes’s Leviathan, with the land and people as a body and the sovereign as the head, the state as body politic is a representation that produces both state and human body as containers.”

The positioning of the nation as a sick body in need of healing was one propagated by the official rhetoric of the TRC rather than one employed by victims themselves. Most often, after a particularly moving testimony or at the end of a day’s proceedings, the Chairperson or a Commissioner would wrap up with a monograph, stressing these links. For example, after hearing the testimony of Noyembe Paulina Masimula who was shot in

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191 Petryna, Life Exposed, 216.  
192 Wilcox, Bodies of Violence, 86.
the leg during a night vigil in 1991 in Sebokeng, the Commissioner concluded by employing a vivid embodied metaphor:

“The time has come to build a strong unified nation on the ruins of the past and the Truth Commission plays a very important role in this regard. It is in letting the pus flow that can effectively treat an abscess. This is what in my perception is the cleansing role played by the TRC, which will hopefully lead to healing the past ills. We have to press the pus out of the wounds. You all know that if you do not take the pus out of the wound the wound will never get healed. That is the way we are trying.”

The victim hearings were the central loci for this ‘national healing’, with broadcast media allowing the South African public to, by extension, share in the catharsis and identify with the ‘new nation’.

Criticising this biomedical conception of the TRC, Wilson has argued that:

“Seeing the nation as a body is important for nation-builders, as it created the basis for a new ‘we’, and it incorporates the individual in a collective cleansing. The TRC constructed a collectivist view of the nation as a sick body, which could then be ritually cured in TRC hearings. This is something which no South African could escape – as Tutu stated, ‘we all stand in need of healing’.

In this context, the body becomes both a physical reality and an extensive imaginative metaphor utilised by the TRC. ‘Healing our past’ – transforming history into a physical body that required the TRC to restore its ‘health’. In this way, the TRC positions itself as a doctor, an expert, the only one who has the knowledge to ‘cure’ South Africa. And it was only the ‘truth’ – or testifying before the Commission in this case – that held the cure. As Tutu wrote in the Final Report, “[h]owever painful the experience has been, we remain convinced that there can be no healing without truth.”

In so doing, the TRC positioned history, and

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194 Field, “Beyond ‘Healing’”, 32.


indeed the nation, as an unruly body in need of disciplining, like the subjects of the new nation according to Michel Foucault’s conceptualisation of biopolitics.

During the HRV hearings, the comparison between the injured body and the wounded nation was repeatedly made, drawing attention to the narrative of sacrifice and healing that characterized the discourse of the TRC. This sentiment was foreshadowed by President Nelson Mandela during his inaugural address in 1994 when he announced that “[t]he time for the healing of wounds has come.”197 Building on this motif, Tutu echoed this sentiment throughout the Commission hearings and in the Final Report, where he asserted that “[h]owever painful the experience, the wounds of the past must not be allowed to fester. They must be opened. They must be cleansed. And balm must be poured on them so they heal.”198 The links between health, nationality and the body are clearly co-constitutive in this historical moment. As Berghs, drawing on the work of Mary Douglas, argues, “... ritually and metaphorically, ‘the body is a model which can stand for any bounded system. Its boundaries can represent any boundaries which are threatened or precarious’.”199 In this way, narratives of national healing that conflate the body and the nation tend to generalise the specific, turning illness into the master narrative of the state.200

Discussions of disability are shrouded in the language of lack, of something that was once there and has subsequently been lost. This is evidenced over and over again during the TRC human rights violations hearings as victims narrate the stories of how they became disabled through the struggle. As Nkosana Prince Mngadi testified in Alexandra in 1996:

“I would say before I got injured I had wishes to become a teacher. However at the present moment I couldn’t be a teacher because of what has happened to me. I won’t be able to stand as a teacher and teach others because my leg is amputated and I can’t stand and teach.”201

198 Tutu, “Chairperson’s Forward,” vol. 1, ch. 1, para. 27.
199 Mary Douglas, quoted in Berghs, War and Embodied Memory, 70.
200 Petryna, Life Exposed, 106.
Indeed, there is a sense in this excerpt, that more than the leg was lost with the amputation. The lack of a leg implies other consequences which include the loss of future dreams and goals. The links between disability and temporality are marked and will be discussed in a subsequent section. However, what is evident is that disabled bodies are views in the negative, the discourse coalesces around what is not there. Indeed, this perpetuates much anxiety about the negative space, contributing to a long history of prostheses, of trying to restore ‘order’ and ‘complete the whole’. These concepts seem abstract, but they structure the very way that we conceptualise of and implement practices of ‘healing’ and ‘cure’.

A similar ‘prosthetic impulse’ can be seen in discussions of nations. As Suren Pillay has argued with reference to political science literature on Africa:

"Most of it is premised on the idea that there is an ideal form of the modern state, and some people live in it, and the rest of us live in various degrees of perversions, departures from, and failures of it. Ours are pathological versions of the modern state.”

Nations and people are theorised as deviating from an ‘ideal type’, the ‘norm, the ‘standard’. This begs the question, what does the ‘ideal form’ look like? And who gets to decide what the ‘ideal’ should be? These notions are so deeply naturalised and normalised that postcolonial national agendas of ‘development’ and ‘progress’, so-called ‘playing catch up’, reinforce the very fantasy of ‘wholeness’ that reinforces the imagined ‘lack’ that grips South Africa and many other so-called ‘developing’ nations. In this way, present conceptions of disability and nationalism are so intertwined and co-constitutive that there is constant discursive slippages between the two.

Taking this a step further, the idea of the TRC somehow ‘healing’ or restoring health to the nation is impossible given that South Africa has never been ‘whole’ or ‘healthy’ in the sense that there had never been a single inclusive political system until 1994. This restorative model that posited the TRC as the necessary starting point to the process of individual and national healing assumed that there was a health to restore rather than, perhaps, a radical new future to imagine. This neat delineation of past, present and future,

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202 Suren Pillay, “‘Decolonizing the University’ delivered at the University of Cape Town, April 2015”, *Africa is a Country*, 07 June 2015, transcript, http://africasacountry.com/decolonizing-the-university/.
as well as the oppositional positioning of health and illness as well as wholeness and lack
overlooks the political constructions of such comparisons. As Cohen has argued, “[t]he very
act of drawing a limit is, moreover, neither ethically nor politically neutral. Without
question, limits foreclose possibilities even as they open them up.” In addition, none of
these categories are stable, as has already been illustrated with regards to definitions of
disability. They rely on a web of meanings, opposites and others to operate. As Zine
Magubane, drawing on the work of Nancy Stepan, has argued “analogs do much more
than represent the world. Rather, [...] they actively work to create it, thereby playing a
critical role in the creation of new knowledge.” Thus, the world created by the TRC
demanded that the body be viewed in particular ways, one of which was as a metaphor of
national healing facilitated through the mandated ‘truth-telling’ of the TRC’s hearings. This
meant that disability was abstracted to a large degree, becoming an obstacle to overcome
rather than a reality within which to imagine new possibilities and limitations.

Chapter Three: Tracing the Underlying Currents of Disability in the TRC

“I think if somehow I could miraculously be offered my arm back, I would refuse. I get a shock sometimes when I see a photograph of myself with no hand protruding from my right sleeve. Even the incompleteness of my bouncing shadow as I walk along a bumpy mountain trail can startle me. Yet I feel totally embodied in my new physical self, and know that even if my volition were to seek to reverse the narrative of my life, my shape has become irrecuperably embedded in the forward momentum of my country. I am so habituated to living in a world as I am that I doubt that I could stand the trauma of being restored to my previous self. Not that I don’t have any problems when looking at pictures of myself “before the bomb.” I love the seriousness of that younger guy – the thick, curly, long hair, the sense of strain and endeavor, the self-conscious eagerness of his evident comradeship, the hopeful radiance that at times infuriated his friends who were convinced it invited martyrdom rather than glory, and then felt that their direst forebodings had materialized when they read that he had been blown up by a car bomb. Was it worth it? – to this day they look without looking and ask without asking – was it worth it?”

Albie Sachs, Preface to The Soft Vengeance of a Freedom Fighter, 1990

3.1 Human Rights, the ‘Truth’ and Commissions of Inquiry

This section aims to provide an exploration and critical analysis of one of the many buttresses that have been identified as propping up the representations of disability within the TRC. These ‘underlying currents’, as mentioned in this chapter heading, refer to the knowledge frameworks and ways of knowing that made possible various aspects of the constructions of disability within the Commission. Primary among these is the very structure of the TRC, the explicit form of which was discussed at length in the preceding chapter. Building on those insights, this chapter will sketch some of the more implicit scaffolding. With the help of examples, this section will start this examination by focussing
on the commission as a form in itself and its relationship with physical disability. This is important for the purposes of this study as it helps to uncover some of the reasons why disability was represented in the ways that it was within the TRC, which is, of course, the main focus of this dissertation.

The practice of using the body as evidence during trials or commissions of inquiry has a long history both in South Africa and internationally. One such example can be found in Douglas A. Blackmon’s detailed expose of the continuation of slavery in the form of convict leasing in America’s south from the Civil War until WWII. In this meticulously researched history, Blackmon recounts how indebted African-American prison labourers utilised their badly scarred and maimed bodies to indict this use of effective slavery well into the twentieth century. In one instance, Blackmon tells the story of Daniel Long, a fourteen year old African-American, accused of stealing a watch chain and sent to work in a turpentine mine in Georgia.205 His testimony to a commission established by the Georgia legislature in July 1908 included his body as evidence. As Blackmon recounts: “To gasps of horror in the audience and grimaces on the faces of the committee, the slight young man doffed his shirt and turned to reveal a back grossly swollen and scarred with stripes from the turpentine camp beatings.”206 Although this commission is far removed in time and place from South Africa, it serves to illustrate the relationship between the physically disabled or injured body and Commissions of Inquiry.

Another more immediate example is that of the Commission of Inquiry into the riots at Soweto and other places in South Africa, more popularly referred to as the Cillie Commission.207 Between 1976 and 1980, the commission investigated the uprisings of 1976 and 1977, largely whitewashing the role of the police by condemning the various protest marches as illegal. Importantly, witnesses were called on to showcase their wounds to prop up the state’s narrative, as can be seen below when the Commissioner examined

206 Blackmon, *Slavery by Another Name*, 340.
Merriman Zamayedewa about bullet wounds sustained to his back in Nyanga, near Cape Town on the 6th of December 1976. "Where were you shot? – On my back/ Just stand up and indicate where on your back? – Here [...] And were all the shots in one spot or was the whole of your back covered with shots? – No, it was scattered all over my back.” Thus, it is clear that disabled bodies interpreted as sites of physical evidence and governance are not unique to the TRC.

Although in vastly different contexts, these examples highlight not only the framing of disability as physical evidence, but also the longevity of the Commission of Inquiry as a model of governance. Although the ideas surrounding what is considered an authoritative source of information have constantly shifted over time, the concrete nature of the physical body as evidence has consistently been viewed as reliable and objective. This is in part due to the perception of the physical body residing firmly in the realm of the physical sciences which is dominated by a discourse predicated on seemingly objectively observed phenomena. There is a widely held perception that science cannot lie and that if someone can view something and independently ‘verify’ its existence, then it constitutes a ‘fact’. Within the TRC, this perceived ‘concreteness’ of the physical body lent itself to disability being viewed as a clue about the events that had precipitated the disability. This event-based view of trauma was necessitated by the TRC’s mandate that it uncover past incidents of human rights abuse, but it is also one which is woven into current understandings of trauma. This view has been challenged by Stef Craps among others, who argue that “the current trauma discourse has difficulty recognizing that it is not just singular and extraordinary events but also “normal,” everyday humiliations and abuses that can act as traumatic stressors.” This view resonates with similar concerns with the ways in which disability was constructed within the TRC in relation to spectacular incidents of political violence – the boundaries of which precluded the majority of those who suffered under the structural oppressions of apartheid.

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208 Commissioner Malan Cillie questioning Merriman Zamayedewa at the “Commission of Inquiry into the riots at Soweto and other places in South Africa”, pg. 8 736.
In his critical examination, Sitze locates the TRC within a long history of Commissions of Inquiry in South Africa. In so doing, Sitze highlights how the TRC inadvertently perpetuated the logic of colonialism and apartheid through its jurisprudential structure. Critiquing the field of transitional justice for overlooking the role played by colonial jurisprudence in the TRC, Sitze argues that:

“Transitional justice does not – and cannot – grasp the sense in which the TRC’s attempt to use forms of colonial sovereignty and governmentality might not render those paradigms unusable but might allow for their survival, reproducing what is worst in colonial jurisprudence under cover of a new, and newly acceptable, lexicon.”210

Although there were many differences between the TRC and its predecessors, such as its expanded budget, public nature, independence, access to materials and ability to issue subpoenas and seizures,211 the structural continuities are the focus of Sitze’s critique. In terms of this dissertation, these continuities are important because they highlight a common inherited thread of the treatment of disability within the frameworks of Commissions of Inquiry. This helps to situate disability historically as a product of both change and continuity.

While there do seem to be many continuities in terms of the use of medicalised idioms of recovery and the pathologisation of the body as proof,212 there are also, of course, differences. Perhaps, most obviously, the unprecedented public nature and media coverage of the TRC, is one such difference. As shall be discussed in section 3.3, the public platform created through the mass media coverage of the TRC allowed the public to view the hearings, immensely expanding the witnessing audience. Instead of the physical body being mediated solely through the language of the state in the forms of official reports, audiences could now view these bodies directly, with the media as the primary mediator. The visual nature of witnessing is vital in this context regarding the ways in which disability was constructed. Another difference was the legal framework of human rights that governed

212 Berghs, War and Embodied Memory, 90-93.
the TRC’s work. The particular mixture of constitutionalism, African jurisprudence – exemplified by Ubuntu – and human rights discourse characterised the TRC’s approach within the confines of the structural history of Commissions of Inquiry. Human rights became the language of democratic transitions the world over after the demise of the Soviet Bloc in the late 1980s.\textsuperscript{213} The 1980s had seen the UN turn its attention to disability rights, as discussed in Chapter Two. Indeed, as we have seen, disability was discussed within the TRC using the language of the violation of human rights. Thus, the narratives of disability and the end of apartheid dovetailed within the TRC, presenting disability, and by extension national healing, within the narrative of triumph over adversity. This is exemplified in many of the Chairperson’s remarks in response to many testimonies given at the HRV hearings. In particular, suffering was cast as a contribution to national progress, as illustrated by the Chairperson’s closing remarks at the end of testimony by Sidney Yabo, blinded due to political violence:

“…there are many who have suffered but what can give hope is that what they suffered for they have gained for it, because here we are now we have gained freedom that we have been wishing for. So you also have a contribution into this freedom through the pain you have suffered.”\textsuperscript{214}

Human Rights, although useful for translating local atrocities to the global level, often overlook the specificities of the historical and national context of the violence they are codifying.

In this regard it is important to critically analyse the assumption that everyone who is disabled is traumatised. And, whether the trauma emanates from the event which caused the disability or whether from the experiences of living in a world that is prejudiced against people with disabilities – in other words, ableist - or whether from another source entirely.\textsuperscript{215} This is not to say that events cannot be traumatising, but as Field asserts in the opening lines of his article, “Beyond Healing: Trauma, Oral History and Regeneration”, “[a]ll

\begin{footnotesize}
\textsuperscript{213} Wilson, \textit{The Politics of Truth and Reconciliation in South Africa}, 1.
\textsuperscript{215} Swartz and Watermeyer, “Introduction and overview”, 1.
\end{footnotesize}
traumatic experiences are painful. But not all painful experiences are traumatic.” In this way, Field challenges us to find more nuanced ways to approach trauma that do not slip into generalising. The TRC certainly ran this risk of generalising with its metaphors of healing that led to slippages between the physical body and the body politic. Once again it is important to remember that trauma, like disability and all other social categories, are constructed, assigned meaning and bear the traces of their place and time of origin.

3.2 The TRC as Theatre: Disability and the Media

There is no doubt that the media coverage of the TRC, and in particular of the public hearings, was vital in creating the Commission’s ‘public face’. Most South Africans engaged with the TRC through the proxy of the media, through newspaper coverage, radio broadcasts, press releases and television programming. The media served as both commentator and disseminator, leading Ron Krabill to note that “South African mass media have served as both essential actors in the TRC drama, as well as the stage on which much of the drama has been performed.” The TRC was, as formulated by Daniel Dayan and Elihu Katz, a “media event”, meaning that it “compels us to discuss a common issue, sometimes even providing common terminology with which to discuss it across large populations.” Thus, media events have the capability of shifting mass consciousness in a given society and of developing new ways of interaction and articulation. Importantly, for the purposes of this study, the broadcast media in particular allowed wider audiences to visually witness the representations of disability within the TRC. Thus, the specific focus of this section will be on the SABC’s Special Report coverage of the TRC and how this contributed to the ways in which disability was represented within the Commission.

The South African public broadcaster, the SABC, once the mouthpiece of the apartheid regime, came under scrutiny during the country’s transition, participating in the TRC’s media hearings held in Johannesburg in 1997 along with a host of other media

216 Field, “Beyond ‘Healing’”, 32.
outlets.\textsuperscript{220} In 1994, the ANC established the Independent Broadcasting Authority (IBA) which was responsible for media oversight and reform.\textsuperscript{221} While the South African media was being investigated for being complicit in limiting press freedom during apartheid, it was simultaneously under pressure to transform and play its part in covering South Africa’s transition.\textsuperscript{222} At this moment, many independent media journalists who had helped undermine apartheid were caught up in the tensions posed by a commitment to ‘objective’ reporting and a sense of duty to the emerging post-apartheid state.\textsuperscript{223} Added to this was an explicit call to the media from the TRC Commissioners to “frame their stories within the master narrative of reconciliation and the founding a new nation.”\textsuperscript{224} This was re-iterated in early 1997 by Hugh Lewin, a journalist then serving as a TRC Commissioner, who challenged the South African media to take the work of the TRC forward in their coverage of the Commission.\textsuperscript{225} In addition to disseminating the Commission’s public hearings, collaboration with the mass media also allowed the TRC to showcase the democratic values of accountability, public participation and transparency which were set to characterise the new order it was ushering in.\textsuperscript{226} As Motsemme summarises, “Public testimonies were an integral part of the mythology and reconstruction of nation. Oral testimonies provided the opportunity for all South Africans to bear witness to the past, to ‘memorize’ it, to say, perhaps, after Mandela, ‘never again’, and to start anew.”\textsuperscript{227}

Arguably, the most influential institution in mass media in South Africa, the SABC was instrumental in the media coverage of the TRC. During the Commission’s public hearings, the SABC commissioned a weekly mini-documentary series entitled the Special Report which aired on Sunday evenings as a retrospective look at that week’s events at the Commission. Produced by veteran journalist, Max du Preez and a small group of younger journalists, the Special Report averaged 1.2 million television viewers per week and was

\begin{footnotesize}
\begin{enumerate}
\item TRC, Report, vol. 4, ch. 6.
\item Goodman, Staging Solidarity, 78.
\item Ibid.
\item Ibid, 84.
\item Ibid, 81.
\item Ibid.
\item TRC, Report, vol. 1, ch. 5, para. 5.
\item Motsemme, “The mute always speak”, 912.
\end{enumerate}
\end{footnotesize}
consistently ranked amongst the top ten television programmes in South Africa.228 Framing the testimonies, the *Special Report* interspersed the footage of TRC proceedings with historical footage of the apartheid past, analysis by experts as well as interviews with victims, perpetrators and their families outside of the Commission. Together, this material provided some contextual background and analysis of the TRC hearings. Due to its medium and relative freedom compared to the legally mandated Commission, the *Special Report* could, in many ways, go beyond the Commission’s parameters and supplement rather than simply summarise the TRC’s work. It could, for example, intersperse testimony with narratives that sketched the context, gather a wider range of opinions and reach witnesses beyond those who had agreed to testify to create a fuller picture of what was being said during the hearings. On many occasions, the *Special Report* would interview victims at their homes in order to gain more background into their stories.

One such episode aired on the 16th of February 1997 included a re-enactment of a shooting which had happened in the early 1990s. The victims used their bodies to indicate both their attackers’ actions and their own reactions. This re-enactment took place, not in the various school, church and community halls around the country that housed the official TRC proceedings, but at the scene where the initial incident took place: their home. In this way, not only the physical bodies, but also the landscape, physical structures and landmarks were used to recount the story, linking the memories to embodied experience and a sense of place. Almost like a prop, the young child who had been injured in the shooting was positioned by his grandparents to indicate how the scene unfolded. Near the end of this clip, a grandmother lifts the sleeve of her grandson’s shirt revealing a scarred arm, evidence of where he had been shot by vigilantes that were collaborating with the local police.229 Thus, although these scenes played out outside of the physical spaces of the official proceedings of the TRC, they were integral to the media coverage of the Commission and contributed to public perceptions. Placed within the physical context in which violence was experienced adds multiple dimensions and aspects to the memory work done through the telling of stories. The memories become embodied, allowing the physical aspects of the

228 Goodman, *Staging Solidarity*, 78.

229 SABC, “TRC Episode 35, Part 06”, YouTube video, 00:05:57. 15 June 2011, accessed https://www.youtube.com/watch?v=uQ-9nO2eVLQ&index=235&list=PLjx8jEgLOSy__cA4kIlo2UJE18si8Ysqr.
past to interact with the verbal narratives. In this way, bodily agency is incorporated into the tapestry of the TRC in a range of ways.

All of this enabled a fuller picture to emerge which was not restricted to the physical court-like space or legal mandate that characterised the TRC. As Tutu wrote in his 'Chairperson’s Foreword’ in the TRC’s Final Report:

“We are particularly grateful for the work of SABC (South African Broadcasting Corporation) radio, which communicated in all our official languages to ensure that even the illiterate did not miss out. We want to mention, too, the special television programme that was broadcast on Sunday evenings - giving a summary of the previous week’s events at the Commission and a preview of the coming week’s events. No wonder these television and radio programmes won prestigious awards - on which we congratulate them. The media helped to ensure that the Commission’s process was as inclusive and as non-elitist as possible.”

Following the call to help build the nation, du Preez re-iterated a commitment to fair and balanced programming, but openly stated that the Special Report was not 'objective'.

Taking the Special Report as a case study, we can trace a visual economy of disability that relied on the dimensions of the TRC that leant itself to becoming a public spectacle. Within this context, disability becomes a strong visual signal of the horrors of the apartheid past. This is a particularly evocative image because, as Berghs has noted, “[a]mputation has a long history of intentional use as recording, ritual, punishment, and warning, partly due to the fact that it acts as a strong visual metaphor.” Indeed, what the Special Report footage makes possible is not just the source that informed many opinions about the TRC, but also it shifted the focus from text or oral based forms of testimony to more embodied visual forms as people told stories before the cameras in a range of locations. The visual nature of witnessing was stressed throughout the Commission with Tutu lamenting the loss of sight of Sidney Yabo who was shot by the South African police in Beaufort West in 1987:

231 Goodman, Staging Solidarity, 82.
232 Berghs, War and Embodied Memory, 69.
"We all wish therefore that you could have seen all the beautiful things that happened like the inauguration of Mr. Mandela as the president, but unfortunately you couldn’t see all that because your eyes were removed. But though you don’t express it, but in your heart you still know that he is president and you even say you have also made a contribution with your eyes until we are here in this level.”

Thus, a sense of ‘authentic witnessing’ is constructed on visual terms, with ‘seeing’ as the ultimate form of experience. This evidently privileges sight and adds to the notion that those with disabilities do not have a ‘complete’ sense of the world. This ableist position does not take into account the structural forms of exclusion that rely on the assumption of sight. In addition to translations across languages, there is also translation happening from the body into words. As Lene Hansen argues, “speech can never fully convey the body, and the body is never constituted outside of speech.” This intimate relationship between discourse and the body was explored in Chapter One and highlights the complex intertwining of body and its discursive framings.

The obvious limits to the Special Report’s depiction is its limited time frame with which to cover a lot of ground and its need to keep audiences interested. The content of the TRC’s HRV hearings was largely compelling, but it also included a lot of legal and procedural aspects as well as testimony aimed at establishing the basics of age, education levels, health, marital status etc. This meant a lot of editorial and production work would have to go into sifting through the testimonies to select the material deemed most important. Often, the material selected were sound clips of gruesome events, rather than the investigations into present health conditions or requests from victims. This was in line with the media’s role in exposing the brutality of the apartheid regime that had been kept secret for too long. Another weakness in media documents as historical sources are their inability to explore the backstage workings and internal dynamics of the Commission to any satisfactory degree. This omission is reflected in the Final Report that while

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234 Lene Hansen quoted in Wilcox, Bodies of Violence, 188.
acknowledging the vital work of the media was also critically aware of its particular framing:

“The sword wielded by the media is, however, double-edged. The fact that much of the Commission’s work was transmitted by the media meant that public perceptions were formed by what people saw on television, heard on the radio or read in the newspapers. Thus, while the ‘soundbites’, headlines and photographs of what happened in the public domain contributed significantly to the work of the Commission, they also had the effect of making aspects of its work more vulnerable to criticism. For example, the Commission was accused of accepting untested allegations, primarily because the activities that led to its findings (investigation, research, enquiries in closed hearings and the actual decision-making process by commissioners) were less visible. Similarly, the first steps towards reconciliation, such as private encounters between victims and perpetrators or pre- and post-hearing community visits by commissioners, usually took place out of sight of the media. Although, clearly, the envisaged reconciliation could not be accomplished in the lifespan of the Commission, a number of serious initiatives were taken to promote it.” 235

Importantly, the mass media was the channel through which the majority of South Africans and indeed international spectators gained access to the Commission. Therefore, it is important to take this coverage seriously within the bounds of what it could deliver in order to understand how disability was constructed at this critical juncture.

This focus on the spectacular has also been a facet of critiques against the Commission. Within this conception, the TRC becomes a theatre, staging the national drama of transition. What this overlooks is the vast majority of experience which does not fit into this frame – a criticism explored in more detail in the following chapter. It also recalls Njabulo S. Ndebele’s call for a Rediscovery of the Ordinary – the subtitle of his influential collection, South African Literature and Culture – where, drawing on Roland Barthes, he argues that the focus on spectacle is the “emptying out of interiority to the

benefit of its exterior signs, [the] exhaustion of the content by the form.”236 Thus, the representations of disability within the TRC are shaped by the media coverage which itself was subjected to a number of limitations and possibilities, as discussed above. Indeed, the media’s focus on exteriority, the spectacular and, in the case of broadcast media, on visual signs and symbols, creates physical disability as a vital part of the TRC’s visual economy. Symbolically, the wounds of the disabled became a visual representation of the wounds that the TRC was professing to heal, or at least initiating an ongoing healing process which would involve all South Africans within the discourse of national reconciliation. Thus, the media coverage of the TRC which heightened its ritual and theatrical aspects and widened its audience of witnesses significantly added to the creation of disability as a productive national symbol.

While the media heightened the spectacular nature of the TRC’s public hearings, witnessing the individual testimonies could also be a personal and intimate affair.237 The focus on the physical body was often the site of such intimacy with personal details being revealed through cross examination relating to injuries. This is illustrated by the testimony of Thabo Moorosi when describing his experiences of torture:

“I was taken to Mafikeng police station where I was forced to remain naked in a cell and then I was tortured brutally. And then I was hit with the back of a gun on my head and all this horrible things were done to me. So they wanted military information from me, beating me every day. Then there would come another group saying they were from the security police beating me. Then, I was naked, pulling me with my private parts, hitting me on the head, and even I’ve got a spine problem.”238

This seemingly contradictory merging of the public and the private creates a sense of authenticity and validity. It was at once a personal and intimate story of pain and a national ceremony. With each lending authority to the other in a mutually reinforcing public

performance.\textsuperscript{239} The media coverage played a central role in widening prospective witnesses and creating the stage on which the intimate bodily performance of testifiers could be reinforced by and indeed reinforce the authenticity of the Commission. In this way, the disabled body was not simply constructed by the TRC, but did some constructing of its own. Thus, the body becomes an active agent, not simply a passive object controlled by the mind and its context.

3.3 Confession and Healing: Religious Discourses of the TRC

Part of reordering meaningful social connections in post-1994 South Africa involved re-sacralising politics and authority in new ways. The TRC was no doubt a key feature of this project of re-ordering and legitimising the post-apartheid state. As has been discussed in previous chapters, repealing old laws and creating new ones, as well as institutions to uphold them, was an important hallmark of this transitional period. In addition to the law, another prevailing structural discourse of the TRC, which lent the process a sense of continuity and authority, was religion. It is no coincidence that the chairperson of the TRC was the politically active Anglican Archbishop Emeritus Desmond Tutu. The TRC was seeped in both advertent and inadvertent religious overtones. This was evident in the ritualistic nature of the Commission; the narrative of healing and reconciliation; it’s symbolic components and the notable investment in the confessional mode. This is illustrated in Wilson’s critique of the TRC in his book, \textit{The Politics of Truth and Reconciliation in South Africa}, where he writes that, “…the first step towards symbolic reconciliation involved revealing truth through testimonies, with echoes of a Christian act of confession.”\textsuperscript{240} It is clear that within the logic of the TRC, the confessional mode was a way to gain access to the truth. As Wilson expands: “The wider notion of truth as authentic testimony and confession thrived in the HRV hearings and was sanctioned by Christian discourses of suffering, forgiveness and redemption.”\textsuperscript{241} It is clear that the TRC performed rituals of purification and healing which positioned the state as a divine force that had the

\textsuperscript{239} Young, “Narrative and Healing in the Hearings of the South African Truth and Reconciliation Commission”, 147.
\textsuperscript{240} Wilson, \textit{The Politics of Truth and Reconciliation in South Africa}, 109.
\textsuperscript{241} Ibid, 110.
power to redraw the boundaries of citizenship. This role required a high level of legitimacy and authority partly bestowed on the state through the public spectacle of the TRC - characterised by its mixture of religious rite of passage and secular legal framework of human rights, constitutionalism, Ubuntu and democracy.

The history of religious involvement in the South African liberation struggle is an important background to the discussion of the Christian framing of the TRC. To be sure, churches and denominations were not united in their view of apartheid. Indeed, there was strong religious endorsement for the apartheid state, especially from the conservatively orientated Dutch Reformed Church. However, from the 1960s, many English-speaking churches began substantially criticising apartheid policy. In 1985, South African theologians critical of the racist policies of apartheid published the Kairos Document, harshly criticising ‘state theology’ as well as the passive interpretations of notions of reconciliation by mainstream churches. The influential nature of the church in communities meant that religious leaders held much sway in the public arena. As has been mentioned, this was clearly demonstrated by the selection of Tutu as the Commission’s Chairperson. More than any other public figure in South Africa at the time, Tutu “was able to combine three key narratives in his public statements – Christian morality, the liberation narrative of the 1980s and the reconciliation narrative of the 1990s.” The religious-redemptive narrative championed by Tutu promoted not only the reconciliation of the nation, but also of individuals within the nation. In addition to the religious discursive framework, there was also the physical elements of the public hearings: the lighting of a candle, Tutu in his ecclesial robes, the saying of a prayer to open the hearings.

It is important when discussing the Christian framings of the TRC to avoid assuming that these are static or ahistorical. As Metzler, in her work on physical impairment in Medieval Europe, summarises, “biblical references to disability are not of a uniform

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243 Ibid.
244 Wilson, The Politics of Truth and Reconciliation in South Africa, 121.
245 Susan Van Zanten Gallagher quoted in Goodman, Staging Solidarity, 29.
nature.” Indeed, it is important to sketch the particular ways in which the TRC utilized Christian discourses to frame the disabled body. Perhaps the most immediate way in which the Commission utilized a religious frame to make sense of the body was through the pervasive narrative of ‘healing’. This healing metaphor, in line with Christian notions of confession and forgiveness was used extensively throughout the TRC process, as can be seen in Tutu’s forward in the Final Report:

“They were generous in their readiness to make themselves vulnerable; to risk opening wounds that were perhaps in the process of healing, by sharing the often traumatic experiences of themselves or their loved ones as victims of gross violations of human rights. We are deeply in their debt and hope that coming to the Commission may have assisted in the rehabilitation of their human and civil dignity that was so callously trampled underfoot in the past. We pray that wounds that may have been re-opened in this process have been cleansed so that they will not fester; that some balm has been poured on them and that they will now heal.”

It is clear here that the notions of ‘healing’ employed by the TRC applied directly to those classified as victims of apartheid. This notion of healing was intimately wedded to the emotional catharsis that was seen as facilitated through the act of giving testimony. As Tutu reiterates, “[t]he reassembly of shattered bodies is a performatve way of reassembling the cohesion of the world – not only of the subject, but of the community and sovereign state as well.” The testimonial mode harks back to Christian notions of confession, but also to ideas of talk therapy as psychologically healing, both of which stretch beyond individuals and are extended to the national scale within the TRC.

This notion of healing is closely linked to conceptions of renewal and restoring ‘wholeness’ – an ideal that slips between Christian, medical and national scripts. This is illustrated by Wilcox who argues that “[t]he reassembly of shattered bodies is a performatve way of reassembling the cohesion of the world – not only of the subject, but of the community and sovereign state as well.” As discussed in the previous chapter, this understanding of ‘wholeness’ posits disability as something characterised by ‘lack’. 

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246 Metzler, Disability in Medieval Europe, 42.
249 Wilcox, Bodies of Violence, 96.
However, this obscures the idealised nature of ‘wholeness’ that many critics have argued is an elusive concept that upholds “the invisible status of a normative essence.”

The TRC posited testifying and reconciling as the route to health, sometimes drawing on religious faith as the answer. This focus on ‘spiritual wholeness’ meant that while drawing on the visuality and physicality of disability, the Commission could rely on less tangible forms of restoration, upholding its religiously inflected narrative of ‘miracle’. As Tutu summed up after hearing the testimony of Alina Mofokeng:

“And you have just said now that you believe in God. The God you worship is a God of miracles. If you believe that your son will be cured, I’m definitely sure as the sun rises from the east and sets in the west, if you believe, that the almighty God is going to help you through your faith.”

This moral certainty in a time of much tension and uncertainty contributed to the TRC’s authority as a transitional institution. It also made possible the symbolic representation of the physically disabled body as a potential beneficiary of embracing religious faith and, in this context, the related processes of achieving national unity.

3.4 Medical Discourses of Disability

As has been discussed at length, disability has traditionally been couched within a medical paradigm. This section sets out to examine the ways in which interactions with the medical sector and medical discourses frames experiences of disability as presented at the TRC HRV hearings. Disability was often invoked during testimonies in relation to experiences of hospitalisation. These interactions with the medical profession were characterised by trauma caused most often by incompetency, helplessness and fear. As Joseph Mashiane recounts after being shot by police in 1990:

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“The following day I went back with my wife and I was then admitted. They examined me and they later told me that there was no way they could help me. They told me that the hospital at which I was admitted at first had severed some veins or they had done some damage during the operation, so there was nothing they could do to help me, and I remained at that hospital for two months.”

In addition to poor services rendered, many feared going to the hospital as often the medical staff would alert the police who would then arrest those activists who were injured. In the case of Christina Buthelezi, shot in the back and subsequently paralysed during the Soweto Uprising on the 16th of June 1976, the police carried out interrogations of injured school pupils who were recovering in hospital. As Buthelezi recounts in her testimony at the TRC, “[w]hat hurts me most is at the hospital they [the police] would come with firearms. They would actually point guns at us lying on the beds asking us do you know power. Were you a leader at school in any way?” Sometimes, the interference of police at the hospital led to the disruption of treatment, aggravating or indeed creating permanent disabilities. This is illustrated in the testimony of Pule Irish Molotsi who recounted that when the police came to collect him on the same day that he had been admitted for being shot in the leg, “[t]he doctor wanted to say something to them [the police] and they said to him I am urgently needed at the Houtkop police station.” This resulted in Molotsi suffering permanent disability. It is clear from the above examples that the trauma of becoming disabled through politically motivated violence was compounded by interactions with the largely exclusive, corrupt and inadequate apartheid health sector.

As with the field of journalism, the medical profession was also under scrutiny during South Africa’s transition. This was exemplified by the TRC’s special institutional hearing focussed on the health sector held in Cape Town in June, 1997. With TRC

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255 TRC, Report, vol. 4, ch. 5.
Commissioners drawn from the medical profession and the collection of evidence of gross human rights violations being central to the mandate of the Commission, more specifically the HRVC, it is no surprise that medical details were requested during the hearings.256 From the data collected during hearings and from statements, the Commission classified all injuries into the ‘Coding Frame for Gross Violations of Human Rights’ in the Final Report discussed in the previous chapter.257 In order to collect this data, the Commissioners often had to ask very specific questions regarding the nature and extent of injuries, sometimes they had to do so repeatedly to ascertain the details. These types of questions typically took the form of phrases such as: “How old were you then?”; “What was your health like […] before you were arrested?”; “What caused the condition of being unable to work?”; “What was the nature of the injury?” and “Can you use your hand to any extent to-day?”258 Most of these questions were informed by the statement and testimony of the victim and seemed intent of retrieving the specifics of the event that precipitated the injury, the extent thereof, as well as how it continues to affect the victim. Rendering disability through this informational classificatory system, invokes Foucault’s conception of biopolitics and biopower.259 This theorization of state power involves control over the population as an object of regulation, welfare and control, and over the human body as an object of surveillance and discipline.260 These findings in turn have real material consequences for reparation applications and the administering of disability grants. This will be discussed in greater detail in the following chapter.

The framing questions utilized within the HRVC hearings relied heavily on clear distinctions between the physical body and the mind; and also between a prior state of health and a present state of ill health. Disability was almost always contrasted with health, sometimes couched in terms such as ‘normal’, setting up incredibly dualistic terms of

256 Promotion of National Unity and Reconciliation Act, No. 34 of 1995, ch. 3, para. 15.
259 Foucault quoted in Petryna, Life Exposed, 13.
260 Petryna, Life Exposed, 13.
reference. This is illustrated in the testimony of Gladys Ntsizakalo who recounted the torture of her son, Siphiwe, and his subsequent mental illness: When Commissioner Joyce Seroke asked, “[b]ut before they detained him - was he all right - was he normal?” Gladys Ntsizakalo replied, “Yes, he was normal.” To which Joyce Seroke continued, “It is the ill-treatment of the police that caused his derangement.” To which Gladys Ntsizakalo replied in the affirmative.261 This Cartesian separation between body and mind/soul was supported by the predominant Christian discourses of the TRC and supported by the testimony of Father Michael Lapsley who lost his hands and one eye when a letter bomb sent to him by the apartheid security police exploded on opening:

“I also realised that I was filled with hatred, bitterness, self-pity, desire for revenge that they would have failed to kill the body, but they would have killed the soul. That I would be a permanent victim and today I would say that I see not simply as a survivor but I’m a victor over the evil and hatred and death that apartheid represented.”262

In this way, the body is both a medical object and a testament to a wider sacrifice for the greater good – operationalized through the intertwining narratives of medicine, nationalism and religion.

Going a step further, the pervasive approaches which conflates disability with impairment and posits it as an ahistorical phenomenon – that a broken leg is a broken leg and that it is an undesirable state for the leg to be in – ties into and reinforces the notion of intercultural, universal and transcendent values and morals. As Metzler notes, impairment “is then essentially about the recognition of physical difference according to bio-medical criteria, without as yet attaching social judgments to that recognition.”263 This mirage of cultural and historical independence which shrouds understandings of disability buffers the language, policy formation and legal framework predicated on human rights and the

263 Metzler, Disability in Medieval Europe, 33.
abuses thereof. In other words, disability does important work not only as supplying proof, but also in buttressing the seemingly neutral terms on which the TRC constructed itself and, importantly, depended on to maintain legitimacy and authority. As Claudine Herzlich and Janine Pierret (1987) argue in *Illness and Self in Society*:

“... at different times the sick person's identity is structured around different forms of pathology, in keeping not only with the state of medical knowledge and with the institutional system that takes charge of the sick, but also with society's dominant values and schemes of reference.”

Therefore, certain universalised notions of disability, transparency and democracy mutually reinforced each other while cementing particular understandings of these concepts in the public imagination through the process of national transition.

Disability presents a tension implicit within the TRC. That within medical conceptions of disability that anchor the rational and procedural framework of the modern state, disability cannot be 'healed'. Modern medicine, Metzler contends, relegates disability to the sub-disciplines of ‘social medicine’ or ‘rehabilitation’ precisely because of its status as ‘incurable’. Once an impairment is manifest, medicine can no longer ‘protect’ or ‘restore’ the body to a state of full health as imagined within the medical profession. This positions disability outside of the ambit of the role of medicine as traditionally conceived. This is illustrated by testimonies given at the TRC in which victims were turned away from hospitals and denied care on the grounds that there was nothing more that could be done to help them. One such testimony was given by Solani Gcanga who stated that, “[t]he doctors said my body is damaged. They cannot help me, but what they can is to give me pills now and again to stop pain.” The status of disability as medically ‘incurable’ is largely dealt with in the TRC by relying on religious discourses that, while retaining authority in the eyes of many South Africans, can draw on the language of

265 Metzler, *Disability in Medieval Europe*, 69.
266 Ibid.
miracles and ‘spiritual healing’ in order to account for the most visibly ‘unhealed’ and ‘unhealable’ within the imagined future of the ‘new nation’. These discourse are employed selectively, with medicine used as the frame with which to collect the data regarding injuries resulting from political violence and religion used to console the individual and to reinforce the national narrative of achieving future health after the cleaning intervention of the Commission. This notion of the ‘unhealable’ conjures the idea of the ‘irreconcilable’ - that not all wounds can be healed, that not all perpetrators can be forgiven and that not all South Africans will be reconciled. Consequently, as much as disability was a productive image within the TRC, it also forced the Commission, and indeed its audiences, to confront the daunting task of forging social cohesion in a country characterised by deep socio-political divisions, violence, poverty and economic recession.\textsuperscript{268} Thus, in many ways, disabled South Africans permanently injured through political violence kept the wounds of the past open and in public view. This recognition highlights slippages between symbols and states of being within the TRC’s approach to disability.

3.5 Temporality, Nationalism and Disability

When thinking about disability and temporality, the concept of liminality – the condition of occupying an ambiguous intermediate state – is incredibly productive. As Metzler has observed, “...the physically impaired are neither truly healthy nor truly ill [...] and therefore cannot be easily categorised, but sit uneasily in-between conceptual roles.”\textsuperscript{269} Linking this line of analysis with the TRC, it is clear that the disabled body occupied as well as co-constituted a liminal position that was central to its framework. As Katherine Verdery has noted in relation to the political roles of corpses in post-socialist Europe, “[b]odies have the advantage of concreteness that nonetheless transcends time, making past immediately present.”\textsuperscript{270} Disabled bodies should not be confused with corpses, but in terms of temporality, they do bear the marks of their original wounding, and in this case the wound

\begin{footnotesize}
\begin{itemize}
\item \textsuperscript{269} Metzler, \textit{Disability in Medieval Europe}, 37.
\item \textsuperscript{270} Katherine Verdery, \textit{The Political Lives of Dead Bodies: Reburial and Postsocialist Change} (New York: Columbia University Press, 1999), 27.
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is constructed as one shared by the entire nation. In this context, the TRC represented disability as bearing witness to past atrocity, but also as a sign of surviving and overcoming against great odds. This narrative of sacrifice for a ‘just war’ links to the previous section on religious conceptions of disability within the TRC. This notion of disability also positions wounding as part of the progress towards the end of apartheid. This is illustrated by the TRC Chairperson’s conclusion after hearing of Siphiwo Harry Manentsa who was shot by police in Cape Town in 1991:

“We have also listened to your story and we will certainly do what we can do and what is possible and we feel deeply for you, because you are still damaged and will carry the cost of what happened that night for the rest of your life. We are grateful to you for coming to the Commission, despite your injuries and the difficulty you have of speaking and of walking and perhaps even sitting. And we hope and trust that as a result of sharing this experience with us and with so many other people here today, and indeed on the radio and the television and the newspapers throughout the country. It is very important for this country if it’s going to move beyond conflict, and distrust and hatred to find a new way forward of healing and reconciliation and justice. And you have made your contribution and we want to thank you very much indeed. Thank you.”

The inclusion of this rather lengthy quote is necessary because it illustrates the importance placed on people with disabilities to become ‘living proof’ of the atrocities committed under the apartheid regime that were covered up for decades, but also of disability as a sign of sacrifice for the greater good.

This spotlight that was shone on those injured through political violence had numerous ripple effects. As we shall see in the next chapter, this conception of disability individualises and constrains political violence and constructs disability within a very narrow window of experience. Additionally, while anchoring disability in individuals, the TRC also expanded a sense of ‘woundedness’ to the collective, fraying the edges of what the term was actually denoting and risking emptying it of meaning by generalising so broadly.

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Indeed, the Commission exempted no one from being in need of healing. As Tutu declared in the Final Report: “We have been called to be wounded healers.”\(^{272}\) Creating this sense of commonality is central to creating national identity. Benedict Anderson famously argued that the formulation of a shared national past forms the basis for the assertion of a shared national future.\(^{273}\) Again, Tutu echoes this statement in the Final Report when he urges all South Africans to engage in the process of “helping our nation to come to terms with its past and, in so doing, reach out to a new future.”\(^{274}\) A central part of this collective project of building a new nation was the cleansing of wounds, used here as an extended metaphor for testifying.\(^{275}\) This conception places the burden for ‘moving forward’ squarely on the shoulders of those classified as victims within the TRC procedural hearings. As Alison Kafer asserts, “[h]ow one understands disability in the present determines how one imagines disability in the future”.\(^{276}\)

In a sense, ‘healing the nation’ assumes that restoring health is possible for everyone. Those who are disabled present a conundrum in that the wounds remain despite the healing catharsis of the TRC. Although there remain many reminders of the apartheid past in every facet of life in South Africa, disability is perhaps one of the most visceral. This challenges the assumption that through the healing aspects of telling one’s story, one could be returned to a prior state of health, a state that does not hold true for all individuals, especially when considering disabilities of a congenital nature. As Kylie Thomas reminds us:

“...testifying to traumatic experience has often been understood as restoring (at least to some degree) the coherence of the subject. Testimony thus depends on a particular conception of the subject, a subject who can speak, a subject who can (and will) speak the truth, a subject who in his or her originary state was coherent, and who can be restored to this state.”\(^{277}\)

\(^{272}\) Tutu, “Chairperson’s Forward”, vol. 1, ch. 1, para. 89.
\(^{274}\) Tutu, “Chairperson’s Forward”, vol. 1, ch. 1, para. 6.
\(^{275}\) Ibid, vol. 1, ch. 1, para. 27.
Added to this are the interlinking aspects of temporality, age and disability. A large majority of those injured through political violence who testified before the Commission were youths when they sustained their injuries. As Commissioner Yasmin Sooka commented at the testimony of Henry Ramahuta, imprisoned and tortured while still a school student, “[y]ou have suffered terribly and you suffered while you were very, very young and we can see the effect that this has had on you.” This raises questions about future generations who were central to anxieties about building the ‘new nation’.

In the tradition of the state as a paternal figure, the Commissioners often commiserated bereaved parents who had either lost their children during the struggle or whose children had become disabled and required full time care. This is powerfully exemplified by the hearing in which Noti Mjada testified about the torture of her son, Yibanathi Mjada, at the hands of police in 1986. At the end of her testimony, Commissioner Mary Burton commiserated with the mothers who had testified, saying:

“I think every mother who heard you speaking today will be able to sympathise with you. We all hope that our sons will grow up healthy and strong and able to lead productive lives. And we can really understand your anxiety about them now about their future.”

Indeed gender and age intersect here to produce a specific understanding of the imagined future as being characterised by health, strength and masculinity. This trope, as disability theorists have pointed out, links the physical fitness of citizens to the perceived strength of the nation. This is particularly apparent in national rituals when physical bodies are on

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278 SABC, “TRC Episode 12, Part 05”, YouTube video, 00:10:0., 13 April 2011, https://www.youtube.com/watch?v=DRRrpqTVacA&list=PLjxBjEglO5y__cA4kIlo2lJe1E1Bi8Ysqr&index=90.
display, such as marches or public addresses. In the context of the TRC, in some ways, the public displays of physical bodies becomes a litmus test for the health of the future nation.

“We do not have enough words of sympathy for you. There are so many people like you - youth who have sustained these kind of injuries. I do not know if it would appease you if I said that we thank you - the vast majority of youth - who sacrificed themselves so that today we have freedom in our country. Thanks to these sacrifices made by so many people like yourself who sustained these kind of injuries. Look at you, I mean today we are a free nation. We have a democracy, a democratically elected President. We appreciate the contribution you have made, even though it was a painful one for you and as the Commission we will look into this matter and try and establish why you are not receiving a disability grant as yet. Thank you very much.”

As this quote demonstrates, the youth – particularly the physically injured bodies of the youth – are positioned as a site of past sacrifice and future hope.

There was also a sense within the Commission of the past being characterised as all bad and the future as a place of prosperity, freedom and equality. This is echoed by Tutu who proclaimed that “[t]he commission was put in place as part of tender bridge to help us make the transition from repression, from evil, from ghastliness to democracy and freedom” Within this framework, disability occupies an uneasy position as one of the more obvious continuities that challenge this narrative of positive change. In this way, disability challenges fantasies of redemption that characterised the hope that the TRC was required to supply during this unsteady transition period. Indeed, many who testified at the Commission regarding physical disabilities link the past violence to the destruction of their futures. As Bongani Nondula testified at the HRV hearings in 1997:

“What I would like to request Sir is that I do sympathise with the Government, because now it will be his responsibility to support me, but before there can be

283 Desmond Tutu quoted in Goodman, Staging Solidarity, 31.
reconciliation between myself and the people who did this to me, I would like them to understand that they have destroyed my future.”

In some ways, disability illustrates the incapacity for some wounds to heal and the impossibility of some bodies to conform to idealised conceptions of ‘wholeness’. Indeed, the same could be argued of mental disabilities, but what is unique about physical disability is its visceral immediacy. The multiple temporalities that exist side by side in every body as signs of growing and aging, are marked in disabled bodies where the past is immortalised and fixed in flesh. That is not to say that they are static, their interpretation no doubt shifts across time and space, but that they signify a temporal interaction within the dynamic material and discursive canvas of the body.

The construction of the future is always a function of the present and the past – the imagining of what could have or could not have been based on what we know. The investment of our fantasies and fears in the future (utopia and dystopia) are based on a myriad of assumptions about what will or will not be possible then. It holds so much power because there is presently no way of knowing for sure and thus becomes the perfect blank canvas on which to project dreams and nightmares. Looking back, on the other hand, it is tempting to assign the blame for not fulfilling such fantasies on one or two factors and to believe that if these were removed then you would have realised all your dreams. In the grand narrative of the TRC, apartheid was the single force that prevented dreams from coming true. While this was certainly true for the majority population of South Africa who were systematically excluded from economic and social development and actively oppressed due to the colour of their skin, this model oversimplifies the past. In addition, the past is posited as a tool that merely enables the present and future and overlooks a more dynamic interaction. As du Preez on the *Special Report* sums up, “[t]he Truth and

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Reconciliation Commission process is not really about the past. We only need to understand yesterday so we can deal with today and tomorrow.”

This view of the apartheid past also assumes that with the removal of apartheid, dreams will begin to come true, especially for younger people born after 1994, the so-called ‘born frees’. As TRC Commissioner, Yasmin Sooka, expresses in wrapping up her questioning of Mphilo Jerry Ntuli, whose leg was amputated after being shot by police in 1984: “Mr Ntuli I would like to thank you for coming to tell us your story. We have heard about the way in which this incident has changed your life. In fact it spoiled it for any chances you had of achieving the dreams that you wanted.”

This sentiment assumes that this single incident is responsible for the destruction of all Mphilo Jerry Ntuli’s dreams, in so doing, confining all of the negative aspects of his life to his disability. This view implies that the single aspect of one’s identity is responsible for all hardships and pain and that living with a disability, although no doubt challenging, cannot also be fulfilling and joyous. This reduces experience and identity to a single feature of identity and to the physical body. This is dehumanising and implies that the legal removal of apartheid will remove the systematic exclusion of black South Africans – a factor that has long been proven to be necessary, but not sufficient for transformation.

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286 SABC, “TRC Episode 36, Part 03”, YouTube video, 00:06:13. 16 June 2011, https://www.youtube.com/watch?v=7-NFvFzMNTU&list=PLjxBjEgI05y__cA4kIllo2UE1Bsi8Ysqr&index=239.
Chapter Four: The Implications of Constructing Disability in the 

TRC

“The body implies mortality, vulnerability, agency: the skin and the flesh expose us to the gaze of others but also to touch and to violence...”

Judith Butler, 2004

4.1 Narrow Conceptions of Disability

The ways in which disability was constructed within the TRC have various implications which ripple across time and space and filter into lived experiences. Perhaps most immediately, the way that disability was represented has consequences for how disability is thought about and defined within the TRC and beyond. As has been eluded to throughout this dissertation, the way in which disability was conceptualised at this historical juncture was incredibly narrow, drawing on particular ideas of what constituted political violence. However, it is also important to note that the TRC was not unaware or naive to the wider implications of apartheid. In fact, these structural violations are widely acknowledged in the Final Report, with the definition of gross violations of human rights included in the legal mandate cited as the reason for the Commission’s narrow focus on killing, torture, abduction and severe ill treatment. It is clear from the Final Report that the Commission grappled with these tensions, seemingly compromising with the initiation of the institutional hearings starting in 1997. Given the wide mandate and time period, these struggles were to be expected. With the benefit of hindsight, however, we can track some of the unintended consequences of these exclusions, one of which involved precluding the vast majority of those with disabilities from the TRC process. As Ross argues:

“The Commission’s rubric of harm focussed on the individual and on the sayable. Permitting the expression of pain of a particular kind, it emphasised bodily violation at the expense of a broader understanding of apartheid and its consequences.

Foregrounding certain forms of violence in the public record, it rendered some kinds of pain more visible while displacing other forms of experience and its expression.”

This individualising ‘body-bound’ narrative emphasises the links between physical injury, political violence and visibility. It also reduces disability to certain kinds of injury which, as we shall see in the following pages have intersectional consequences, and are linked to material consequences in terms of TRC reparations.

The conflation of disability and physical injury in this context also adds to solidifying the Cartesian dualism of body and mind and of health and illness, placing the recognition of disability with particular ideas of the body and bodily violations. This is illustrated by the testimony of Pint Nqoi who when asked if his son, Moses, was still receiving treatment for epilepsy, replied:

“Unfortunately he gets this treatment. I took him to the specialist and then they told me that they would not give him a disability grant because he’s not amputated. His skull was broken and there’s a specialist who told me from Bloemfontein. They give him only tablets.”

This testimony highlights the dominant ideas about what constitutes disability that are linked to highly visible forms of physical injury and particular ideas about what violations of bodily integrity entail. As Ross elaborates, “[n]otwithstanding provisions in the Act for recognition of pecuniary harm and other forms of damage, the Commission’s focus was , for the most part, body-bound.” In this way, the physical body becomes a central feature of the identity of disabled individuals, overshadowing the various other aspects that make them an individual. As Emily Russell contends, “[t]he material body becomes a sticky, thick property that attaches itself to those conceived as different and becomes the over-determining force of their formation as subjects.” Thus, the popular representations of

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289 Ross, Bearing Witness, 162.
291 Ross, Bearing Witness, 11.
292 Russell, Reading Embodied Citizenship, 15.
disability reduce disability experience to perceived physically embodied limitations and highly visible violations of bodily integrity, limiting the identity of disabled individuals to their embodied experience.

These narrow definitions of physical disability within the TRC involve overlooking the vast majority of those with disabilities due to their perceived apolitical nature. Indeed, many may argue that congenital disability is a product of luck. However, this is a spurious argument given that in addition to genetics, there are various environmental factors which could lead to disability. These include, for example, the health of the mother, exposure to hazardous substances and radiation exposure, all of which can be linked to social and economic inequalities. As for disabilities that are acquired through accident, while some may be random, many also stem from living or working in unsafe environments. With South Africa’s long history of mining and related unequal development, industrial accidents that disproportionately affect the poor black mineworkers can be a significant cause of permanent physical disability. In addition to accidents, underground working conditions in mines often lead to mineworkers suffering from a range of chronic illnesses such as silicosis and tuberculosis.293 In a country like South Africa with a long history of land dispossession, economic exploitation and underdevelopment based on race, the unequal distribution of health and illness is not random. Disabilities which result from accidents, chronic illness or limited access to healthcare, although often seen as dictated to by misfortune, disproportionately affect black impoverished South Africans. As the 2011 report measuring the links between socio-economic inequality and health and illness distribution across the South African population concluded, “the burden of the major categories of ill-health and disability is greater among lower socioeconomic groups in South Africa.”294 These patterns of ‘structural violence’, as identified by Paul Farmer chart a

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correlation between a lack of access to sufficient healthcare and other persistent social inequalities with populations at risk for disease.295

Defining disability with relation to specific events of political violence, reinforces the notion of disability being traceable to a single discrete disabling moment. This simplifies the causes of disability that can be multiple, ongoing, degenerative and compounded by insufficient treatment among a range of other causes. It also limits violence to particular spectacular events which obscures structural violence by focussing on events and individuals. Indeed, as Motsemme has argued, the effects of violence are felt long after the violent event itself and violence often also affects communities and families beyond the individual.296 This limiting view that Motsemme and others have critiqued adds another layer of exclusion for those considered victims under the TRC's mandate. This has led commentators to critique the TRC's oversight of the structural, everyday violence that characterised apartheid. As Fullard and Rousseau contend:

“Consequently, it is argued that the TRC's depiction of the violence of the past was a shrunken and attenuated one, focused on a tiny minority of those who suffered direct physical violations. This truncation mistakenly suggests that the borders of violence ended at the perimeter of the individual body rather than entire communities.”297

This focus on the spectacular means that disability, as conceptualised within the TRC, becomes defined by a narrow band of experience, one which have profound gendered implications, as we shall see in the following section of the chapter.

In an ongoing attempt to widen the field of what constitutes violence within a given context, Rob Nixon, has coined the productive concept: ‘slow violence’, which he defines as follows:

“By slow violence I mean a violence that occurs gradually and out of sight, a violence of delayed destruction that is dispersed across time and space, an attritional

295 Paul Farmer quoted in Petryna, Life Exposed, 15.
violence that is typically not viewed as violence at all. Violence is customarily conceived as an event or action that is immediate in time, explosive and spectacular in space, and as erupting into instant sensational visibility. We need, I believe, to engage a different kind of violence, a violence that is neither spectacular nor instantaneous, but rather incremental and accretive, its calamitous repercussions playing out across a range of temporal scales. In so doing, we also need to engage the representational, narrative, and strategic challenges posed by the relative invisibility of slow violence.”

The concept of ‘slow violence’ allows us to critically analyse the TRC’s application of ‘political violence’ as a measure of victim status. As was stressed during the hearings, “one of the important things which we look at in the Truth Commission in terms of gross human rights violations is that we need to establish that the context in which the violations took place was political.” The understanding of ‘political’ as operationalized within the Commission was focussed on conflict and direct political repression. These understandings cleaved ‘victims’ from ‘perpetrators’, ‘violence’ from ‘non-violence’ and ‘political’ from ‘criminal’. However, often, these distinctions were not at all clear.

The effects of such narrow conceptions of what constitutes violence and politics have profound effects on who testified before the Commission, whose bodies were on display and, ultimately, whose stories were told. In this way, the TRC created a hierarchy of violence, of injuries and of disability. Here, the work of Adriana Petryna in her book, Life Exposed: Biological Citizens after Chernobyl, is incredibly instructive. Petryna conceptualises of biological citizenship “as a massive demand for but selective access to a form of social welfare based on medical, scientific, and legal criteria that both acknowledge biological injury and compensate for it.” Thus, although many of the narratives of the TRC and disability rights activism in South Africa are organised around the experiences of

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300 Fullard and Rousseau, “Uncertain Borders”, 225.
301 Ibid, 230-231.
302 Petryna, Life Exposed, 6.
those disabled through ‘political violence’, there are many other South Africans with disabilities whose experiences are not reflected in these dominant discourses. This is substantiated by the close mirroring of these narratives to the structure and grammar of the official struggle history with 1976 as a major turning point.

Thus, to borrow from Judith Butler, the TRC assemblage constructed a “grid of intelligibility” that produced specific discursive modes through which disability as both a concept and as a physical impairment was read. This discursive matrix was largely made up of the interlocking strands of physical violence on an immediate and spectacular scale; the public/political sphere constituted by mostly male politicians and activists; and a narrative of past suffering and future healing facilitated by the state. However, it is also important to bear in mind that the TRC was not a monolith and that its narrative changed over time and was operationalized differently in different contexts, such as the its textual and performative spaces. These frames constituted a very specific understanding of disability as made legible within the TRC assemblage. In so doing, certain bodies were rendered visible, some partially visible and others inarticulable within this historical moment. Most obviously, congenital disabilities and those linked to industrial accidents were side-lined, falling outside of the self-fashioned sphere of the TRC’s legislated mandate. Thus, in bounding certain understandings of the body, violence and disability, the TRC defined the reach of apartheid and those aspects that needed to be remedied. In this way, certain experiences, stories and bodies were legitimised while others were systematically erased from the processes of constructing a national identity. Through narrative constructions, a hierarchy of suffering was produced in particular ways.

303 Butler, Gender Trouble, 17.
4.2 Gender, the TRC and the Disabled Body

The gender imbalance in terms of whose experiences were foregrounded within the TRC testimonies has been widely acknowledged. Although over half of those who testified before the Commission were women, most of the testimony was about men’s experiences. This was reflected in the Final Report:

“Most men who came to the Commission reported violations they had experienced, whereas women tended to talk about violations experienced by others. This is not to say that women did not suffer violations themselves - they certainly did suffer - but the focus of women’s testimony was more often about someone other than themselves and those victims tended to be men.”

This emerging trend led to the formation of a special hearing for women in 1997 after civil society groups intervened. Even after a special effort was made to inclusively target women, the TRC tended to conflate women with all issues pertaining to gender. By neatly tucking women’s experiences into a separate section, some critics have argued that the TRC overlooked women in the rest of Final Report. The reasons for this silencing of women’s experiences is multifaceted, but for the purposes of this study, the focus will be on critically analysing the normalisation of patriarchy within nationalist projects, the TRC’s definition of gross human rights abuses, traditional gender roles and the construction of gendered bodies.

Scully, in her work on history, gender and truth commissions, has shown that South African historiography has tended to separate the private and public spheres, privileging the public sphere as the authentic site of politics. This model is by no means unique to South African formulations of the past, but it is one which tends to largely erase women’s

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304 See Driver (2005); Ross (2003); Goldblatt and Meintjes (1998); Scully (2014).
305 TRC, Report, vol. 1, ch. 6, para. 23.
309 Ibid.
310 Ibid, 7.
experiences. The TRC, with its particular focus in political violence as killing, torture, abduction and severe ill-treatment, was no exception. As Scully has argued:

“Patriarchy helps structure the narration of truth commissions. As authors have documented, TRC’s have tended to focus on the world of the public sphere, on politics writ large, the historically constituted world of men. Feminists have had to intervene to have women’s experiences addressed.”

The intersection between gender and disability meant that men’s injured bodies were marked as political while women’s were not. This has real material implications when thinking about access to reparations and welfare that were decided upon based on recommendations to the President by the Commission. In this way, “[m]illions of ordinary people, especially women, who suffered from the structural violence of apartheid but who were not victims under this narrow definition will not receive any compensation.” This links to the conceptualisation of ‘slow violence’ as discussed in the previous section and adds to erasing women’s contributions and perpetuating the economic underdevelopment of women.

Closely linked to the conception of the state and politics as dominated by masculinity, are the gendered consequences of the definitions of violence employed by the TRC. The ways in which the TRC recorded and measured harm emphasised immediate bodily violations at the expense of broader understandings of structural violence. As the Commission itself reflected in the Final Report:

“The chapter suggests further that the definition of gross violation of human rights adopted by the Commission resulted in a blindness to the types of abuse predominantly experienced by women. In this respect, the full report of the Commission and the evidence presented to it can be compared to reports on South African poverty, which make it very clear that while women are not the only sufferers, they bear the brunt of the suffering.”

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313 TRC, Report, vol. 1, ch. 6, para. 144.
In addition, the TRC relied on verbal testimony to communicate a sense of self, while overlooking the gendered nature of such self-representation. Indeed, authors such as Luisa Passerini, Fiona C. Ross, Veena Das and Nthabiseng Motsemme have found that many of the women who testify about their traumatic pasts map their experiences within the realm of the everyday, the domestic and within their personal relationships. However, as Motsemme reminds us, “we should not take this to mean that women then ‘naturally’ belong to the domestic. Rather, it draws to our attention the ways women may use domesticity to map out the insertion of extreme violence into their daily lives.” Far from being removed from politics, Motsemme and Annie E. Coombes have argued that it is within women’s testimony that more nuanced versions of the past may be uncovered. The everyday experiences of apartheid violence that infiltrated the lives of black South Africans that is often the subject of women’s testimony is contrasted with the spectacular immediate violence of the kind that men most often recounted. Indeed, Motsemme, goes further by formulating women’s silences as a site of resistance and struggle.

Although this binary is oversimplified and generalised to some degree, it does link to established trends within the TRC and helps to understand the gendered nature of violence and its recounting. Indeed, many women did not relate their personal experiences of violence, because for some “who have repeatedly experienced loss, ‘grief’ and ‘suffering’ become linked and associated with ‘being a woman’.” Of course, identity is multifaceted and the category of ‘woman’, like ‘disability’, is historically contingent, but we need to challenge dominant thinking about what constitutes agency, victimhood and the language of pain. Elaine Scarry’s 1985 instrumental tome, *The Body in Pain: The Making and Unmaking of the World* is instructive here. Scarry argues that physical pain can destroy the sufferer’s ability to express that pain in language. This argument makes an important

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314 Cited in Motsemme, “The mute always speak”, 909.
315 Ibid, 924.
317 Motsemme, “The mute always speak”, 909-932.
318 Ibid, 925.
point about embodied agency – that the body is not just a tool of the mind – however, in so doing, it also risks reinforcing the Cartesian split between body and mind.

Not only were men’s bodies more visible as markers of past violence within the TRC, but traditional gender roles and social taboos meant that women sometimes did not feel comfortable even talking about bodily injuries in this public arena. This is particularly the case with relation to injuries that bore any evidence of being sexual in nature. This is illustrated by the testimony of Noti Mjada testifying about the torture of her son, Yibanathi Mjada, who she alleges suffered injuries to his genitals – injuries that she could not investigate due to her subject position as a woman:

“As a woman I could not really investigate about that, but his urine was blood. I would give - he then asked for money to go to the doctor - and time and time again I would give him the money. I cannot talk about his penis, because I did not see it. But his urine had blood.”

This extract highlights the taboos that restrict what men and women felt comfortable testifying about within the highly visible and public space of the HRV hearings. As Graybill has argued, “[c]ultural norms also prohibited women from testifying. Women were ashamed to speak of their torture.” This also links to the fact that women’s experiences of torture was more likely to involve forms of sexual assault or the threat thereof. And due to various reasons ranging from stigma, distrust of the legal system, and in the case of women freedom fighters abused by their comrades, fear or ‘tarnishing’ the image of the struggle against apartheid, many women remained silent about this abuse. As Gqola has argued, “Shame is a function of oppression; it has everything to do with who is valued and who is invisibalised in any society [...] Shame is the product of dehumanisation, and all systems of violent oppressive power produce shame in those they brutalise.”

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321 Graybill, Truth & Reconciliation in South Africa, 103.
322 Ibid, 103-105
323 Graybill, Truth & Reconciliation in South Africa, 104; Gqola, Rape: A South African Nightmare, 147.
324 Gqola, Rape: A South African Nightmare, 38.
within the institutionalized racism of the apartheid state, women faced the double bind of racism and sexism – with sexualized violence often producing shame and silence for its victims. The focus on victims within narratives of sexual violence and indeed in the public image of the TRC’s drawn from the HRV hearings places the onus on the evidence produced by the victim, sometimes leading to retraumatisation.325

In addition to sexualized violence, the role of women as mothers could also be used in situations of political violence. Indeed, Graybill has recorded how pregnant women detainees were threatened with miscarriages through beatings as a form of torture.326 This particular form of violence is evidenced in the testimony given by Funeka Voyiya on the 12th June 1997:

“I did not feel well. It was as if my contractions were starting. Our toilets were quite far from the house, because it was a communal toilet. I went for the first time to the loo. The second time I went there were a whole lot of soldiers in the township, in and out of our houses. If we were cooking they would take the food and eat it. They did anything they liked to do. It was like I was going to give birth, because it was, I was due to give birth at that time. There were three soldiers towards the toilet. The three were facing me. I went to the loo. I saw them even the first time around. Just before I got to the loo, I was not feeling well. I would hold on, I held onto the toilet door. I heard, I felt something on my stomach, a bang. Then I fell down. I do not know what happened after that. The soldier had apparently shot at me. The two were standing and the one was sitting down. I think it is the one that is sitting down that had shot me. It is the neighbours that took me. They tried to get an ambulance. I was taken to hospital. I stayed in hospital for six months, because the bullet shot me through the child to my back. The problem was that there was a whole lot of damage inside of me. They were treating my insides and I had a problem with my back as well.”327

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325 Gqola, Rape: A South African Nightmare, 147.
326 Graybill, Truth & Reconciliation in South Africa, 105-106.
As a result of her injuries, Funeka Voyiya lost her baby and was informed by the doctors who treated her that she would not be able to fall pregnant again.\textsuperscript{328} This kind of ‘invisible’ injury begs questions about what is counted as a disability within the TRC. In other words, does being rendered infertile count as a form of disability? While Voyiya and other women like her received commiserations from the Commission for their ordeals, scrutiny of the injuries of their male counterparts was more often linked to losing a potential livelihood and thus in need of compensating.\textsuperscript{329} This links to pervasive ideas surrounding the value of different bodies and whose labour deserves to be compensated. That is to say, asking questions about what constitutes disability in a given historical moment provides insight into how the loss of certain bodily functions was viewed. In the case of the TRC, disability was thought of mostly in relation to men’s bodies, the loss of functioning of which was cast in financial terms.

Another way in which disability and gender intersect is within the realm of traditional family roles. Many disabled men who testified before the Commission framed their disabilities as rendering them unable to fulfil their expected role as a breadwinner.\textsuperscript{330} This understanding of disability as primarily a loss of productivity is a well-established linkage that links to capitalism’s need for fit labouring bodies – a concept discussed at greater length in the next section. However, in terms of traditional gender roles, it often creates a sense of emasculation due to the perceived loss of male identity linked to being physically strong and in control. This is illustrated by the testimony of Joseph Mashiane, who went blind after being shot by police in 1990 and who recounts his subsequent struggles to integrate back into family life thereafter:


“After much suffering I went back to my wife because I had suffered so much and I was a burden to my family because now I was totally useless. I couldn’t do anything, I couldn’t bring any money into the home and they were starting to get impatient with me.”

This is not a position only put forward by those who testified, but also a concern of the Commission as they attempted to collect data on financial vulnerability in order to make recommendations regarding reparations. This was illustrated at the hearing of Melvin Mhluleki Mashumi, bound to a wheelchair after being shot by police in Cape Town in 1992. Near the end of the testimony, Commissioner Alex Boraine, re-iterates this matrix of disability, masculinity and dependence when he asked: “One last question. You are the breadwinner, you are a paraplegic living on a wheelchair, is there anybody who cares for you, who helps to feed you or to wash you, or clothe you? Do you have any help?” When replying that it was his grandmother who takes care of him, Boraine responded with the following statement: “…we are grateful that there is someone who can help you at this time, but of course she is an old lady and probably needs some help and care herself.” It is evident from this interaction that although Boraine recognizes Mashumi’s grandmother as an elderly person in need of care, her role as a caregiver is naturalized and it is Mashumi that is cast as needing state support.

The interlinking of economic productivity and conceptions of masculinity within the TRC are emphasized over and over through testimonies relating to the loss of earning capacity related to disability. Pumla Gobodo-Madikizela, in the testimony of Coenraad van Rooyen, makes clear this explicit connection between a sense of self, manhood and economic productivity:

“Thank you, I just want to say that we cannot begin to fathom the impact of the injuries that were in - afflicted upon yourself. On your person, on yourself as a man,


333 Ibid.
on yourself as a potential earner and to say that it is very difficult for us to understand, to know fully what it means for you to suddenly be found - find out that you cannot be gainfully employed. But now you have been reduced to piece jobs - work that you can do only for 2 weeks. That kind of uncertainty as a result of injuries that were inflicted upon you for no apparent reason at all. I think it - it begins to - to - to get clear that in fact it is true that in South Africa your lives were political.”

The narrative of disability being a state of emasculation, dependency and uncertainty relegates bodily deviance to a role of deviance and weakness. This is an oversimplification that ignores the many social and political factors that perpetuate exclusion based on physical ability. In addition, this view overlooks the deep economic inequalities that determined what kinds of jobs different races had access to under the apartheid system. If manual labour is the only work available to black men during apartheid, then within that context, the loss of physical functioning could be devastating, but that is not a product of the disability alone. It is the complex interaction between the individual and their environment – the assemblage – that produces aspects of how disability is experienced.

4.3 The Intersection of Disability and Race

In the introduction to the most recent addition of Albie Sachs’s *Soft Vengeance of a Freedom Fighter*, Nancy Scheper-Hughes writes:

“The wounded body often becomes a template of individual and collective memory, both a map and a moral charter. Michael Lapsley gestures broadly with his metal hooks, referring to them as his “entrée” into the black community. “These,” he told me recently, gesturing to his hooks, “are the gold standard. They open up many doors into South African township life.” Similarly, Albie’s injury is a sacred wound, a red badge of courage, a visible symbol of the pact he struck as a negative intellectual (in Gramsci’s sense) and as a “race/class traitor” to white South Africa. While it

(quite literally) "unbalanced" him, the loss of his arm in that car blast provided on of the grounds for his “certainty” in the body and in the newly emerging body politic.”335

This piece communicates the hopeful possibilities of carrying the scars of apartheid for both Lapsley and Sachs. In this context, Scheper-Hughes positions disability as signifying bravery and honour and helping to bridge historically entrenched racial divides between black and white South Africans. Here, the physical disabilities of these two prominent white men signal a sacrifice for the greater good. In contrast, let us turn to a passage in the TRC’s Final Report which is drawn from a majority perspective of black South Africans who testified about experiencing political violence during apartheid and living with their resulting disabilities:

“Physical injuries and disabilities caused by torture or severe ill treatment exact an immense toll on the individual, community and society. Physical scars and disabilities have been described by one survivor as: “a tattoo, a permanent physical reminder of what was done to us, a symbol that in many cases brings shame.””336

There is a clear disjuncture here, which is further illustrated in the following section that will discuss the relationship between disability and death. As was shown, many of those disabled through apartheid era violence experience social exclusion, shame at their inability to provide for their families, poverty, mental health issues and ongoing physical pain. These vastly dissimilar, admittedly generalized, scenarios beg the question, why have these cases of disability been experienced and read so differently?

Here it is important to remember the insistence within CDS that identity is intersectional. Disability as a lived reality does not exist in a vacuum. It is refracted and shaped in relation to a web of oppressions and privileges constructed through the interaction of various forms of identity. In this case, race comes to the fore, as does class which was institutionally bound to race during apartheid – the legacies of which are still apparent to this day. In this regard, disabled white activists are posited as exceptional

336 TRC, Report, vol. 5, ch. 4, para. 56.
while disabled black activists are positioned as an inevitable sacrifice at best and at worst, a reminder of traumatic events that would rather be forgotten in transition moment. This presentation of disability as something which can be ‘overcome’ completely ignores the intersectional nature of identity which determines that an already privileged individual has a better chance of living a full life with a disability while for someone already marginalized, disability can add yet another layer of exclusion. As Michael Lapsely himself recognized and included in his testimony to the TRC:

“You know because I’m a member of a religious order and a priest of the church in 20, 30, 40 years’ time if I have problems of a medical or physiological or a psychiatric character, there’s a fair chance I would get help but I’m not sure that that may be true of some of my fellow South Africans [...] And I’m more concerned about those who will not have the kind of access - perhaps as a professional person or as a priest or religious that I may have.”

It could be argued that by defining disability with relation to the spectacular modes of violence that characterized the TRC’s definitions of gross human rights violations, the Commission avoided casting South Africa’s entire black population as disabled in some way. By employing this narrow focus on the violations of bodily integrity, the TRC overlooked the wider mandate of the Act which included apartheid’s wider structural violence based upon racial discrimination. While it is estimated that around 25 000 people died as a result of political violence between 1960 and 1994, millions more were victims of the racist structures of apartheid, dying and systematically becoming disabled. This is acknowledged by the Commission’s Final Report which discusses the wider structural violence of apartheid, such as the racist policy of separate development, admitting that: “The consequences of these violations cannot be measured only in the human lives lost through deaths, detentions, dirty tricks and disappearances, but in the human lives withered away through enforced poverty and other kinds of deprivation.”

338 Fullard, “Dis-placing Race”.
339 Ibid.
These “human lives withered away” were mostly black lives subjected to the slow violence of apartheid and its associated racial classifications; systems of exploitative migrant labour; pass laws; Bantu education; the creation of artificial and inadequate homelands; the loss of land and citizenship rights.\textsuperscript{341} As Fullard and Rousseau have argued:

“These casualties of apartheid, what one may perhaps term ‘racist deaths’, were, for example, the thousands of dispensable mineworkers crushed in underground mining accidents, or the thousands of children in the homelands dying before the age of five. These were the consequence of racialised poverty and the absence of value placed on black life by the state.”\textsuperscript{342}

However, the TRC’s commitment to the language of non-racialism and its emphasis on reconciliation meant that within the TRC literature, these racial differences are largely imperceptible and are implied rather than explicit. One could argue that this adds another layer of obscurification to the apartheid era naturalization of the relationship between development and race – one which was actually required decades of social engineering to manufacture. In addition, although this dissertation has argued that the TRC’s narrow focus on political violence obscured the wider structural violence of apartheid, it is important to note that violence cannot be so neatly divided. Indeed, political violence and everyday structural violence are not discrete, but are continuous and overlap in many ways.\textsuperscript{343}

4.4 Material Consequences

The body as an object of commercial value, has a long history, with the Atlantic slave trade instilling the idea of the body as a commodity to be advertised, bought, sold and regulated administratively.\textsuperscript{344} This arrangement was entrenched by the British government who enforced the system by “paying a ‘pension’ for a limb lost”.\textsuperscript{345} In a different context,

\textsuperscript{342} Fullard, “Dis-placing Race”.
\textsuperscript{343} Ibid.
\textsuperscript{344} Berghs, \textit{War and Embodied Memory}, 56.
\textsuperscript{345} Ibid.
Berghs has shown in relation to Sierra Leone’s civil war (1991-2002) that the loss of body parts through amputation were assigned values as part of post-conflict reparations. Deleuze and Guattari have argued that the capitalist system demands or ‘consumes’ body parts and labouring bodies. There is a clear thread which runs through development, labour and rehabilitation efforts, equating able bodies with economic value and productivity; while simultaneously viewing disabled bodies as a welfare burden on the state. This is not restricted to the state, but also forms the basis of discourses of disability rights activism. In the context of the TRC, the majority of those who testified at the Commission regarding becoming disabled through the struggle against apartheid appealed for the provision of a job. As Joseph Mashiane testified at the TRC’s Human Rights Violations hearings: “After much suffering I went back to my wife because I had suffered so much and I was a burden to my family because now I was totally useless. I couldn’t do anything, I couldn’t bring any money into the home and they were starting to get impatient with me.” Thus, it is apparent that in this context, productivity is linked to a sense of self-worth, with particular reference to gendered expectations of the financial and physical capacities of different bodies.

Not only were bodies utilised as sites for remembering and reframing past violence, but also a way to determine reparations. Indeed, the most common mention of disability within the HRV hearings was in relation to establishing whether the victims had access to a disability grant. The TRC, distinguishing between human rights violations and those of a ‘gross’ nature, set up an arbitrary standard of what was considered ‘violent enough’ to warrant compensation. As Mamdani has argued, “the TRC focused on torture, murder and rape, all outside the law, ignoring everything that was distinctive about apartheid and its machinery of violence.” This is illustrated in the case of Selloane Pethana who had, according to the Sowetan newspaper, received a letter from the TRC, after being promised

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346 Berghs, War and Embodied Memory, 56.
349 Testimony by Joseph Mashiane at the TRC human rights violations hearings, Voosloorus, 07 February 1997, case no. JB00785/01, transcript, accessed 21 July 2014,
350 Mamdani, “A Diminished Truth”, 60.
full compensation, stating that “there is insufficient evidence to enable us to make a
decision on your story because the extent of injuries incurred does not qualify you as a
victim of gross human rights violations.” Indeed, it is not unreasonable that the TRC set
limits to what it could realistically achieve. However, there were unintended consequences
to setting these limits, of which uneven compensation on the basis of disability was one
such example. Thus, a hierarchy of injury is established with an arbitrary distinction
between violations and ‘gross’ violations that can have enormous ramifications on
someone’s identity and livelihood.

According to the Act that established the TRC, the HRVC would refer victims of gross
human rights abuses to the Committee on Reparation and Rehabilitation who would, in
turn, make recommendations to the President to present to Parliament to consider.
According to The Act, ‘victims’ included:

“(a) persons who, individually or together with one or more persons, suffered harm
in the form of physical or mental injury, emotional suffering, pecuniary loss or a
substantial impairment of human rights- (i) as a result of a gross violation of human
rights; or (ii) as a result of an act associated with a political objective for which
amnesty has been granted; (b) persons who, individually or together with one or
more persons, suffered harm in the form of physical or mental injury, emotional
suffering, pecuniary loss or a substantial impairment of human rights, as a result of
such person intervening to assist persons contemplated in paragraph (a) who were
in distress or to prevent victimization of such persons; and (c) such relatives or
dependants of victims as may be prescribed.”

In this way, being classified as a ‘victim’ by the TRC could secure much needed financial
support from the government. Victims, rather than being passive receptors, were active
agents in shaping their testimonies and presenting their injuries in particular ways within
the confines of the TRC in order to gain access to scarce resources. Both Berghs and
Petryna discuss the moulding of disability identities to suit state expectations as a mode of

351 Thokozani Mtshali, “Mom still in the dark over her son’s death”, Sowetan Sunday World, 04 November 2001,
352 Promotion of National Unity and Reconciliation Act, No. 34 of 1995, ch. 1, para. 1.
survival in post-civil war Sierra Leone and post-Chernobyl Ukraine respectively. Indeed, many victims were asked how much compensation they had received, and many utilised the language of disability to voice their dissatisfaction. One such complaint came from Moloko Jairos Mafafo, who declared, “I'm only getting a pension, I never received a cent for my disabilities.” Thus, disability gains currency within particular historically located codings of welfare distribution. As Petryna describes with regards to the self-fashioning of disability within the newly independent Ukraine:

““Illness” provides some measure of protection against the vagaries of joblessness and social disorientation. People were converting themselves from Soviet citizens into biological citizens in their driving efforts to maintain a tie with the state and to avoid abandonment.”

This strategic self-representation could be seen as a form of resistance that challenges the notion of those disabled through political violence as passive victims.

Fullard and Rousseau, writing about the construction of ‘victimhood’ within the TRC also challenge the framing of victims within the confines of ‘passive innocence’. Arguing that victims often went to great lengths to construct themselves as ‘blameless’ in lines with the perceived expectations of the Commission, thus becoming ‘co-constructors’ with the TRC in the crafting of their testimonies. Many victims were also perpetrators in some respects and arguably, in some cases, vice versa. That is not to exonerate those who caused mass pain and suffering nor to take anything away from victims’ traumatic experiences, but as many commentators have noted, the lines between these neat categories necessarily blur off paper. As Fullard and Rousseau persuasively argue:

“But it does pertinently challenge the notion that the power to determine victims’ self-representations resided purely with the TRC. Instead, these self-representations put forward by victims and witnesses were not mere mirror reflections of what the

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353 See Berghs, War and Embodied Memory; Petryna, Life Exposed.
355 Petryna, Life Exposed, 85.
357 Ibid.
TRC wanted to hear. Victims themselves were part of drawing this boundary and circumscribing their role as mere recipients of violations rather than active in any aspect."358

Indeed, disability was often accounted for by sheer bad luck, being in the wrong place at the wrong time as an innocent bystander, with the refrain, “I was doing nothing” cropping up a fair amount in response to the sometimes incredulous, “So it was quite at random that they shot you?”.359 Thus, as we have seen in previous chapters, the TRC produced certain understandings of disability based on a number of interlinking factors, perceptions, power dynamics, legal mandates and other such underlying forces.

As we have already seen, disability was operationalized in particular ways within the TRC. One of those ways was as proof of past atrocities, not only for TRC evidence gathering, but also to support victims’ cases to get access to reparations or welfare assistance in the form of a disability grant. In order to do this, those disabled through political violence were asked to recount their experiences of loss of health and to demonstrate how that impacted on their ability to earn an income and look after themselves. Victims were often asked to produce medical reports to verify that their injury was linked to the political violence they had described, tying definitions of disability and attached compensation to the bureaucratic matrices of the medical profession.360 Indeed, monetary compensation was linked to being able to prove loss of function and by connection, livelihood. This sometimes took the form or submissions for compensation based on the loss of specific limbs.361 As has been demonstrated in the previous chapter, this was often hindered by a medical system that put the state’s agenda above the needs of their patients. Victims were also asked questions to back up their version of events such as

360 This is illustrated by the testimony of Tetiswa Njikelani who was asked for reports pertaining to her disability. The testimony can be found here: Testimony by Tetiswa Njikelani at the TRC human rights violations hearings, Tembisa, 28 November 1996, no case no., transcript, accessed 17 September 2015, http://www.justice.gov.za/trc/hrvtrans%5Ctembisa/njikelan.htm.
this one posed to Siphiwo Harry Manentsa: “Can you just give us an idea of what your state of health was before the accident, before this incident occurred.”

Responses came in many forms, but in most cases, health and earning capacity are conflated. This is illustrated by Manentsa’s response: “I was very healthy [...] I use to work at the time, I was doing casual jobs, that’s how I lived. I would seek for casual jobs. I was a worker and I could do everything on my own. I now live on a disability grant.”

The reliance on state welfare positions disabled people in precarious situations which render them vulnerable to the whims of bureaucratic dictates, as one victim requested of the Commission, “I would ask that the government would continue to give us the disability grant, because we cannot live otherwise.”

This sentiment also links to earlier sections on temporality and the positioning of physical body as either healthy or not, with little grey area. What is made clear through this cross-examination style of questioning is the value of disability as physical evidence and the reading of such within a framework of medical, legal and economic paradigms.

The ability to earn a living was highlighted substantially within the hearings referring to disability, with many facets of individuals’ identity seemingly tied to their levels of economic productivity. This is illustrated by the testimony of Molapisi Petrus Mogapi, who when asked how his disability was affecting him, replied with the following:

“This incident has brought many depression and oppression more than apartheid itself, than I could see, that that time of apartheid life was better and then the oppression it seems it has doubled. It doesn’t help even now, I am not, I cannot be employed. I am just an ordinary person who has a disability allowance and my life is deteriorating day in and day out. Then I want my future and work.”

363 Ibid.
Thus, a positioning of many aspects of Mogapi’s identity and health are linked to his disability in multiple ways. Indeed, one of the most significant ways that this plays out is through the framework of traditional gender roles as discussed earlier in this chapter. Many men testified to not being able to get married or to being abandoned by their families due to their disabilities and related inability to produce an income. As Ntuli said in reply to a question regarding his marital status: “No woman will ever stay with an unemployed man.”

Many more men described themselves as being the breadwinners for their families and their disability as preventing them from earning a living, leading to feelings of emasculation and sometimes depression and even thoughts of suicide. Thus, disability was constructed within this space as a negative barrier that compounded poverty for many families affected. These interlinkages between subject positions that create certain experiences illustrate the importance of an intersectional approach when studying disability.

4.5 Embodied Memory

The disposal of bodies during apartheid was key to keeping the façade of law and order alive. Bodies of activists and opponents to the state were systematically burnt, thrown into rivers and buried in order to cover up the endemic extra-judicial torture, maiming and killing that helped to prop up the regime. In addition, as the TRC uncovered, stories were spun around injuries and deaths at the hands of the state often with the help of medical professionals in order to obscure their circumstances. The deaths in detention of Steve Biko and Neil Aggett are but two examples among many of such cover ups. While piles and piles of documents were destroyed by the apartheid state to cover its tracks, bodies were also hidden, obscured and destroyed in order to sustain the mirage. This is powerfully illustrated by the case of Siphiwo Mthimkulu, a COSAS student activist disabled

due to torture and poisoning at the hands of the security police in Port Elizabeth in 1981.\textsuperscript{368}

Shortly after his release, Mthimkulu “was photographed in his wheelchair, holding a placard which read: ‘Poisoning people won’t stop us.’”\textsuperscript{369} Shortly thereafter Mthimkulu was abducted and murdered by the apartheid security police. The South African Press Association (SAPA) reported that Siphiwo disappeared after filing a R150,000 civil suit against the Minister of Law and Order, alleging that he was poisoned while in detention.\textsuperscript{370}

Mthimkulu’s threat to expose the brutality and violence employed by the apartheid regime as evidenced by his own disabilities led directly to his death at the hands of the state. Thus, the body, overlaps with other forms of evidence as a bearer of traces. As David Owen notes, “Over the years, your body becomes a kind of historical document, in which certain dramatic moments are memorialised in scar tissue.”\textsuperscript{371}

Although the physically visible body with its scars, injuries and impairments may command certainty in their communication of seemingly concrete biological ‘facts’, this is also highly problematic. Injuries are the result of causes, and determining what these are is not always straightforward. There are a myriad motivations to presenting injuries in particular ways, not to mention issues of memory and trauma. As has already been discussed, the globalised mass media adds a certain inflection to the presentation and interpretation of disability. Berghs in her work on the construction of disability in post-civil war Sierra Leone argues that:

‘Due to donor funding and outside influences, it was becoming more useful to identify as ‘a disabled’, ‘the disabled’ or ‘persons with disabilities’. This identity was marketed through funding and through special events, slogans and even t-shirts according to the principles of the new disability business.”\textsuperscript{372}


\textsuperscript{370} Ibid.


\textsuperscript{372} Berghs, War and Embodied Memory, 165.
This can lead to a kind of ‘disaster tourism’ linked to the spectacle of physical disability. In turn, many individuals with disabilities are encouraged to utilise the popular narratives around injury to survive. As Berghs elaborates, “...people use socio-cultural resources as a kind of bricoleur to create new 'hybrid' identities and understandings of disability.”

These examples are not limited to Sierra Leone. As evidenced by the TRC testimony of Joseph M. Buhali, in which after admitting that his injuries had “nothing to do with political things or any struggle” was dismissed by the Commission despite asking for compensation. Indeed, although the disabled body can be read as physical evidence, it cannot possibly relate the whole story. Injuries, like all historical sources, are fragments or traces rather than discrete pockets of ‘truth’. Thus it is evident that there are both individual motivations and external pressures to define disability in a particular way within a given context.

Related to the section on the medical discourses of disability is the notion of the disabled body as a site of ‘irreconcilability’, of keeping the past ever present. As Achille Mbembe has persuasively argued:

“In other cases, in which physical amputation replaces immediate death, cutting off limbs opens the way to the deployment of techniques of incision, ablation, and excision that also have bones as their target. The traces of this demiurgic surgery persist for a long time, in the form of human shapes that are alive, to be sure, but whose bodily integrity has been replaced by pieces, fragments, folds, even immense wounds that are difficult to close. Their function is to keep before the eyes of the victim—and of the people around him or her—the morbid spectacle of severing.”

As a result, disability can be viewed as both productive for the TRC, but also undermining in its constant reminder of the violence of the past that cannot be healed or repaired. In a sense, those disabled through political violence who testified before the TRC stressed the destruction of the lives of black South Africans and thus bore the marks of apartheid.

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373 Berghs, War and Embodied Memory, 169.
375 Ibid.
histories. In this way, disability can be seen as a living memorial and constant reminder of past violence – aspects that the TRC tried to acknowledge and move beyond in its formulation as a ‘bridge’ during South Africa’s transition period. Therefore, disability complicates the call to ‘reconcile’, ‘forgive’ and build a new nation which was integral to the TRC’s mandate.

4.6 Disability and Death

There is no doubt that there exists an intimate relationship between disability and death. Disability signals the fragility of the human body, a fragility that applies to us all and becomes more inevitable as we age. As Jenny Morris has succinctly outlined:

“It is fear and denial of the frailty, vulnerability, mortality and arbitrariness of human experience that deters us from confronting such realities. Fear and denial prompt the isolation of those who are disabled, ill or old as "other," as "not like us.""

Going a step further, disability is sometimes viewed as a fate that is worse than death. This is clearly illustrated by the testimonies of disabled individuals who expressed a desire to take their own lives or recounted failed suicide attempts. As Kenneth Chimane Mathebula told the Commission regarding the aftermath of a near fatal attack by IFP members in 1991, “[e]ven at the moment the bullet is still here embedded in my neck. After that my life changed completely because this used to affect me all the time. I even tried to commit suicide.” Many also talked about being mentally prepared to die, but not necessarily ever imagining that they would have to continue living with a disability. This sentiment is powerfully mirrored in Joseph Mashiane’s testimony where he recalls that, “I had been assaulted before by the police for being a freedom fighter but I was never seriously injured, so it never occurred to me that I would be permanently disabled. I told myself that if I had

377 Verdoolaege, Reconciliation Discourse, 9.
to die, I would die even if I was inside the house.” Viewing these testimonies, there is a sense that death is a preferable option to living with a disability in some cases. However, this is not to say that living with an impairment has to be impossible, but rather that living in a highly stratified and increasingly unequal society where disability is tolerated at best, but mostly leads to multiple layers of exclusion and oppression, one can begin to understand why living with a disability in South Africa could conceivably be a fate worse than death.

Interviewing a Chernobyl maintenance worker suffering from the effects of radiation exposure in 1992, Petryna records the following observation and quotation: “He characterized himself as one of the “living dead.” “Our memory is gone. You forget everything – we walk like corpses.” This image of the “living dead” is one echoed throughout the testimonies of South Africans disabled through politically motivated violence. Sidney Mabuza, among others, during his testimony at the Human Rights Violations Committee told of how, after being brutally attacked by members of the IFP, he was assumed dead not only by his attackers, but also by friends and relatives, “[t]hey hacked me and they were sure they had killed me. People thought I was dead and my relatives went around searching for me. They even used to go around to hospitals looking for me.” The narrative thread of being assumed dead is one which weaves in and out of testimonies, fraying into missing persons cases, mysterious deaths and attacks that left victims disabled for life.

This inseparability of individual experiences of violence and community concern and involvement powerfully challenges the individual medicalised model of disability, highlighting the interconnectedness of community networks. Indeed, often community and family members of those disabled or killed through political violence recounted how witnessing the violence inflicted on loved ones adversely affected their own health. As Dr. Faizel Randera acknowledged when wrapping up the hearing of Jenetha P. Mtsweni, whose

381 Petryna, Life Exposed, 3.
son was murdered by IFP members. Addressing Jenetha and Tembi, her daughter, Commissioner Randera illustrates their suffering as intimately connected to the loss of their family member:

“Ma’am Mtsweni and Tembi, it’s very difficult to try and encompass what you have actually been through because you have both seen and suffered from the experiences of your son. You have seen him through the effects of the attack. You’ve seen him in hospital. You’ve been through the court case where the person you think was responsible for the attack on him, is let free. You’ve seen him being disabled and now more recently you’ve seen him die.”

Thus, in this context, disability cannot be limited to the individual alone, but needs to be viewed within the ripple effects caused by both the violence and after effects of living with a disability in largely impoverished circumstances. The compounding of disability, poverty and exclusion from mainstream society also led back to the image of the undead, of a people merely existing, but not living. As Sidney Mabuza continues:

“I have had to borrow money from people. I have not repaid this debt. I do not know why I am living, because I am suffering. Whether I sleep with a meal in my stomach or not, nobody knows or cares. My parents cannot support me at this stage, together with my children. They are unable to support all of us. My poverty is the same as theirs. We are like living corpses.”

This connects with earlier points about the interconnections of age, gender and disability that meant that it was often young black men who were killed or maimed through political violence.

The status of the living dead seems to affect not only those disabled through political violence, but those around them too, tugging at the interconnected ties of familial and communal bonds. Many testimonies refer to decisions to not get married and/or have

children as the victims feel that that would be unfair to their future family given their disability. Additionally, many talk of being abandoned by their loved ones after it became apparent that they were perceived as a burden on the family unit. This is evidenced by Joseph Mashiane’s testimony in which he recounts his struggles of living with a disability and the associated feelings of low self-esteem, substance abuse and even a suicide attempt: “After much suffering I went back to my wife because I had suffered so much and I was a burden to my family because now I was totally useless. I couldn’t do anything, I couldn't bring any money into the home and they were starting to get impatient with me.”

Another victim who appeared before the TRC, Khululekile Matthew Hens, echoed this sentiment when he testified that “...the fact that I have this bullet in my head, I am useless, I am like a dead person.” Thus, there is a clear link between disability, death and indeed a sense of inhibiting the space between life and death as exemplified by the metaphor of the “living dead”.

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Chapter Five: Conclusion

“Our bodies are monuments of centuries of torture,
trauma
terror
these exist in us
we live it every day.
We built this country
slaves
whips at our backs –
The Man holding the whip did not build –
we built.
Apartheid is not over.
No magic TRC wand can bippity-boppity-boo! it away.”

Ameera Conrad, 2015

5.1 Discussion

This dissertation has attempted to assess the TRC’s engagements with and representations of disability. Drawing on the transcripts of HRVC testimonies with additional evidence being drawn from the TRC’s Final Report and the SABC’s Special Report, this dissertation has argued that the multiple underlying discourses of the TRC’s historical moment coalesced to produce disability in particular ways. The two most prominent ways that the TRC constructed disability were as proof of past atrocities and as an extended imaginative metaphor of national healing. These constructions were underpinned by the underlying political and legal structures of the Commission; the TRC’s performative aspects as a media spectacle; its religious and medical framings and its liminal status as an institution of transition and nation building. In addition to exploring how and why disability was constructed within the TRC, this dissertation also aimed to unpack some of the implications of such constructions. These included the resulting inclusions and exclusions of disabled bodies and experiences due to the narrow definition
of disability employed by the TRC; the intersectional representation of disability with relation to race and gender; the association between disability and death within the Commission; the material consequences of classifications of disability within the TRC and the disabled body as a site of individual and collective memory.

In order to undertake this study, a history and critical analysis of both the formation and functioning of the TRC was sketched. In addition, the changing ideas underpinning disability in South Africa inflected by both local and international contexts and patterns, had to be explored in detail. This dissertation has aimed to place disability within the context of a specific historical moment partly in order to destabilise the inherited wisdom that disability is a stable and static medical category. In order to broaden discussions of the disabled body beyond the realms of rehabilitative medicine and special-needs education, understandings of disability need to be historicised and contextualised. This dissertation, then, is responding to calls from disability activists and scholars to conduct studies in a range of times and places in order to destabilise the centring of disability experiences within the Western world. In this way, this dissertation has attempted to anchor the analysis of disability within localised knowledge systems and historical context. A significant part of the motivation for doing this study, is to contribute to the growth of disability studies by expanding its theoretical reach to new geographical, historical and cultural locations.

The TRC was a product of a particular historical moment and thus it bears the markings of its time. While there is no doubt that when the TRC emerged, it was an imaginative and innovative social intervention - one of several designed to remedy some of the negative effects of colonialism and apartheid.\textsuperscript{387} The compromises that characterised the negotiated settlement gave birth to the TRC, which provided a much needed anchor during the tumultuous and bloody transition period from apartheid to democracy in South Africa. The Commission operated within a certain set of legal, discursive and operational limits. It was also not a monolith, and contained a vast array of opinions and approaches, some of which changed over time as the TRC got underway and lessons were learnt from

\textsuperscript{387} Ross, \textit{Bearing Witness}, 9.
practice and experience. This is signified by the vast number of people involved in setting up, sustaining and wrapping up the TRC. Indeed, the Final Report, although often written as though from a unified position, had many authors, who did not always agree. This is illustrated by the inclusion of the ‘Minority Position’ by former NP member of parliament, Commissioner Wynand Malan\textsuperscript{388} and the inclusion of special hearings. The TRC signalled both change and continuity as “an ‘historic bridge’ between the apartheid past and a democratic future based on non-discrimination and a respect for human rights.”\textsuperscript{389} It no doubt played a vital role in bringing to light the gross human rights violations committed during apartheid and in so doing discredited attempts to sanitise apartheid or romanticise the struggle against it.\textsuperscript{390} As Fullard sums up, “[t]he ‘lies’ that it challenged and destroyed (the denial of the prevalence of torture for example) seemingly left other lies intact (whites were not the beneficiaries of apartheid).”\textsuperscript{391}

Importantly, for the purposes of this study, the TRC is not just an archive to mine for data on disability, but also an ever evolving part of history that should be open to interpretation and re-interpretation. Disability is both an aspect of the TRC and a tool that allows us to answer new questions about the process, its antecedents and its legacies. The TRC, despite being responsible for a glut of literature, was one of the most unifying symbols during South Africa’s transition and continues to dominate political discourses and therefore needs to be constantly re-examined. Additionally, the highly visible nature of the Commission can also be responsible for making it legible in particular ways, cementing it as a singular image and obscuring it in other ways. Indeed, the TRC and disability are shrouded in an invisibility cloak of ‘common sense’ as seemingly visibly obvious phenomena that do not warrant an explanation. These highly naturalised objects are often the most productive in cementing current constellations of power as ‘normal’ right under our noses in an act of sleight of hand. It is often the most obvious aspects of our world that avoid our notice, prompting Michel-Rolph Trouillot to note that “[t]he ultimate mark of

\textsuperscript{388} TRC, Report, vol. 5, pg. 436-456.
\textsuperscript{389} Ross, Bearing Witness, 9.
\textsuperscript{390} Posel, “The TRC Report”, 167.
\textsuperscript{391} Fullard, “Displacing Race”.

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power may be its invisibility; the ultimate challenge, the exposition of its roots."

Examining disability in the context of the TRC allows us to probe the Commission rather than simply accepting it as a static backdrop to post-apartheid South Africa. And studying disability through the prism of the TRC facilitates an investigation into the profoundly productive powers of the physical body to stratify society based on physical appearance.

Studying disability within the TRC cannot be separated from the Commission’s related definitions of what constituted political violence, the gross violation of human rights and the notions of healing employed therein. These categories, as has been shown, emphasised the public, immediate and spectacular above the ‘slow violence’ of everyday racist structural oppressions of apartheid. The effect of these implicit assumptions is the production of a narrative that understands violence on individual terms and as a result, represents disability within a narrow framework of experience, invisibilising the vast majority of those with disabilities in South Africa. In this way, this study is in conversation with the work of Ross and Motsemme, who following Njabulo S. Ndebele’s dictum to ‘rediscover the ordinary’, are forging ways to read the TRC beyond the dominant spectacular mode. Both of these authors focus their attentions on black women, the group most numerically present at the TRC, but the least represented in terms of the content of the testimonies. This is because, instead of talking about themselves, these women testified about the experiences of their (mostly male) relatives. This is not to say that black women were not disabled or that their disabilities were not of a political nature, rather that the framework of harm caused by political violence employed by the TRC precluded their experiences. These studies, among others, are promoting a more nuanced reading of the TRC that avoid falling into the neat dualities that characterised the process and many of its subsequent interpretations.

The TRC’s construction of disability is another important site to explore in order to ensure that this representation does not become synonymous with all experiences of disability in South Africa. Even though South Africa’s INDS lists ‘violence and war’ as only one cause of disability out of eight, this is the category that receives the most airtime due to

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its nature as ‘spectacle’. This necessarily silences those who became disabled due to industrial accidents, congenital factors and environmental hazards to name a few. In addition, the INDS notes that “[d]isabilities are caused by violence, especially against women and children”393, and yet the majority of women who testified at the TRC did so on behalf of their male family members and spouses.394 In this way, “[m]illions of ordinary people, especially women, who suffered from the structural violence of apartheid but who were not victims under this narrow definition will not receive any compensation.”395 In this way, TRC definitions of who counts as a ‘victim’ and who is disabled have real material consequences.

This echoes into the present with the Department of Justice and Constitutional Development still putting out calls on the official TRC website for applications from those “TRC-identified victims of Apartheid” to access government assistance with the costs of education.396 Indeed, one of the factors that is advertised as identifying vulnerable households in need of assistance is physical or mental disability.397 The TRC was an innovative social intervention for its time that should be given credit for exposing the brutality of apartheid and for nursing South Africa through a difficult transition period characterised by high levels of violence. However, the continued decontextualised use of the TRC’s categories and associated ‘rainbow’ discourse within current governance parlance is perhaps one of its most problematic legacies. As Thomas, writing about a self-portrait made by a subsequently deceased HIV positive woman who took part in the body maps programme in 2002, writes:

It hangs in the gallery at Constitution Hill in Johannesburg, a sign of her symbolic inclusion in the body of the nation. But now she is dead and her death is a stark

397 Ibid.
The ‘rainbow nation’ and ‘miracle’ narratives that characterised the early years of post-apartheid South Africa are wearing perilously thin as inequality continues to grow on the back of poor service delivery and economic recession. South Africans with disabilities, being one of the most vulnerable groups, are acutely impacted by these widening socio-economic gaps and rampant poverty. In addition, the close relationship between the DPSA and the ANC, as Brian Watermeyer writes, mean that:

“... since 1994, South Africa’s disability movement has, sadly, lost its teeth. After some of its top leadership was drafted into government positions at the advent of democracy, DPSA has since shown little appetite for political action. This, it seems to me, represents a massive missed opportunity.”

This stark contrast between the promises of the TRC era and the realities of present day South Africa have provided fertile ground for civil society protests in recent years. Challenging the outdated and ineffectual policies that contribute to a milieu of widespread failure of government assistance for the most vulnerable groups in society, there has been a growing recognition of these intersectional oppressions and inequalities within the discourses of recent political action in South Africa.

Evidenced by the quote at the beginning of this chapter, it is clear that in the popular imagination, issues of social justice in South Africa are, among others, intimately wedded to the physical body as well as to the perceived failure of the TRC. Importantly, Ameera Conrad’s poem from which the above extract is sourced was delivered at the University of Cape Town’s Student Assembly on the 25th of March 2015 held to discuss the removal of the statue of the notorious colonist, Cecil John Rhodes, from the campus. The student assembly was part of the milieu when the #RhodesMustFall campaign was emerging and reinvigorating student activism on campuses across South Africa. Drawing on the #BlackLivesMatter movement in the United States and theorists such as Franz Fanon, Steve Biko and Achille Mbembe, the discourse associated with this renewed student activism has

399 Watermeyer, “Silencing lives of struggle”.

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been characterised, in part, by an embodied rhetoric. This is clearly illustrated in the edition of the *Cape Argus* co-edited by student activists and published on the 23rd of October in 2015, two days after violent clashes between students, workers and riot police at Parliament in Cape Town as part of the #FeesMustFall and #EndOutsourcing campaigns shutting down campuses across the country. In a piece entitled, *Call to elders*, student protestor, Thuli Gamedze, writes of the “division of power among bodies”; the continued exploitation of “poor black bodies”; and ends by calling upon “those whose bodies are being exploited daily by an inaccessible education system”\(^{400}\) to take action. In addition, there has also been a growing recognition within the movement of the intersectionality of identity, with disability being highlighted alongside class, race, gender and sexuality as sites of privilege and oppression. Thus, in many ways, it is a timely moment within South Africa to be discussing the representation and construction of disability.

**5.2 Limits of the Study**

Perhaps the most challenging aspect of this study has been language. This obstacle manifests itself with regards to disability, the TRC and their interactions. As was shown in Chapter One, disability is a highly contested term with many debating its definitions, origins and applicability. Disability is also a relatively new term, so does that mean that similar embodiments only became ‘disability’ after the term came into popular usage? Is it a useful term or does it entrench a binary when there should be a spectrum? And does it place the onus on the disabled individual to identify themselves in solely embodied terms? All of these are questions that disability scholars have grappled with. What work is done when you name something, when you create categories of people? How can this be both empowering and disempowering? Why do we put so much effort into defining disability when we take for granted what ‘ability’, ‘healthy’ or ‘normal’ denotes. Are these even discrete states of being? In addition, the language of disability is used in everyday parlance to describe a range of states and becomes slippery to pin down. As prominent disability studies scholar, Tom Shakespeare has noted:

\(^{400}\) Thuli Gamedze, “Call to elders”, *Cape Argus* (Cape Town), 23 October 2015.
"...it is disability which is the most active and prominent metaphor of all, and disabled people become ciphers for those feelings, processes or characteristics with which non-disabled society cannot deal. As a result, those negative aspects become cemented to disabled people."  

Thus, as we have seen with regards to the TRC, disability is a productive metaphorical device with which to express a number of diverse aspects of a given society. Indeed, many disability studies scholars have illustrated how disability often becomes the ultimate category of abjection and that in many instances, "the concept of disability has been used to justify discrimination against other groups by attributing disability to them."  

Then there is the body itself, a material object with, arguably, an agency of its own, perhaps best demonstrated by its unrelenting aging that cannot, despite our best efforts, be brought under complete control. It is unhelpful to think about the body as a thing which is animated by a brain or soul as the Cartesian dualism would have us believe. It is equally unhelpful to think about it as either healthy or sick. We must also resist reducing it to text, but cannot simply view it is a lump of meat and bones. The body has its own way of communicating, but in history, the archives most often only allow you to access the body through texts. This is not the case in this study, but we are still taught to read and analyse words, not bodies. What are the limits and possibilities of physical bodies as sources? What are the ethical considerations of ‘reading’ disabled bodies? Are we complicit in othering those with disabilities if we study their bodies as sites of knowledge? Bibi Bakare-Yusuf (1997) suggests that we need to reconceptualise suffering and pain as having their own logic and morphology which determines their representation and expression and which can construct their own meaning."  

Even if you do have access to footage of a embodied performance, you still have to translate those actions into words, acting as a translator and interpreter.

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401 Shakespeare, “Cultural Representation of Disabled People”, 287.
This is compounded by the TRC in particular that facilitated vast numbers of translations, interpretations and transcriptions of its own. With South Africa officially recognising eleven official languages with the dawn of democracy and the TRC mandated to allow all victims to testify in their mother tongue languages, interpreters at the Commission had their work cut out for them. As Krog et al have shown, due to the impossible task of the Commission that left it overextended and under pressure and due to its frameworks that rendered experiences intelligible within its mandate, many nuances of the testimonies were completely overlooked in the official archive.\(^404\) There are also multiple different ways of understanding, representing and talking about the body and health that no doubt lost within the impossible machine. In addition, Madeleine Fullard and Nicky Rousseau have argued that the TRC and those who testified co-produced their final testimonies between taking statements, cross examinations, the knowledge of reparations and the selection of victims. Thus, narratives are arranged in particular ways around the collection of particular pieces of information that the TRC required to fulfil its legal mandate. As the TRC’s chief database processor, quoted by Field, said, at the outset, “[w]e let people tell their story. By the end of 1997 it was a short questionnaire to direct the interview instead of letting people talk for themselves ... The questionnaire distorted the whole story.”\(^405\) Again, this added to the stripping down of testimonies, and with relation to disability, it directly linked any injuries to the event that caused them and the health problems incurred as a result of them. These are but some of the experiences of disability, but became all important in this context.

Motsemme (2004), writing about ways of interpreting women’s silences in the TRC, asserts that the Commission was based on the assumption “that the world was only knowable through words, and thus the basis for beginning a process of healing South Africa’s violent past would be organized through acts of testimony.”\(^406\) This is not surprising since the world we live in valorises verbal language as the basis for subjectivity and as one of the attributes that elevates humans above animals. What is the effect of this valorisation on the ability to translate the physical body into a historical source without

\(^{404}\) Krog, Mpolweni and Ratele, *There was this Goat*.

\(^{405}\) Field, “Beyond ‘Healing’”, 33.

reducing it to its discursive and linguistic practices? These are all questions that this study has grappled with while working within the world of words. Indeed, another challenge is the sheer number of words that were produced by the TRC’s data collecting processes; their reports and statements; their media representations and their vast archive of secondary literature. The TRC archive is almost impenetrable at first glance, and it would seem that everything that could have been said about it has. Watching and reading vast amounts of source material and attempting to select the most useful pieces has perhaps been another limitation of this study, there was simply too much material for a study of this length. This will hopefully prompt future scholars to continue this work.

The language and analytical tools that we currently have available to us to discuss disability are greatly lacking. In our popular media, the vast majority of those with disabilities are either represented as helpless and vulnerable victims worthy of pity and charity or they are elevated to the heights of heroism for overcoming all their physical challenges and still excel. This is perhaps best illustrated by the South African paralympian, Oscar Pistorius, whose fall from grace after being accused of shooting and killing his girlfriend on Valentine’s Day in 2013 was spectacular and attracted a media frenzy both locally and internationally. This oscillation between super-human and sub-human that disability often collapses into is an unhelpful framework that is dehumanising and simplistic. Indeed, within the TRC HRV hearings, often Commissioners went from acknowledging the incapacity of a victim injured through political violence to work and in the same breath expecting the impossible. This is highlighted by Advocate Potgeiter’s remarks at the conclusion of Sidney Yabo’s testimony in which after acknowledging his difficulty finding work, he continues: “I must remind you about people like Stevie Wonder - perhaps you can also sing, don’t - can’t you play a guitar?”407 This oscillation reminds us that we need to develop more nuanced and complex vocabularies based on the experiences of disabled people, not just the Stevie Wonders of this world, in order to be able to better theorise the ways in which disability manifests as an intersectional aspect of a someone’s identity and not just as their sole defining feature.

5.3 Ethical Considerations and Reflections

There are multiple understandings of the body across time and space. Indeed, even in a shared context, there are many interpretations of something so often seen as a biological given. However, reducing and confining the body to a single discourse silences and invisibilises the various multitudes of embodied experiences which exist outside of the narrow confines of this scripted corporeal reality. Berghs, referencing the construction of disability in post-civil war Sierra Leone, argues that discourses of neoliberalism, development, globalisation, international aid, violence, neo-colonialism, public health, biomedicine, social activism, welfare, technology, gender, war, international and local NGOs, human rights, nationalism, advertising and the media among others help to concoct current hegemonic understandings of what disability means. As she goes on to argue, “...the situation in Sierra Leone illustrates how, despite the fact that disability has become an important issue, it seems divorced from actual cultural definitions, social change and the reality of disabled people’s lives.” Indeed, in Sierra Leone and in the context of South Africa’s TRC, it is evident that embodiment is contingent on historically specific power relations and social processes. Going a step further, renowned disability studies scholar, Rosmarie Garland-Thomson, asserts that textuality, materiality and history are inseparable with regards to discussions of the body.

Referencing the creation of “body maps”, life-size self-portraits created by South African women living with AIDS as part of the Life Long: Positive HIV Stories project, Kylie Thomas questions her own assumptions of the necessary and positive implications of creating visibility. Firstly, she notes that the body maps became cast as spectacles and fetishized commodities with their creation as objects to be consumed through national and international exhibitions. In this sense, Thomas argues, the body maps became “sites of truth through which the subject of the body can be made known.” They oozed authenticity to multiple audiences while raising awareness about the plight of

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408 Berghs, War and Embodied Memory, 3.
409 Berghs, War and Embodied Memory, 16.
411 Thomas, Impossible Mourning, 14.
impoverished women living with HIV/AIDS in South Africa. As she continues, “the popular appeal of these self-portraits is connected to how they have been cast as sites of authenticity, points of access to the real.” However, this shift from invisible to hyper-visible is also paved with violence in that it “conditions the entry of these subjects into the sphere of representation and places limits on how they can be seen.” In this way, hyper-visibility can also become a form of censoring in that it scripts how experiences and associated images are read.

The disabled bodies on display at the TRC human rights violations were rendered hyper-visible through the spectacles that were beamed through news channels, newspapers, radios and various other media avenues. However, they were constrained by specific scripts of meaning making, creating visibility in so far as their physicality attested to the past pain, present cleansing and future healing of South Africa as prescribed by the TRC. The narrowness of the scripts of disability invisibilises alternative experiences of disability and various contextual, linguistic and cultural understandings of the body. As Krog et al have argued in relation to the single TRC testimony of Notrose Nobomvu Konile, the Commission could not ‘hear’ her. According to Krog et al, “Mrs. Konile was not only narrating coherently within particular frameworks, but was also resisting other frameworks from being imposed on her”. Her testimony ‘did not make sense’ in the overarching logic of human rights, nation building and Christianity patched together by the TRC, and instead of being squeezed into the mould like many of her counterparts, Mrs. Konile, the authors argue, was simply side-lined. Although there is certainly violence done in forgetting, there is also a kind of violence enacted when subjects are seen or heard only insofar as they fit within a particular category. Thus, a certain image of what disability looks like comes to dominate, manufacturing the ‘tick-box’ approach to questions of equality and social justice.

This creates ‘icons’ or ‘standins’ for a multitude of experience, simultaneously giving voice to and silencing experiences of disability. This is evident in claims of ‘post-sexism’ and ‘post-racism’, that because women do not have to be limited to the domestic sphere

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412 Thomas, Impossible Mourning, 17.
413 Ibid.
414 Krog, Mpolweni and Ratele, There was this Goat, 63.
and because the US has a black president, these problems have been ‘ticked off’ the global laundry list of social issues. This creates the hyper-visual illusion that these are no longer issues, while creating the space for them to flourish in a myriad of alternative forms. In terms of disability, the Paralympics serves this function, celebrating the bodies that have overcome their (read tragic) physical limitations to compete in a space defined by physical mastery. This silences cognitive and psychological disabilities as well as the majority of individuals with disabilities. Within the context of the TRC, figures such as Sachs and Lapsley become the symbols that ‘tick the box’ of including and empowering disabled South Africans. Limiting disability to politically inflicted injuries, they also serve to delineate ‘what counts’. A hierarchy is established, ignoring disabilities caused by congenital factors and industrial accidents, and placing emphasis on the political (read public and spectacular) forms of violence. This speaks to hegemonic and pervasive understandings of identity politics, that if we ‘tick the box’ of visual representation, then the rest will follow. It also an incredibly narrow understanding of what constitutes experiences of disability, which is stratified by race, class, gender and sexuality among other identities. Disability, like all other components of identity is intersectional and thus dynamically interacts with other features of identity within different contexts. This is the subject of Michelle Botha’s 2014 Master’s thesis on disability and identity, entitled Responding to Difference: An Exploration of Blind Women’s Responses to Dominant Discourses of Disability. Here, Botha asserts that "[t]he intersection of impaired bodies, narrow stereotypes and multiple other subject positions forms complex and fluid experiences which remain suppressed by narrow theorising, fearful society and disabled people anxious to maintain social acceptance".415 Botha goes on to discuss how disability is often conflated with discussions of ‘transformation’ and concerns of material barriers to inclusion, thus making the disabled subject visible in particular kinds of ways.416

This study is not exempt from these ethical considerations. To what extent is this work also entrenching certain ‘ways of seeing’, of understanding disability in South Africa? Also, is it contributing to the almost pornographic nature of portraying violence and

416 Ibid.
resulting disabilities? The various modes of objectifying suffering have been the subject of many ethical dilemmas. As Susan Sontag has forcefully argued,

“But there is shame as well as shock in looking at the close-up of real horror. Perhaps the only people with the right to look at images of suffering of this extreme order are those who could do something to alleviate it - say, the surgeons at the military hospital where the photograph was taken - or those who could learn from it, The rest of us are voyeurs, whether or not we mean to be.”417

As an audience, and indeed as scholars, what responsibility do we have for contributing to the representation of violence as spectacle? In what ways is disability coded in order to benefit the viewer rather than those who are suffering? Although testifying at the TRC may have allowed some to access a particular kind of visibility and even agency, it also opened victims up to exposure and vulnerability. It is our ethical duty as researchers to be aware of these dynamics and sensitive to their effects.

5.4 Avenues for Future Research

This study contains many potential offshoots or areas that could be developed into fuller studies. The historical landscape of disability in South Africa has yet to be mapped to any substantial degree, offering up a host of research possibilities to interrogate how disability was understood, experienced and represented within different historical moments. The shifting borders of what constitute definitions of disability is one such locus where research would be useful in terms of understanding present conceptions of disability. This research is important as it raises pertinent questions around classifications, which, as we have seen, have real material consequences for those who rely on financial assistance from the state.

The development of theories of intersectionality offer up another fruitful avenue to explore the ways in which disability intersects with other subject positions to produce historically specific subjectivities. For example, what might be the implications of being a disabled black man at a time when the racist laws of South Africa limited the kinds of work

that you could do and physical labour was one of the few options you had? And why is it that economic productivity has risen to become the dominant facet of our identities to the point that it is favoured above all other characteristics and abilities? How do sexuality and disability intersect? How and why are different bodies labelled as desirable, vulnerable or able at various junctures? Who decided the lines between ‘able’ and ‘disabled’ throughout time and what were the consequences? How were otherwise different disabled people treated?

Despite often being cast as an individual phenomenon, there is much to be said for how disability impacts on families, communities and whole societies. This raises questions about the politics of care, of aging and about medical interventions. It also allows us to study the way that different societies are organised and structures through the lens of how disability is perceived and dealt with. What difference does age make in terms of how disability is perceived and responded to? These questions allow us to critically examine the dominant group within a given society and how they might have constructed themselves in opposition to variously constructed ‘others’ in various contexts. In other words, what kind of work has historically been done by disability to cement dominant subject positions?

Many more studies on disability in South Africa are needed to develop the field of disability studies internationally and to enrich policy and civil society engagement with the issue. There needs to be research that critically engages with the generalising and universalising impulses of disability as configured within biomedical discourses. Disability is not just about biology, and more studies are needed in diverse locations to locate disability within varied and fluid human experiences.
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